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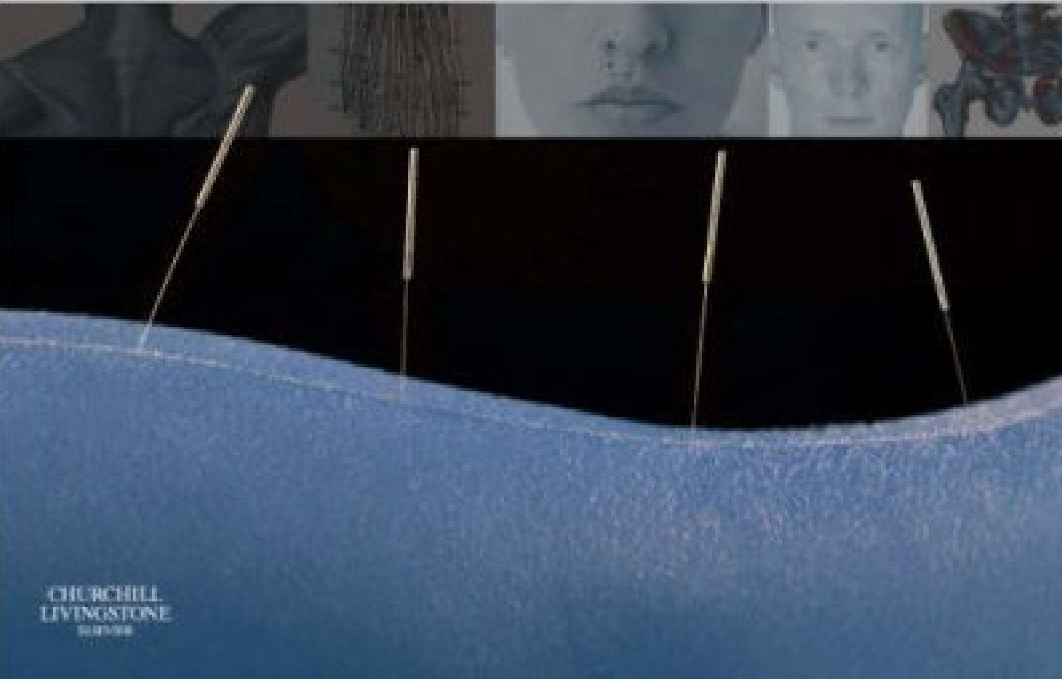
Claudia Focks

Atlas of Acupuncture



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Dedication

To my parents Paula and Alfons Focks who have always supported my siblings and me in finding and pursuing our own paths, with love and gratitude

Commissioning Editor: Karen Morley, Claire Wilson
Development Editor: Kerry McGechie, Martin Mellor
Project Manager: Morven Dean
Designer: Stewart Larking
Photographs: Anja Messerschmidt
Graphics: Henriette Rintelen

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Preface

'An acupuncture point is located where it is located' – like veins, arteries or nerves, the location of acupuncture points may vary. Consequently, locating and stimulating acupuncture points is an individual process in each patient, similar to locating veins or arteries for puncture. The goal of this atlas is therefore to help acupuncture students and therapists find the correct location of acupuncture points. Ultimately, the exact location of an 'acupuncture hole' will be where it can be palpated, addressed energetically in a safe way, and – most importantly – where it will be therapeutically effective.

Acupuncture therapy requires not only the knowledge to locate individual points but also an understanding of the context of these points. This atlas therefore includes both a description of the individual points as well as the central idea – the channel system.

The core chapters 4, 5 and 6 contain single page portraits of all the channel points as well as extra points used in body acupuncture. The clearly structured page layout, complemented by pictograms, allows for quick access to the clinically relevant information for the location and indication of individual points. Clear step-by-step instructions guide the reader through the surrounding surface anatomy to the correct location of the point. Figures with the relevant anatomical structures, as well as drawings showing channel pathways pertaining to the relevant region of the body, provide a further practical aid for correct point location. The text and the photo details also contain information regarding other points located in the vicinity or points in comparable locations in other parts of the body. This not only draws attention away from the individual points to the larger anatomical orientation, but also fosters an understanding of the context between the location and the action of a given point.

Chapter 7 presents the channel points according to the anatomical region – including illustrations of anatomical overview as well as text/picture details. This format will deepen the understanding of the anatomical relationship between the channel points and complete this academic concept. Chapter 2 'Location Methods and Cun Measurements' and Chapter 3 'Anatomical Orientation' provide further support in locating the individual points. The modified illustrations in these chapters are based on the well-known Sobotta Atlas.

Chinese medicine practitioners work with the Qi and its flow. In this context the individual 'acupuncture hole' has both an anatomical and an energetic component and is an intrinsic part of the channel and vessel network, which provides an exchange between the body's Exterior and Interior. In this way Chapter 1 describes the network of channels and vessels, and Chapter 8 the point categories and point combinations, explaining them in terms of their effects with relation to channel energetics, and presenting them in a clearly defined and visually organised manner. Chapter 9 contains up-to-date information and data about the scientifically proven effects or otherwise of individual points.

I hope the new edition of this atlas will provide a valuable help to students and therapists alike in studying acupuncture and applying the information in clinical practice. I look forward to hearing your constructive criticism and ideas.

Claudia Focks, March 2008

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This Acupuncture Picture Atlas is a joint project of many very helpful contributors who have helped to complete it.

First of all my thanks go to the models and especially to the photographer Anja Messerschmidt. Her understanding and photographic skills provided the visual foundation for the Atlas to also be an artistic ‘feast for the eyes’.

I would like to thank the graphic designer Henriette Rintelen for the successful graphic design and converting my ideas into visual images.

Thanks go to my colleague Ulrich März for the succint arrangement and editing of the chapter on Anatomical Orientation as well as his contributions to the core chapters. I would like to thank my colleague Ingolf Hosbach for his contributions to the chapter on Research as well as his idea about the visually concise pictograms and for partially converting them by computer.

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For the English edition I would like to extend my thanks to the staff at Elsevier in London, particularly Karen Morley for accepting the atlas and to Kerry McGechie and Martin Mellor for the extensive editing work. Thank you also to Johanna Schuster who has translated the Atlas into English with great care and knowledge.

Claudia Focks, Rottweil, March 2008

About the editor and contributors

Dr med. Claudia Focks, Rottweil: anaesthesiologist, additional qualification in naturopathy and homeopathy; training in Chinese Medicine in China, Austria, and Germany, postgraduate training at the ETHNOMED Institut für Ethnomedizin e.V. (Institute for Ethnomedicine, registered charity) in Munich. Clinical focus on Chinese Medicine and energy therapies. Co-editor and co-author of *Leitfaden Chinesische Medizin* (*Chinese Medicine: An Introduction*), co-author of *Leitfaden Akupunktur* (*Acupuncture: An Introduction*), both published by Elsevier Munich. Lectures on Chinese Medicine, both in Germany and abroad.

Dr med. Ulrich März, Ulm: General practitioner with his own practice, focus on acupuncture and Traditional Chinese Medicine. Adjunct lecturer at the University of Ulm for acupuncture and TCM. Project manager for the postgraduate programme for acupuncture and TCM at the Akademie für Wissenschaft, Wirtschaft und Technik (Academy for Science, Economy and Technology) at the University of Ulm. Co-author of *Leitfaden Akupunktur* (*Acupuncture: An Introduction*), published by Elsevier Munich.

Dr med. Ingolf Hosbach, Bochum: Anaesthesiologist, additional qualification in palliative therapy. Employed at the University Clinic Bergmannsheil Bochum. Adjunct lecturer at the Universities of Witten/Herdecke and Bochum. Scientific publications and lectures on palliative therapy, acupuncture and TCM research. Webmaster of the homepage of the Department for Chinese Medicine at the University Witten/Herdecke and of the DWGTCM e.V. (www.dwgtcm.com).

Contents

1 *Jing luo* (Channel and Network Vessel System) 1

1.1 Introduction 1

1.2 The 12 Primary Channels (*jing zheng*) 8

1.3 Divergent Channels (*jing bie*) 20

1.4 The 12 Sinew Channels (*jing jin*) 21

1.5 *Luo*-Connecting Vessels 23

1.6 Cutaneous Regions (*pi bu*) 24

1.7 The Eight Extraordinary Vessels (*qi jing ba mai*) 24

2 Location Methods and Cun Measurements 31

2.1 Location Methods for Body Acupuncture 31

2.2 Cun Measurements of the Body 31

2.3 Tips for Point Location 34

3 Anatomical Orientation 37

3.1 Head 37

3.2 Neck 49

3.3 Shoulder and Arm 51

3.4 Spine and Sacroiliac Region 60

3.5 Anterior and Lateral Aspect of the Thorax and Abdomen 67

3.6 Lower Extremity 72

4 Acupuncture Points of the Twelve Primary Channels 79

4.1 The Lung Channel System – Hand-*taiyin* (*shou tai yin jing luo*) 79

4.2 The Large Intestine Channel System – Hand *yangming* (*shou yang ming jing luo*) 95

4.3 The Stomach Channel System – Foot *yangming* (*zu yang ming jing luo*) 121

4.4 The Spleen Channel System – Foot *taiyin* (*zu tai yin jing luo*) 175

4.5 The Heart Channel System – Hand *shaoyin* (*shou shao yin jing luo*) 203

4.6 The Small Intestine Channel System – Hand *taiyang* (*shou tai yang jing luo*) 217

4.7 The Bladder Channel System – Foot *taiyang* (*zu tai yang jing luo*) 243

4.8 The Kidney Channel System – Foot *shaoyin* (*zu shao yin jing luo*) 315

4.9 The Pericardium Channel System – Hand *jueyin* (*shou jue yin jing luo*) 349

4.10 The Triple Burner Channel System – Hand *shaoyang* (*shou shao yang jing luo*) 363

4.11 Gall Bladder Channel System – Foot *shaoyang* (*zu shao yang jing luo*) 391

4.12 The Liver Channel System – Foot *jueyin* (*zu jue yin jing luo*) 443

5 The Eight Extraordinary Vessels (*qi jing ba mai*) with Points 463

5.1 *Chong mai* 463

5.2 *Ren mai* 467

5.3 *Du mai* 495

5.4 *Dai mai* 527

5.5 *Yin wei mai* 528

5.6 *Yang wei mai* 530

5.7 *Yin qiao mai* 533

5.8 *Yang qiao mai* 534

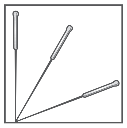
6 Extra Points 537

6.1 Extra Points: Head and Neck (EX-HN) 537

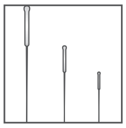
6.2 Extra Points: Chest and Abdomen (EX-CA) 561

6.3 Extra Points: Back (EX-B) 571
6.4 Extra Points: Upper Extremities (EX-UE) 585
6.5 Extra Points: Lower Extremities (EX-LE) 601
7 Important Points According to Region 619
7.1 Anterior Aspect of the Head 619
7.2 Head and Lateral Aspect of the Neck ... 623
7.3 Occipital Region 627
7.4 Vertex 629
7.5 Back 632
7.6 Frontal and Lateral Thorax and Abdomen 634
7.7 Posterior Shoulder and Arm 636
7.8 Anterior Shoulder and Arm 640
7.9 Dorsum of the Hand 644
7.10 Anterior Leg 646
7.11 Medial Leg 650
7.12 Lateral Leg 653
7.13 Dorsum of the Foot 656
7.14 Medial Foot 660
7.15 Lateral Foot 662
8 Point Categories and Point Selection 665
8.1 Point Categories 665
8.2 Strategies for Point Selection 685
8.3 Point Combinations 691
9 Scientific Research 697
9.1 Introduction 697
9.2 Scientific Research According to Channels 699
9.3 Summary 721
Appendix 723
Notes on Chapter 1 723
Bibliography 725
Index 727

Pictogrammes

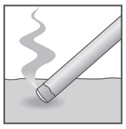


Angle of insertion: The angle of insertion recommended for a particular point (see figure below) is shown in colour. (Note that occasionally more than one angle is possible – this is signified by colouring as appropriate).

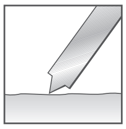


Depth of insertion: Shallow: up to 0.5 cun, **Medium:** 0.5–1 cun, **Deep:** >1 cun. (In some cases more than one depth is possible depending on the angle of insertion – this is signified by colouring as appropriate).

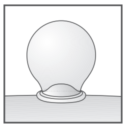
Caution! Organs and structures such as the eyes, nerves, blood vessels, peritoneum (symbolised by intestinal tissue) etc. that might be injured by needling a particular point are shown by a symbol together with a blue exclamation mark. A lightning bolt signifies a point that is painful when needled.



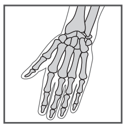
Moxibustion: In principle all points can be treated with moxibustion. The following options are pointed out: **Blue colour below moxa cigar:** moxibustion particularly recommended, **Question mark next to moxa cigar:** moxibustion questionable (contraindicated according to some classical texts, but contradictory information), **Moxa cigar crossed out:** moxibustion contraindicated.



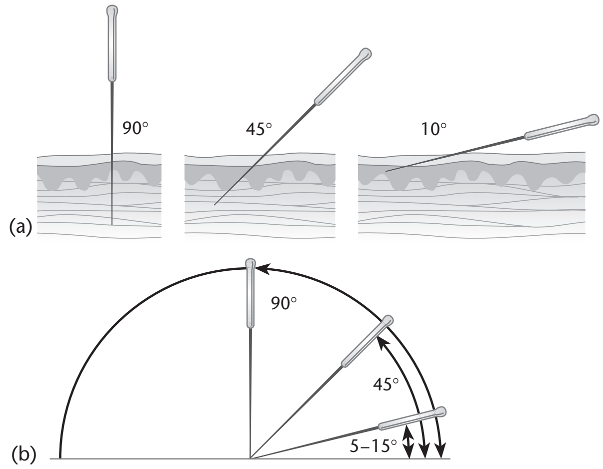
Bloodletting: In principle bloodletting may be applied to all points. **Neutral pictogramme:** bloodletting possible, **Blue droplet of blood:** bloodletting particularly recommended, **Blue question mark:** bloodletting questionable



Blue cup: Cupping particularly recommended.



Anatomical orientation: A blue hand signifies cases where anatomical structures are of particular importance for point location (for more detail → chapter 3).



Angle of insertion

a) Angle of insertion and layers of tissue: All needles are inserted to the same 'depth' (=the same proportion of the needle is inserted into the tissue), but reaching different levels of tissue.

b) Angle of insertion: transverse (subcutaneously): 5–15°; oblique: 15–45°; perpendicular: 90°.

Point hierarchy (Chapters 4–6)

In the introductions to the channels (chapters 4–6) the importance of points are marked with the following symbols:
🟦🟦: very important, universal point
🟦⬛: important point
This hierarchy is of course subjective and influenced by the authors' clinical experience but has proved very helpful for beginners.

1 *Jing luo* (Channel and Network Vessel System)

Claudia Focks

1.1 Introduction

1.1.1 Two Models of Qi Flow in the Channels – Historical Overview

There exist essentially two views about the direction of the Qi flow in the channels, which are based on different understandings of the Qi movement within the body (➞ Pirog 1995, Manaka 1995/2004). For a better understanding of either model, imagine a person extending his/her arms towards the sky (➞ Figs. 1.1 and 1.2).

Centripetal circulation model

The centre of classical Chinese cosmology, which describes humans as standing between heaven (Yang) and earth (Yin), includes the mutual relationship, influence, and dependence between cosmos and man. Accordingly, early records of the pathways (➞ see appendix) depict the (11/12) channels as pathways that originate at the extremities, flow towards the centre of the body and terminate either on the head or the torso. This is the distinguishing feature of the **centripetal circulation model** (➞ Fig. 1.1).

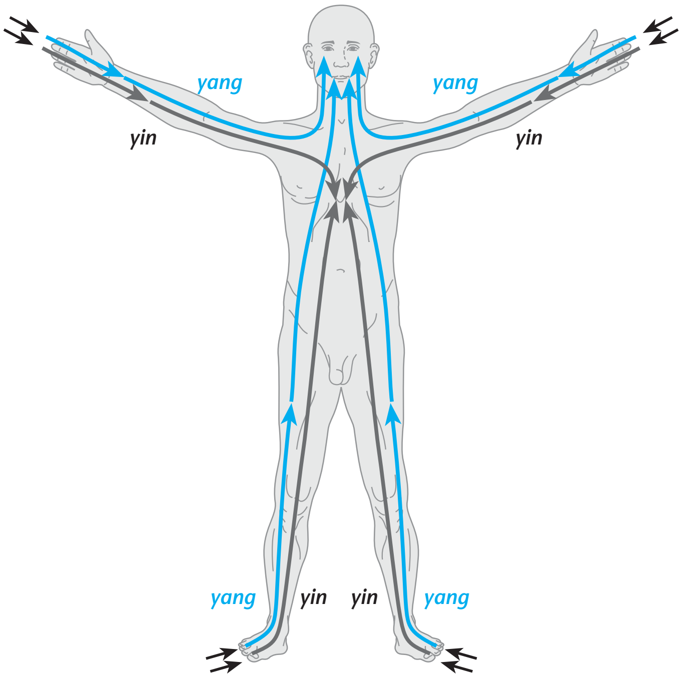


Fig. 1.1 Centripetal circulation model (modified according to Pirog 1996)

This model is also present in the theory of the five *shu*-Transporting points (➞ 8.1.6). The macrocosmic Qi enters the body at the tips of the extremities and can be compared to the course of a river. It begins very dynamically as a well, spring and stream, expands to form a river and flows into the wide, deep sea at the elbows and the knees and then further to the internal organs via the channels.

According to this model, the functions of the channels can be compared to antennae, which receive the cosmic influence, transmitting it into the body. The Qi flow in the channels is always from distal (coming from the Exterior, entering at the tips of the extremities) to proximal (towards the centre, flowing towards the internal organs). Each channel connects man with a different part of the cosmos, which can be identified by a numerological structure. Thus a relationship was assumed between the eight extraordinary vessels and the eight trigrams of the *Yijing* (➞ 1.7). The primary channels reflect the 12 earthly branches and the 10 heavenly branches. Since the early records only mention 11 channels (➞ Appendix 2), they were counted as 10 channels on the arms and 12 channels on the legs. Later, the 12 primary channels were mainly associated with the 12 earthly branches – the 10 heavenly branches rather representing the Five Phases model (*note*: the earthly branches can be included in the latter as well).

Self-contained circulation model

In the course of the development of modern Chinese society, the idea of a close relationship between man and cosmos (as a heaven-earth-man model) became weaker. The channel system was now increasingly compared to phenomena created by man himself such as **canals** and **drainage ditches**. The importance of the original connection with the cosmos declined while that of relationships within society was on the rise. Chinese society became more complex, forming a self-contained unit. Similarly, the concept of the channels as a connection to the macrocosm was partially abandoned and the Qi flow is described as independent and self-contained (➞ Fig. 1.2). According to this **self-contained circulation model**, Qi can flow forward as well as backward – from the outer extremities to the Interior of the body and from the Interior to the Exterior.

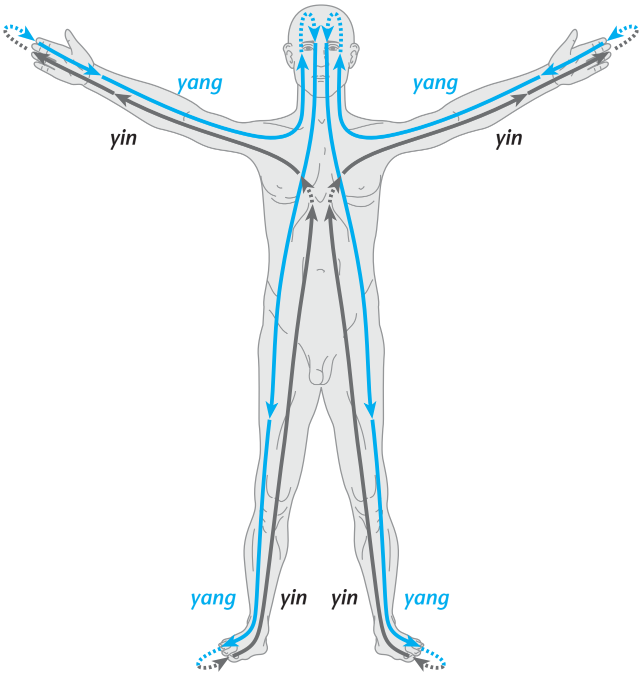


Fig. 1.2 Self-contained circulation model (modified according to Pirog 1996)

Thus the direction of the Qi flow in the primary channels can be from proximal to distal and vice versa, depending on the Yin/Yang polarity of the respective channel, as well as the respective extremity.

This second, probably more recent concept describes the Qi **as circulating continuously** through the body (→ Appendix 2): from the thorax to the hand, to the head, to the foot and back to the thoracic region. These ideas reflect the development of the Chinese civilisation, its agriculture and in particular its **water control** and water **storage** in reservoirs, drainage canals, ditches, etc., which largely form the foundation of the theory of the **channels as water conduits** circulating Qi and Blood. The connections among the channels are considered to be anastomoses (→ 1.2.2), which facilitate the ceaseless, circular flow of Qi from one channel to the next, allowing the exchange of the Qi flow with the Interior.

The self-contained circulation model can thus be described as follows:

- Hand Yin channels run from the thorax to the hand: **LU, HE, P**
- Hand Yang channels run from the hand to the head: **L.I., S.I., T.B.**
- Foot Yang channels run from the head to the foot: **ST, BL, G.B.**
- Foot Yin channels run from the foot to the thorax: **SP, KID, LIV**

More importance is attached to this model of Qi flow in the Western acupuncture tradition, which can in part explain the use of numbers in naming the acupuncture points, rather than names as in China.

However, the structure of this new circulatory model was probably also too rigid to sufficiently explain some of the effects of acupuncture. According to Pirog (1996), this might be the reason why the secondary channels, for example the sinew channels (→ 1.4) and the divergent channels (→ 1.3), with their rather primitive and natural pathways, were integrated into the channel and network vessel system (*jing luo*) in accordance with the **centripetal** circulation model.

Comparison of the two circulation models (modified according to Pirog 1996)

	Centripetal model	**Self-contained model**
Direction of Qi-flow	Always from distal to proximal	Either from proximal to distal or vice versa, depending on the polarity of the channel (Yin/Yang)
Origin of Qi	From outside the body. The distal end of the channel is open in order to receive cosmic Qi	Originates in the inside of the body. The distal end of the channels is connected to the channel that follows next.
Function of the channels	Transporting the Qi from the outer cosmos to the Interior of the body. Supporting the relationship between man and nature/ cosmos	Circulation of the Qi inside the body. Supporting man's relationship with himself

1.1.2 Overview of the Channel and Network Vessel System (*jing luo* System)

In *Ling Shu*, chapter 11, it says: 'Man lives, diseases occur … both the beginner and the experienced master always have to start with the channels and network vessels (*jing luo*).'

In Chinese Medicine, the *jing luo* are considered to be a network of channels and vessels in which the Qi and Blood (*xue*) flow. They are connected to the Organ systems (*zangfu*) and 'water' the whole organism, supplying the body with Qi and Blood (*xue*) on the surface (Exterior) and deep inside the body (Interior), above as well as below.

From a functional point of view, the channels and network vessels (*jing luo*) govern the distribution of Qi and Blood (*xue*), they regulate Yin and Yang and they protect the body. However, they also enable the spreading of diseases. Reactions to any disorders may therefore manifest along these channel pathways. These could be either disorders of the channels themselves, or external reflections of *zangfu* disorders. In clinical practice, the channels and network vessels (*jing luo*) can be utilised in order to send Qi to the diseased parts of the body (for an overview of the classification and nomenclature of the *jing luo* system → Fig. 1.3).

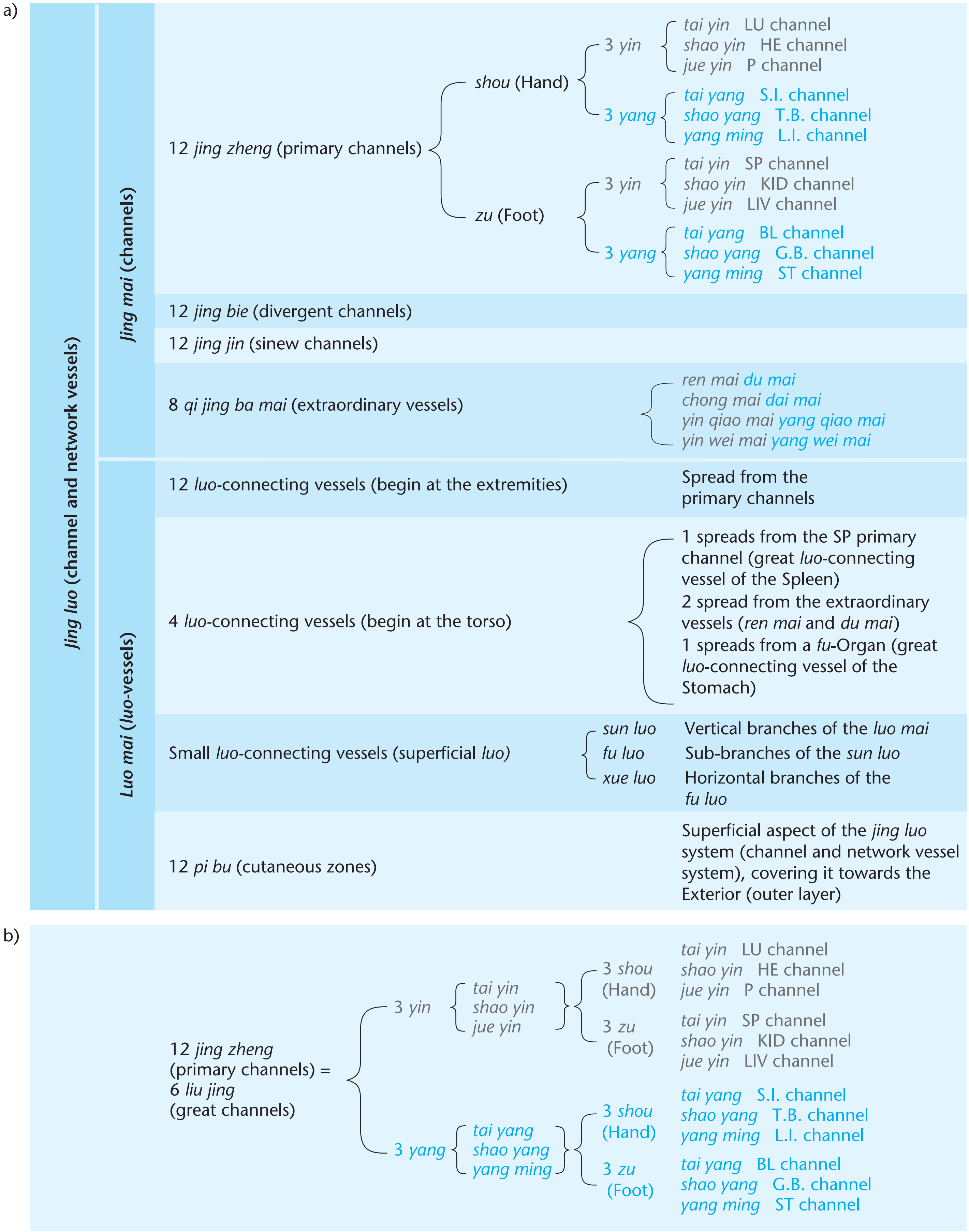

a)
Jing luo (channel and network vessels)
Jing mai (channels)
12 jing zheng (primary channels)
shou (Hand)
3 yin
tai yin LU channel
shao yin HE channel
jue yin P channel
3 yang
tai yang S.I. channel
shao yang T.B. channel
yang ming L.I. channel
zu (Foot)
3 yin
tai yin SP channel
shao yin KID channel
jue yin LIV channel
3 yang
tai yang BL channel
shao yang G.B. channel
yang ming ST channel
12 jing bie (divergent channels)
12 jing jin (sinew channels)
8 qi jing ba mai (extraordinary vessels)
ren mai du mai
chong mai dai mai
yin qiao mai yang qiao mai
yin wei mai yang wei mai
Luo mai (luo-vessels)
12 luo-connecting vessels (begin at the extremities)
Spread from the primary channels
4 luo-connecting vessels (begin at the torso)
1 spreads from the SP primary channel (great luo-connecting vessel of the Spleen)
2 spread from the extraordinary vessels (ren mai and du mai)
1 spreads from a fu-Organ (great luo-connecting vessel of the Stomach)
Small luo-connecting vessels (superficial luo)
sun luo
Vertical branches of the luo mai
fu luo
Sub-branches of the sun luo
xue luo
Horizontal branches of the fu luo
12 pi bu (cutaneous zones)
Superficial aspect of the jing luo system (channel and network vessel system), covering it towards the Exterior (outer layer)
b)
12 jing zheng (primary channels) = 6 liu jing (great channels)
3 yin
tai yin
shao yin
jue yin
3 shou (Hand)
tai yin LU channel
shao yin HE channel
jue yin P channel
3 zu (Foot)
tai yin SP channel
shao yin KID channel
jue yin LIV channel
3 yang
tai yang
shao yang
yang ming
3 shou (Hand)
tai yang S.I. channel
shao yang T.B. channel
yang ming L.I. channel
3 zu (Foot)
tai yang BL channel
shao yang G.B. channel
yang ming ST channel

Fig. 1.3 (a) Overview and classification of the *jing luo* system (channel and network vessel system); (b) the 12 primary channels and the six great channels *(liu jing)*

1.1.3 Distribution and Organisation of the Channel and Network Vessel (*jing luo*) System

According to the law of the Exterior–Interior (*biao-li*) the 'Exterior' communicates with the 'Interior'.

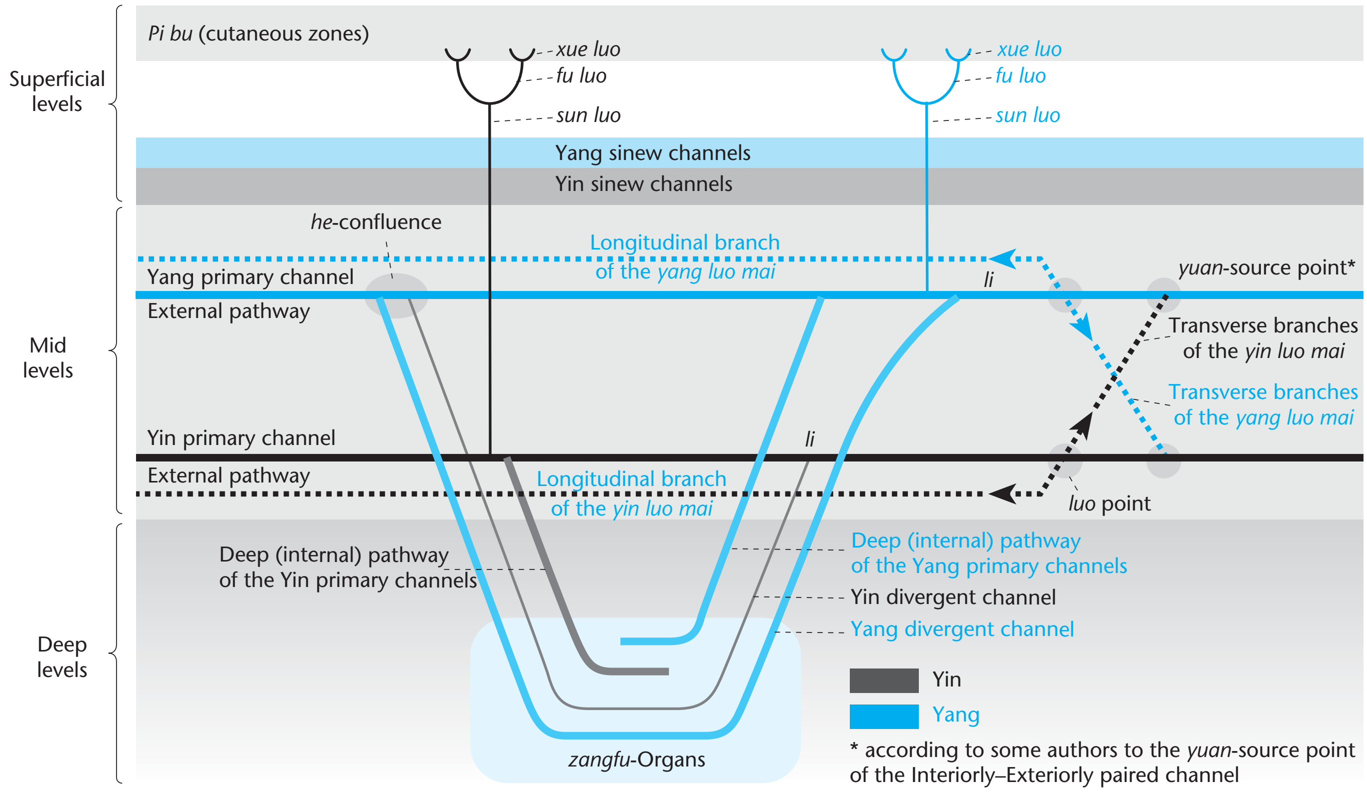
Exterior (*biao*) corresponds to the skin, the muscles and the pathways of the channel and network vessel superficial (*jing luo*) system. The deeper pathways of the channels and the Organ systems (*zangfu*) are attributed to the Interior (*li*). A particular organisational structure within the *jing luo* system is necessary to safeguard the circulation of Qi and the communication between the Exterior and the Interior. In this respect, the extraordinary vessels play a special role. While they play a major role in coordinating and regulating the primary channels and the *jing luo* system in general, they do not directly connect the Interior and the Exterior. There is also no direct connection between the extraordinary vessels and the *zangfu*-Organs (see ➞ 1.7 and Chapter 5).

Depth organisation of the *jing luo* system

Differing ideas exist regarding the depth at which the various channels and vessels are located within the body. The table below and Fig. 1.4 show the ideas according to Solinas et al. (1998) and Deadman et al. (1998) in a modified way. While these authors regard the deep, Interior pathways of the primary and divergent channels as the deepest channel structures, other authors attribute this role to the eight extraordinary vessels (for the eight extraordinary vessels, see ➞ 1.7).

Overview over the possible location with regard to depth of the *jing luo* system

Levels	Channel system
Superficial levels (skin and muscles)	• 12 cutaneous regions • Superficial *luo*-connecting vessels (*xue luo, fu luo, sun luo*) • 12 sinew channels (*jing jin*)
Mid-levels	• 15/16 *luo*-connecting vessels (*luo mai*) • External pathways of the 12 primary channels • External pathways of the 12 divergent channels (*jing bie*) • Eight extraordinary vessels
Deep levels (*zangfu*-Organs)	• Deep (internal) pathways of the 12 primary channels • Deep (internal) pathways of the 12 divergent channels


Superficial levels
Mid levels
Deep levels
Pi bu (cutaneous zones)
xue luo
fu luo
sun luo
xue luo
fu luo
sun luo
Yang sinew channels
Yin sinew channels
he-confluence
Longitudinal branch of the *yang luo mai*
li
yuan-source point*
Yang primary channel
External pathway
Transverse branches of the *yin luo mai*
Transverse branches of the *yang luo mai*
Yin primary channel
li
External pathway
Longitudinal branch of the *yin luo mai*
luo point
Deep (internal) pathway of the Yin primary channels
Deep (internal) pathway of the Yang primary channels
Yin divergent channel
Yang divergent channel
Yin
Yang
zangfu-Organs

* according to some authors to the *yuan*-source point of the Interiorly–Exteriorly paired channel

Fig. 1.4 Illustration of the possible organisation of the *jing luo* system (channel and network vessel system)

Channel systems

Each primary channel, together with its pertaining 'secondary channels', forms a complex, multi-layered organisational unit, a 'system'. These systems comprise the various relationships and connections among each other as well as with the eight extraordinary vessels (→ 1.7, → Chapter 5). They support the harmonious regulation within the body. There are 12 channel systems (hand *taiyin*, hand *yangming*, etc.), each of which includes the following:

- a **primary channel** (*jing zheng*) (→ 1.2) with an external and internal pathway, which enters its pertaining *zangfu*-Organ
- a **divergent channel** (*jing bie*) (→ 1.3)
- a **sinew channel** (*jing jin*) (→ 1.4)
- a great ***luo*-connecting vessel** (*luo mai*) (→ 1.5).

In turn, the **cutaneous zones** (*pi bu*) (→ 1.6) wrap around the whole channel system.

1.1.4 Qi Circulation and the Channel System

What moves with and within the channels?

The channel system represents the 'pathway of the Qi'. In acupuncture many schools of thought work with the **True Qi (*zhen qi*)**, which, according to Maciocia (1989), represents the final stage of a process of Qi refinement and transformation: the Gathering Qi (*zong qi*), acted upon by the Original Qi (*yuan qi*) as a catalyst, becomes True Qi (*zhen qi*), which manifests in its two aspects, the Defensive Qi (*wei qi*) and the Nutritive Qi (*ying qi*). According to Larre and Rochat de la Vallée (1986), the True Qi is regarded as the **sum of all Qi mechanisms and/or forms of Qi** in the body. In other words: if there is a balanced and harmonious flow in the channels, this can be called True Qi (*zhen qi*). It means that which circulates in the 'here and now'. The sum total of all forms of Qi in their correct alignment is called **Upright Qi (*zheng qi*)** and forms the counterpart to Evil Qi (*xie qi*), for example to pathogenic factors or counterflow Qi.

Forms of Qi

Essence (Qi) (*jing qi*)

The Essence (Qi) acts within the organism and, according to some authors, to some extent also in the extraordinary vessels (→ 1.7). It represents the combination of Early Heaven Essence inherited from the parents, which, according to many schools of thought, is stored in the Kidneys and has a relationship to the Life Gate (*mingmen*), and the Later Heaven Essence of the Middle Burner. They support and complement each other.

Original Qi (*yuan qi*)

The Original Qi (*yuan qi*) is often described as the **active form of Essence (*jing*)**, circulating in the channels and spreading to the whole organism with the help of the Triple Burner. Like a catalyst, it is the dynamic driving force which wakens and sustains the functional activity of all organs and structures. It has a pre- and a postnatal component. Therefore its proper functioning is dependent on the supply of acquired Qi derived from water and food supplied by the Middle Burner. The Original Qi can be directly accessed and influenced at the *yuan*-source points (→ 8.1.1) or at the points **Ren-17** (*danzhong/shanzhong*), **Ren-12** (*zhongwan*) and **Ren-6** (*qihai*).

Gathering Qi (*zong qi*)

According to Larre and Rochat de la Vallée (1986), the Gathering Qi (*zong qi*) is formed in the centre of the thorax when the essences derived from respiration (Great Qi, *da qi*) meet with the food (*shui gu*, from Grain Qi (*gu qi*) and water) and are set in motion through ancestral mechanisms by the first postnatal breath. Like an 'engine', it dictates the rhythm and circulation, it controls respiration and it regulates the heartbeat. It does not circulate itself, but is like a 'Sea of Qi' that 'collects' in the centre of the thorax behind **Ren-17** (*danzhong/shanzhong*). This sea contains the water from all the rivers (e.g. the vessels), resembling an inexhaustible reservoir that does not overflow but redistributes all its water supplies.

Defensive Qi (*wei qi*)

The *wei qi* is the body's **Defensive Qi**. Thus it defends the body at the level of the skin, the fascia and the muscles. In relation to the Nutritive Qi (*Ying qi*), it is a more slippery and less pure form of Qi that moves dynamically and quickly through the body like a **guard**. Its root lies in the **Lower Burner**, where it is produced by the ***mingmen***-Fire (Life Gate fire), so that it has a considerable genetic or constitutional component. Essence (*jing*) and Original Qi (*yuan qi*), which are stored in the Lower Burner (according to many schools in the Kidneys), are involved in the formation of Defensive Qi (*wei qi*), therefore also playing a role in the defence against Exterior pathogens. Additionally, the *wei qi* is constantly being replenished with pure essence, formed from food by the Spleen and Stomach in the **Middle Burner**. It is dispersed throughout the body by the **Upper Burner**. Proper functioning of the *wei qi* therefore depends on all three Burners.

Nutritive Qi (*ying qi*)

The Nutritive Qi (*ying qi*) is the result of a purification and/or distillation process of pure, clear origin. Compared to Defensive Qi (*wei qi*), it is more Yin in nature. It **nourishes** the whole body and is its '**building substance**', thus often translated as 'constructive Qi' or 'building energy'.

Circulation of Defensive Qi (*wei qi*) and Nutritive Qi (*ying qi*)

Circulation of Defensive Qi (*wei qi*)

In chapter 43 of the *Su Wen* the *wei qi* is described as flowing 'outside of the *mai*' (the channels and vessels). However, it circulates in part along the channel pathways, moving in the space between the skin and the muscles – the ***cou li***.

The *cou li* – often unsatisfactorily translated as 'pores' – are the striae or compartments between the skin and the muscles. They have the function of a gateway for the entry and exit of Qi and fluids and serve as protection against the invasion of Exterior pathogenic factors. According to Larre and Rochat de la Vallée (1986), the *cou li*, as the outermost of the wrappings of the Triple Burner, cover the whole body. They connect the surface of the body with its inner organs. This explains the effectiveness of acupuncture and other manual therapies for the treatment of internal disorders as well as showing up the presence of diseases of the inner organs on the Exterior of the body.

In the **superficial layers of the body**, the Defensive Qi (*wei qi*) circulates through the skin and the superficial musculature, warming, nourishing and strengthening them. Through these actions it supports the general defence against Exterior pathogenic factors, acting mainly in the realm of the sinew channels (*jing jin*) (→ 1.4). In the **deep layers of the body**, it plays an important role in the functioning of the 'diaphragm'. According to Larre and Rochat de la Vallée (1986), this represents not only a membranous barrier between the thorax and the abdomen, but can be regarded as a 'sac of membranes', including and connecting the peritoneum, the pleura and the pericardium. Nielsen (1995) interprets this 'network of caves' as the **inner aspect of the Triple Burner**, which connects with its **outer aspect, the *cou li***. Following this interpretation, the Defensive Qi (*wei qi*) would also be involved with the **mesenteric defence** and the protection of the inner organs.

According to chapter 75 of the *Ling Shu*, the **circulation of the Defensive Qi (*wei qi*)** is cyclical, changing from day to night and vice versa. At dawn, when the Yin Qi is exhausted, the Yang Qi pours itself from the eyes and the eyes are opened. As a result, the *wei qi* rises from the heel via the (Yin) *qiao mai* upwards to the eye to **BL-1** (*jingming*) and flows into the whole body like a waterfall by following the six great Yang channels – 'it moves 25 times in the Yang'. At dusk, when the Yang Qi is exhausted, the *wei qi* enters the Interior of the body and moves '25 times in the Yin', following the controlling cycle (*ke* cycle → 8.2.5): from the Kidneys to the Heart, from the Heart to the Lungs, from the Lungs to the Liver, from the Liver to the Spleen, and back to the Kidneys. Therefore the *wei qi* has a relationship with the sleep–wake rhythm: during sleep it withdraws deeper into the body – during daytime it circulates in the outer layers of the body.

The two extraordinary vessels, the *yin qiao mai* and the *yang qiao mai* (→ 1.7, → Chapter 5), play an important role in this respect. If their cycle is blocked, the circulation of the *wei qi* will be interrupted and disorders will arise. The *yin qiao mai* ascends, while the *yang qiao mai* descends, both meeting at the eyes at **BL-1** (*jingming*) and forming a cycle, similar to the small heavenly cycle of the *ren mai* and *du mai*. If there is an excess of Yang Qi, this will be drained from the channels into the *yang qiao mai*, 'the eyes cannot close' and insomnia will occur. If there is an excess of Yin Qi, this will be drained from the channels into the *yin qiao mai*, 'the eyes cannot open' and somnolence will occur. In both cases, a relative disharmony develops between the two opponents.

Circulation of the Nutritive Qi (*ying qi*)

The Nutritive Qi (*ying qi*) circulates in the *mai*. The *mai* include both the primary channels (*jing mai*) and the secondary channels such as the Connecting Vessels (*luo mai*, *sun luo*), the divergent channels (*jing bie*), the extraordinary vessels and the Blood Vessels. Wherever there are channels and vessels, the *ying qi* will circulate. According to chapter 16 and 18 of the *Ling Shu*, the *ying qi* circulates constantly and continuously.

First circulation of the *ying qi* (→ Fig. 1.5)

The first circulation of the *ying qi* encompasses the 12 primary channels. The cycle **starts** at the **primary LU channel** and **ends** at the **primary LIV channel**, which in turn connects with the primary LU channel, thus closing the cycle (→ Fig. 1.5). The **Middle Burner** provides and **distributes** the *ying qi* throughout the whole body. According to some of the classics, the Grain Qi (*gu qi*) derived from food is only transformed into Nutritive Qi (*ying qi*) in the Lungs, not already in the Middle Burner. Since the internal pathway of the primary Lung channel begins in the Middle Burner, these two statements do not contradict each other in principle.

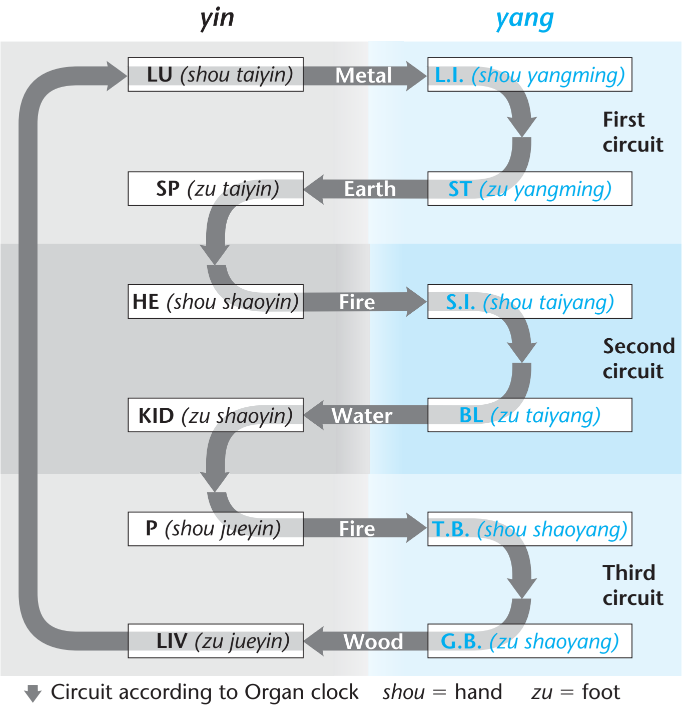


Fig. 1.5 First circulation of the Nutritive Qi (*ying qi*)

The **changes in Yin/Yang polarisation** – the changes from a Yin channel to a Yang channel and vice versa – always take place in the hand or the foot (also → 1.2.2). For example, the Yang energy potential rises from the Yin channel to the Yang channel, and then descends again from the Yang channel to the Yin channel (→ Fig. 1.6).

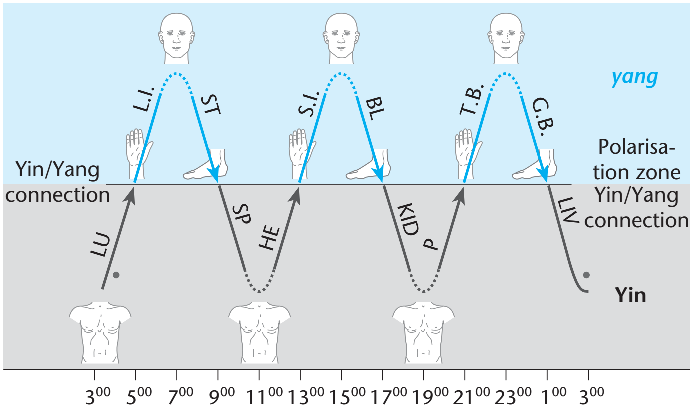

yang
L.I.
ST
S.I.
BL
T.B.
G.B.
Yin/Yang connection
Polarisa-tion zone Yin/Yang connection
LU
SP
HE
KID
P
LIV
Yin
3⁰⁰ 5⁰⁰ 7⁰⁰ 9⁰⁰ 11⁰⁰ 13⁰⁰ 15⁰⁰ 17⁰⁰ 19⁰⁰ 21⁰⁰ 23⁰⁰ 1⁰⁰ 3⁰⁰

Fig. 1.6 Changes in Yin/Yang polarisation, shown as a sinus curve

First circulation of the Nutritive Qi (*ying qi*) and the Organ clock

The Nutritive Qi (*ying qi*) circulates in the 12 primary channels in a **circadian 24-hour rhythm** (→ Fig. 1.7) with each **Chinese hour**, named after one of the 'earthly branches', corresponding to two Western hours (→ expanded Organ clock, Fig. 1.8).

Each two-hour slot favours a particular channel, in other words: for two (Western) hours per day, **energy flow peaks** in a particular channel. During this period, the respective channel Qi increases, falling again during the following two hours. However, it will never fall below a particular level, so that there is always a certain portion of energy flowing continuously through the channels.

Example: The channel Qi of the primary Stomach channel will begin to appear more 'powerful', when the channel Qi of the Large Intestine is very strong. Therefore the 'high tide' of the Stomach channel takes place between 5–7 a.m., its peak is between 7–9 a.m. and its 'low tide' between 9–11 a.m. During the peak period of the Stomach channel, the channel on the opposite side of the Organ clock is at its lowest point (→ 8.3.7); while the Stomach channel is peaking, the Pericardium channel is at its lowest point.

In figure 1.8 the 'expanded Organ clock' with its 24-hour circulation through the 12 primary channels is shown in relation to the earthly branches and the hexagrams of the *Yijing*.

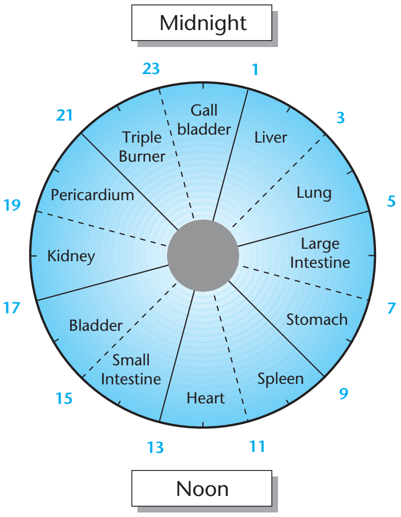

Midnight
23
1
3
5
7
9
11
13
15
17
19
21
Gall bladder
Liver
Lung
Large Intestine
Stomach
Spleen
Heart
Small Intestine
Bladder
Kidney
Pericardium
Triple Burner
Noon

Fig 1.7 Organ Clock

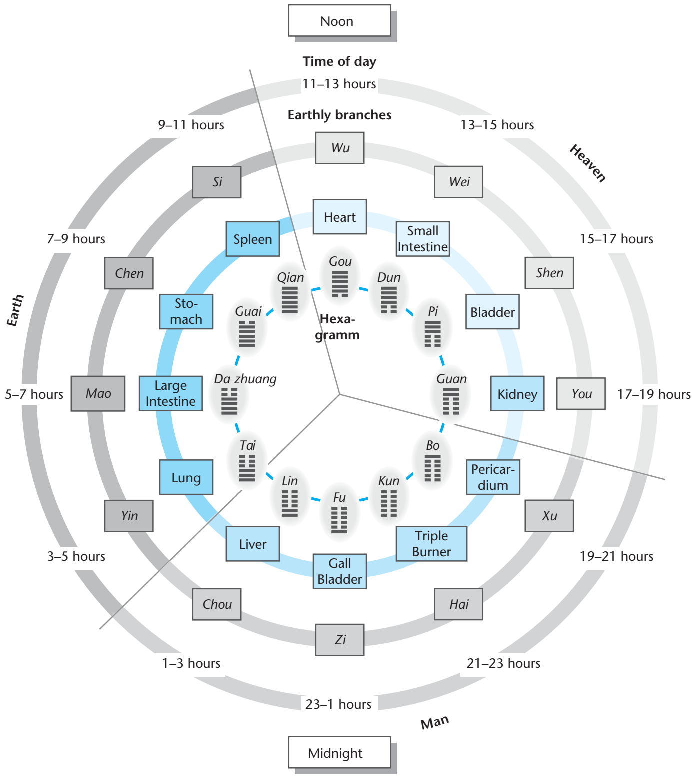

Noon
Time of day
11–13 hours
Earthly branches
9–11 hours
13–15 hours
Heaven
Wu
Si
Wei
Heart
Spleen
Small Intestine
7–9 hours
15–17 hours
Chen
Shen
Gou
Qian
Dun
Sto-mach
Guai
Pi
Bladder
Earth
Hexa-gramm
Da zhuang
Guan
5–7 hours
Mao
Large Intestine
Kidney
You
17–19 hours
Tai
Bo
Lung
Lin
Kun
Pericar-dium
Fu
Yin
Xu
Liver
Triple Burner
3–5 hours
19–21 hours
Gall Bladder
Chou
Hai
Zi
1–3 hours
21–23 hours
23–1 hours
Man
Midnight

Fig. 1.8 Expanded Organ clock

Second circulation of the Nutritive Qi (*ying qi*)

According to chapter 16 of the *Ling Shu*, the Nutritive Qi (*ying qi*), after having circulated through the 12 primary channels, takes a deep pathway of the primary Liver channel, which originates at **LIV-14** (*qimen*), passes the Lungs, the posterior aspect of the neck, the inner nasal passages and reaches **Du-20** (*baihui*), then follows along the *du mai* on the back and the *ren mai* along the midline of the abdomen. At the approximate level of **Ren-22** (*tiantu*) the *ying qi* again reaches the Lung channel, which traverses the supraclavicular fossa (near **ST-12**). Here, a new circulation of the *ying qi* through the 12 primary channels starts at the beginning of the primary LU channel.

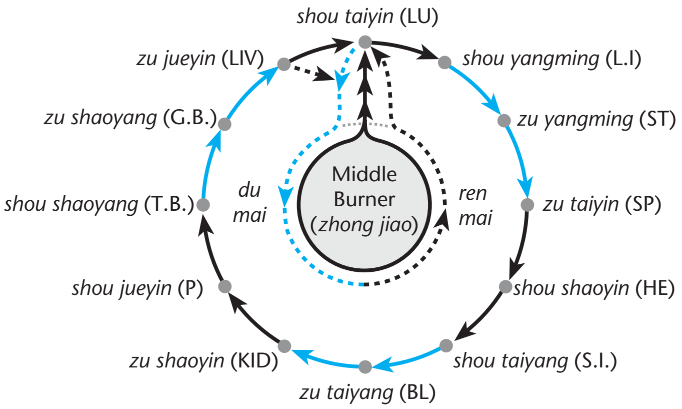


Fig. 1.9 First and second circulation of the Nutritive Qi (*ying qi*) with the Middle Burner

1.2 The 12 Primary Channels (*jing zheng*)

1.2.1 Background Information

Synonyms: Meridians, regular channels. '*zheng*' can be translated as 'mainly' (primary channels), but also relates to terms such as 'straight' and 'direct'.

Chinese terms for the channels

Meanings (also → 1.2.4, the six great channels (*liu jing*)

Tai: means greater, highest. The polarised energy (Yang or Yin) develops and reaches the maximum extent of its activity in the *taiyang* and *taiyin* channels. Here, the maximum extent of their respective polarity is reached and begins to fall again.

Shao: means less or younger. The polarised energy (Yang or Yin) is less in the *shaoyang* and *shaoyin* channels than in the *taiyang* or *taiyin* channels.

Ming: means clear, bright, radiant, shining (for more detail see → 1.2.4, the six great channels).

Jue: means 'absolute', 'at the end', 'exhausted', and according to Wiseman also 'inverted'. The polarised energy (Yin) in the *jueyin* channel represents the terminal phase of the Yin; here polarity changes to Yang.

Composition of the channel names

In the Chinese language, the name for each channel comprises

- the nature or **polarity of the energy** (Yin or Yang) that flows in the channel
- the **quality** or **intensity** (*tai*, *shao*, *jue*, *ming*) of the Yin or Yang energy and
- the **extremity** at which the channel originates or terminates.

Thus the Yin or Yang channels that begin or terminate at the hand carry the name of the primary hand channels (***shou*** *jing zheng*). The Yin and Yang channels that terminate or begin at the feet carry the name of the foot primary channels (***zu*** *jing zheng*) (→ Fig. 1.2).

1.2.2 Communication and Connections

Principle of the primary channel system

The 12 primary channels cover the body **bilaterally**. Each channel has its **individual regular course** with a deep, **internal** and a more superficial **external** pathway.

One can distinguish between Yin and Yang channels, which are Interiorly/Exteriorly paired. While each channel is connected with its pertaining *zang* or *fu* Organ, it is also connected with the Organ of its Interiorly/Exteriorly coupled channel.

All hand Yin channels begin in the region of the thorax and flow to the hand. All hand Yang channels start at the hands and travel to the head, where they meet the foot Yang channels. These descend down to the toes, where they meet the foot Yin channels, which ascend to the thorax and there meet the hand Yin channels.

For a better understanding of this model, imagine a person standing with his/her hands raised to the sky. In this position, all **Yin channels are ascending** (a **Yang phenomenon**), while all **Yang channels are descending** (a **Yin phenomenon**) (→ Fig. 1.10).

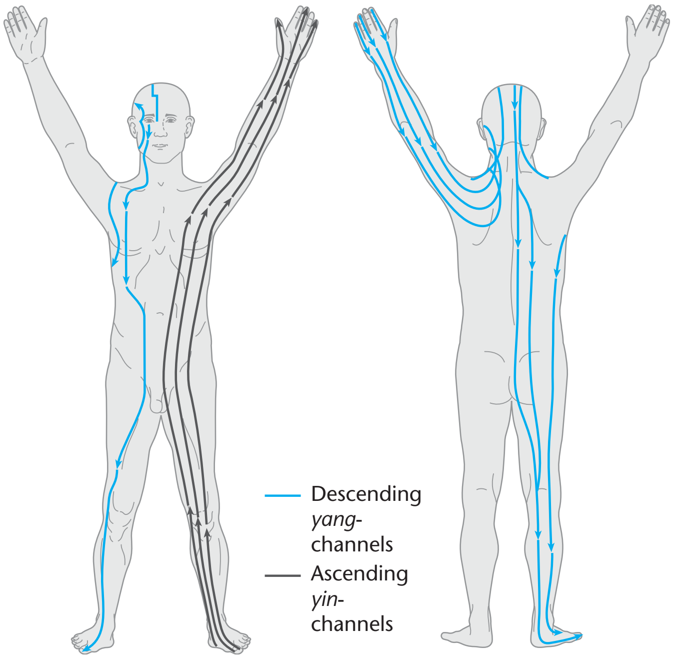


Fig. 1.10 Ascending and descending primary channels (according to Pirog 1996)

Each channel is associated with its own specific pathological symptoms, which are an important diagnostic tool in clinical practice (for channel-specific pathologies see → chapter 4).

Communication between channels and *zangfu*-Organs

The **connections (anastomoses)** between the channels have the function of allowing communication within the channel system as well as between the channels and the Organ systems. This external/internal (*biao-li*) relationship comprises the following aspects:

Communication from the Interior to the Exterior

- The **internal pathways of the hand Yin channels** connect with their pertaining Organ as well as with their Yin/Yang-paired *fu*-Organ. They flow from the thoracic region to the Exterior and connect with their paired Yang channel at the finger tips or on the hand (→ Fig. 1.11 a).
- The **internal pathways of the foot Yang channels** connect with their pertaining *fu*-Organ as well as with their Yin/Yang-paired *zang*-Organ. They then flow from the centre of the body to its Exterior and connect with their paired Yin–channel at the foot (→ Fig. 1.11 b).

Communication from the Exterior to the Interior

- **Each hand Yang channel** begins on the hand, runs to the thoracic region, penetrates the thorax and connects in the Interior of the body with its pertaining *fu*-Organ and its Yin/Yang-paired *zang*-Organ (→ Fig. 1.11 c).
- **Each foot Yin channel** starts at the foot, penetrates the abdomen, reaches the Interior of the body and its pertaining *zang*-Organ as well as its Yin/Yang-paired *fu*-Organ (→ Fig. 1.11 d).

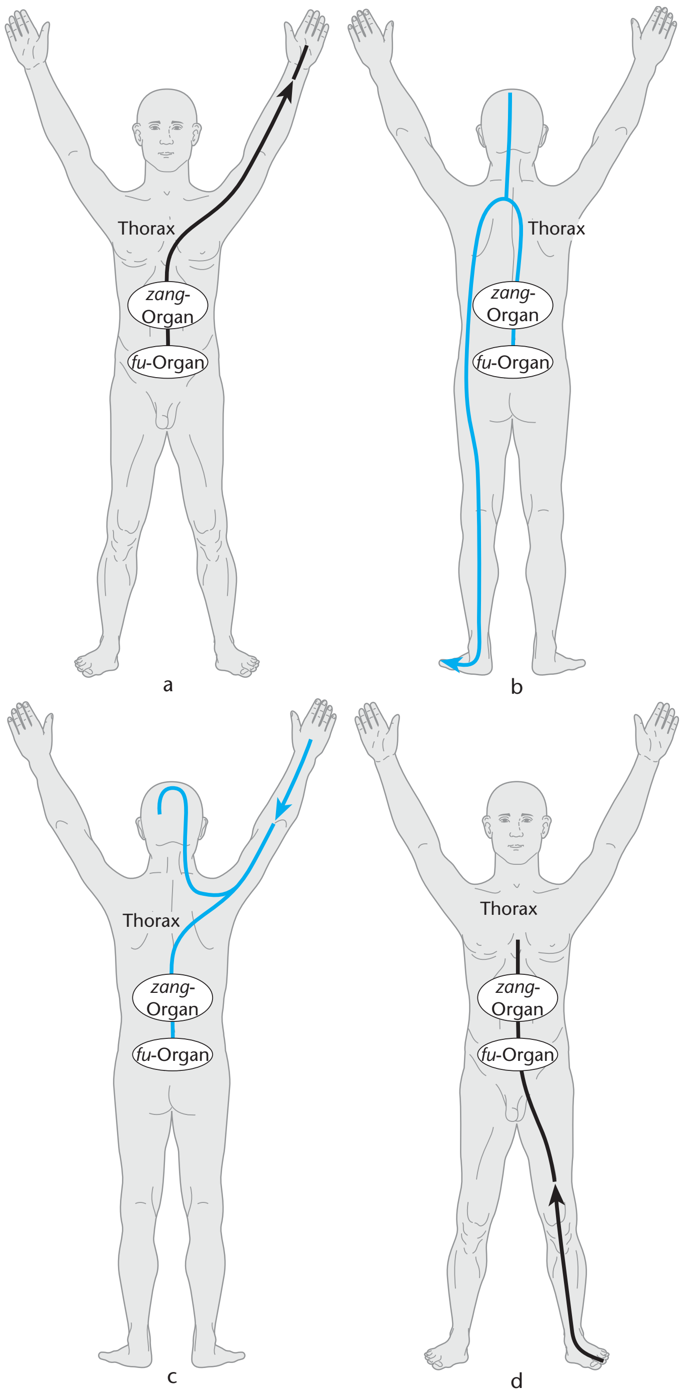


Fig. 1.11 Communication Interior → Exterior, hand-Yin channels (a). Communication Interior → Exterior, foot-Yang channels (b). Communication Exterior → Interior, hand-Yang channels (c). Communication Exterior → Interior, foot-Yin channels (d).

Channel circuits

Within the primary channel system we can distinguish three circuits, each circuit comprising four primary channels. The trajectories of two of the channels in one circuit are located on the Yin side of the body, the more anterior side (Interior), and two are found on the Yang side, the more posterior side of the body (Exterior). The Stomach channel (foot *yangming*, for more detail ➞ 1.2.3) presents the exception to this rule. Despite its major part running along the anterior side of the body, it is considered a Yang channel (➞ Fig. 1.12 and 1.3).

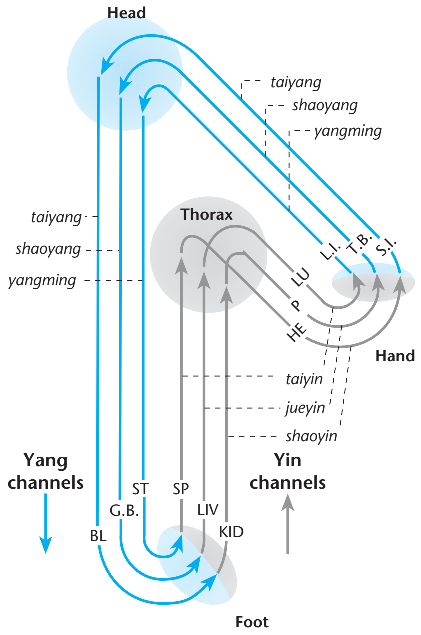

Head
taiyang
shaoyang
yangming
taiyang
shaoyang
yangming
Thorax
L.I.
T.B.
S.I.
LU
P
HE
Hand
taiyin
jueyin
shaoyin
Yang channels
Yin channels
ST
SP
G.B.
LIV
BL
KID
Foot

Fig. 1.12 Principle of the channel circuits

		First circuit			
Channel	**Time**	**Starts**	**Terminates**	**Hand/foot**	
LU	3–5 a.m.	Thorax	Finger tips	Hand (*shou*)	*taiyin*
L.I.	5–7 a.m.	Finger tips	Face	Hand (*shou*)	*yangming*
ST	7–9 a.m.	Face	Tips of the toes	Foot (*zu*)	*yangming*
SP	9–11 a.m.	Tips of the toes	Thorax (Heart)	Foot (*zu*)	*taiyin*
		Second circuit			
H	11 a.m.–1 p.m.	Thorax	Finger tips	Hand (*shou*)	*shaoyin*
S.I.	1–3 p.m.	Finger tips	Face	Hand (*shou*)	*taiyang*
BL	3–5 p.m.	Face	Tips of the toes	Foot (*zu*)	*taiyang*
KID	5–7 p.m	Tips of the toes	Thorax (Pericardium)	Foot (*zu*)	*shaoyin*
		Third circuit			
P	7–9 p.m.	Thorax	Finger tips	Hand (*shou*)	*jueyin*
T.B.	9–11 p.m.	Finger tips	Face	Hand (*shou*)	*shaoyang*
G.B.	11 p.m.–1 a.m.	Face	Tips of the toes	Foot (*zu*)	*shaoyang*
LIV	1–3 a.m.	Tips of the toes	Thorax (Lung)	Foot (*zu*)	*jueyin*

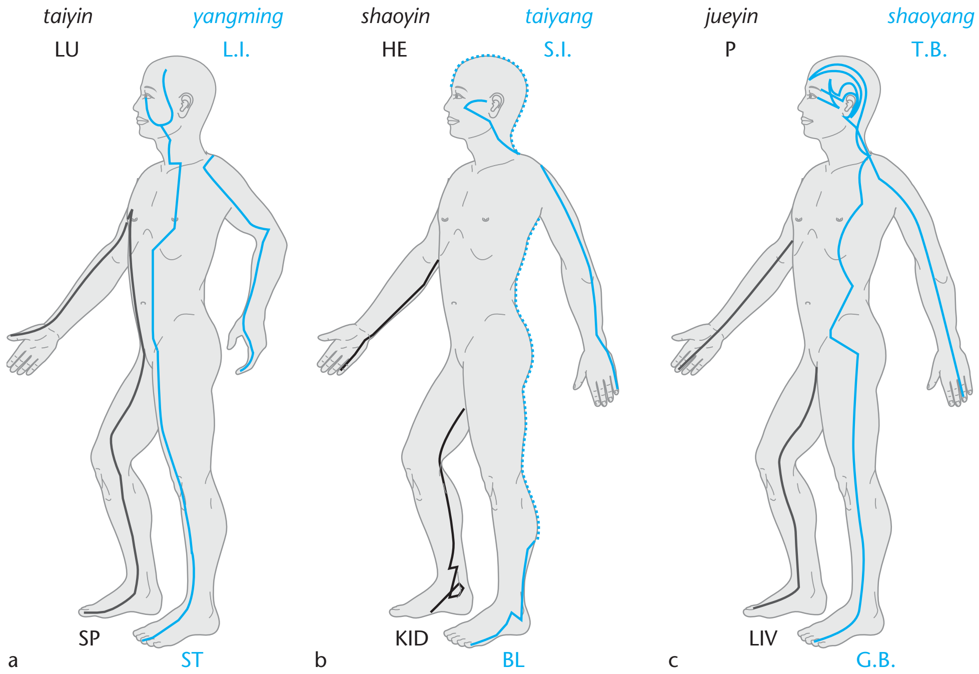


Fig. 1.13 Overview of the channel circuits

Connections among the primary channels

In order to ensure the continuous circulation (also see → 1.1.4) within the primary channel system, there need to be connections among the individual primary channels. Fig. 1.5 illustrates these in a schematic graphic overview.

According to some schools, the connections among the primary channels are facilitated by so-called entry/exit points. Various authors (for example Worsley, Jarrett, Pirog, Hicks et al., for more detail → 8.1.16) describe these as the shunting points between successive channels according to the Organ clock. The exit point marks the point on a channel from which the (internal) flow moves to a point (the entry point) on the channel that succeeds it on the Organ clock. There are some discrepancies regarding the location of the connections as described by the above authors and those described by Solinas et al. (1998), which are marked below as appropriate.

Yin–Yang connections

The connections – anastomoses – between the Yin and Yang channels are located on the hands and feet. The channels are most commonly connected at their respective final points, but sometimes also by branches separating from the main channel. These Yin–Yang connections are places where the Qi can change its polarity: Yin Qi becomes Yang Qi, and Yang Qi becomes Yin Qi. This creates a dynamic balance and allows for a better circulation of the Qi. The Yin–Yang connections follow the order of the basic structure of the circadian rhythm (24-hour cycle).

Hand Yin–Yang connections (→ Fig. 1.14)

The **hand Yin channels** are in most cases connected to the **hand Yang channels** at the tips of the fingers; sometimes they are connected on the hand by a branch that separates from the primary Yin channel and runs to the hand Yang channel:

FIRST CIRCUIT

LU channel (*shou taiyin*) ➡ L.I. channel (*shou yangming*)

LU-7 (*lieque*) ➡ **L.I.-1** (*shangyang*)

A branch separates from the primary LU channel at → **LU-7** (*lieque*) and travels to the primary L.I. channel at → **L.I.-1** (*shangyang*).

Note: According to Hicks et al. (2004, → 8.1.16) **L.I.-4** (*hegu*) is considered to be an entry point.

SECOND CIRCUIT

HE channel (*shou shaoyin*) ➡ S.I. channel (*shou taiyang*)

HE-9 (*shaoyang*) ➡ **S.I.-1** (*shaoze*)

THIRD CIRCUIT

P channel (*shou jueyin*) ➡ T.B. channel (*shou shaoyang*)

P-8 (*laogong*) ➡ **T.B.-1** (*guanchong*)

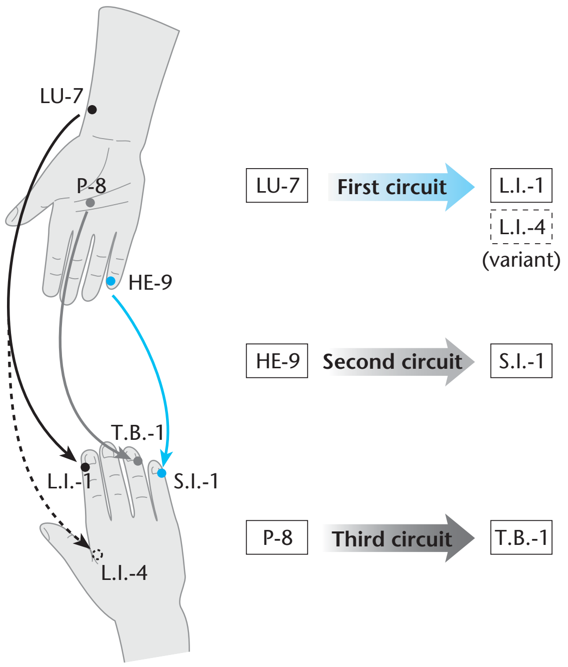

LU-7
P-8
HE-9
T.B.-1
L.I.-1
S.I.-1
L.I.-4
LU-7
First circuit
L.I.-1
L.I.-4
(variant)
HE-9
Second circuit
S.I.-1
P-8
Third circuit
T.B.-1

Fig. 1.14 Hand Yin–Yang connections (primary channels)

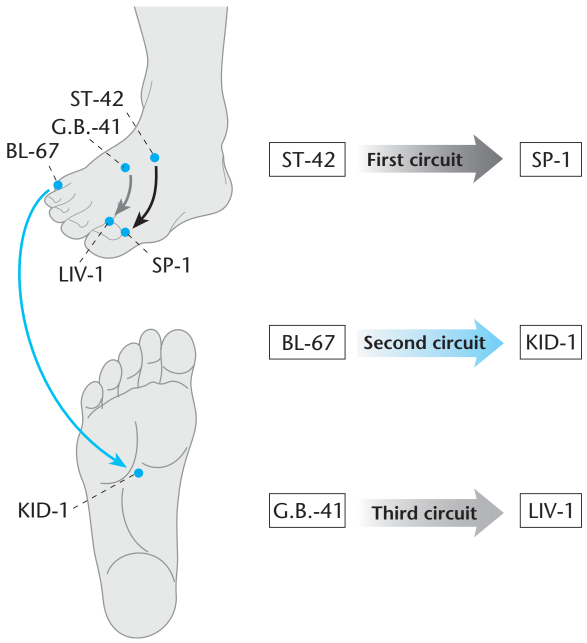

ST-42
G.B.-41
BL-67
LIV-1
SP-1
KID-1
ST-42
First circuit
SP-1
BL-67
Second circuit
KID-1
G.B.-41
Third circuit
LIV-1

Fig. 1.15 Foot Yang–Yin connections (primary channels)

Foot Yang–Yin connections (→ Fig. 1.15)

The **foot Yang channels** are connected to the **foot Yin channels** at the toes by branches that separate from the primary Yang channels and run to the foot Yin channels (→ Fig. 1.15):

FIRST CIRCUIT
ST channel (*zu yangming*) ➡ SP channel (*zu taiyin*)
ST-42 (*chongyang*) ➡ **SP-1** (*yinbai*)
At → **ST-42** a branch separates from the primary ST channel and travels to → **SP-1**.

SECOND CIRCUIT
BL channel (*zu taiyang*) ➡ KID channel (*zu shaoyin*)
BL-67 (*zhiyin*) ➡ **KID-1** (*yongquan*)

THIRD CIRCUIT
G.B. channel (*zu shaoyang*) ➡ LIV channel (*zu jueyin*)
G.B.-41 (*zulinqi*) ➡ **LIV-1** (*dadun*)
On the instep of the foot, at → **G.B.-41**, a branch separates from the G.B. channel and travels to → **LIV-1**

Yang–Yang connections (→ Fig. 1.16)

The Yang–Yang connections between the primary channels are located on the **head**. They are rather superficial and follow the order of the channels within the **circadian cycle** (according to the Organ clock → Fig. 1.7). These connections support the communication between the hand Yang and foot Yang primary channels in the cranial region, which convey Qi of the same nature and quality (*yangming*, *taiyang*, *shaoyang*). They also mark the connections between the Yang axes, also referred to as hand–foot pairing (→ 1.2.3), and serve as a link between **above** and **below**.

FIRST CIRCUIT
L.I. channel (*shou yangming*) ➡ ST channel (*zu yangming*)
L.I.-20 (*yingxiang*) ➡ **ST-1** (*chengqi*)

SECOND CIRCUIT
S.I. channel (*shou taiyang*) ➡ BL channel (*zu taiyang*)
S.I.-18 (*quanliao*) ➡ **BL-1** (*yingming*)

THIRD CIRCUIT
T.B. channel (*shou shaoyang*) ➡ G.B. channel (*zu shaoyang*)
T.B.-23 (*sizhukong*) ➡ **G.B.-1** (*tongziliao*). Comment: according to Hicks et al. (2004, → entry/exit points, → 8.1.16) **T.B.-22** (*erheliao*) is considered an exit point.

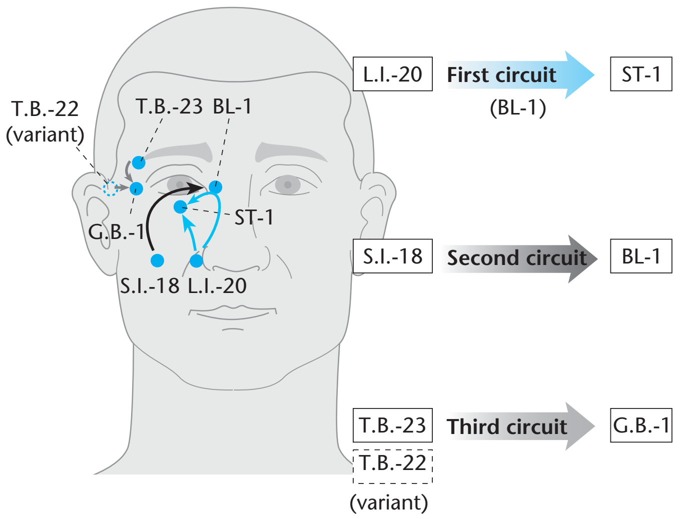

T.B.-22
(variant)
T.B.-23 BL-1
G.B.-1
ST-1
S.I.-18 L.I.-20
L.I.-20
First circuit
(BL-1)
ST-1
S.I.-18
Second circuit
BL-1
T.B.-23
Third circuit
G.B.-1
T.B.-22
(variant)

Fig. 1.16 Yang–Yang connections of the primary channels

Yin–Yin connections

The Yin–Yin connections between the primary channels are located in the **thoracic region** (Fig. 1.17).

In contrast to the more superficial Yang–Yang connections, they are located deep inside the body (internal pathways of the channels).

There are two types of Yin–Yin connection:

- the Yin axes connections or hand–foot pairings (*taiyin*, *jueyin*, *shaoyin*), which are **non-circadian** (do not flow according to the Organ clock) and
- the (deep) Yin–Yin connections, whose Qi flow follows the circadian rhythm of the Organ clock.

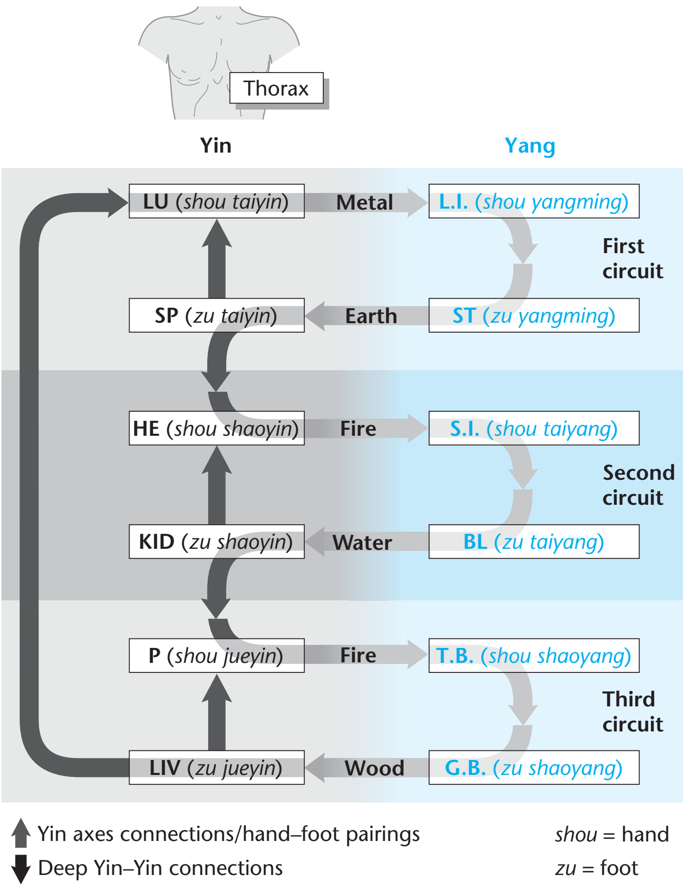

Thorax
Yin
Yang
LU (shou taiyin)
Metal
L.I. (shou yangming)
First circuit
SP (zu taiyin)
Earth
ST (zu yangming)
HE (shou shaoyin)
Fire
S.I. (shou taiyang)
Second circuit
KID (zu shaoyin)
Water
BL (zu taiyang)
P (shou jueyin)
Fire
T.B. (shou shaoyang)
Third circuit
LIV (zu jueyin)
Wood
G.B. (zu shaoyang)
Yin axes connections/hand–foot pairings
Deep Yin–Yin connections
shou = hand
zu = foot

Fig. 1.17 Overview of the Yin–Yin connections (primary channels)

Connections of the Yin axes (hand–foot pairings)

These Yin–Yin connections support the communication between the hand Yin and the foot Yin channels, which convey Qi of the same quality (*taiyin*, *jueyin*, *shaoyin*) and serve as a link between **above** and **below**. Their Qi flow does **not follow the circadian rhythm** of the Organ clock (→ Fig. 1.17).

First circuit

SP channel (*zu taiyin*) ➡ LU channel (*shou taiyin*)

SP-20 (*zhourong*) ➡ **LU-1** (*zhongfu*)

According to Solinas et al. (1998), a superficial branch separates from the primary SP channel at → **SP-20** and travels to the primary LU channel at → **LU-1**.

Second circuit

LIV channel (*zu jueyin*) ➡ P channel (*shou jueyin*)

LIV ➡ P

An internal branch ascends from the Liver, passes through the diaphragm, connects with the primary P channel below → **P-1** (*tianchi*).

Third circuit

KID channel (*zu shaoyin*) ➡ HE channel (*shou shaoyin*)

KID ➡ HE

An internal branch of the primary KID channel runs to the Liver, penetrates the diaphragm and spreads into the Lungs. From the

Lung a branch travels to the Heart, where it connects with the primary HE channel.
Many authors give **HE-1** (*jiquan*) as the site of connection.

Deep Yin–Yin connections

These Yin–Yin connections facilitate the **circadian cycle** according to the Organ clock and mark the transitions of the channel circuits. They are located deep in the thorax area on the level of the *zang*-Organs.

Connection of the first and second circuit

SP channel (*zu taiyin*) ➡ HE channel (*shou shaoyin*)

SP ➡ HE

An internal branch of the primary SP channel spreads in the Heart and connects with the HE channel. Note: according to Hicks et al. (2004, → entry/exit points, → 8.1.16) **SP-21** is considered to be the exit point of the SP channel and **HE-1** the entry point of the HE channel.

Connection of the second and third circuit

KID channel (*zu shaoyin*) ➡ P channel (*shou jueyin*)

KID ➡ P

An internal branch of the primary KID channel travels to the Kidneys, then to the Liver, penetrates the diaphragm and spreads into the Lung. From the Lung, an internal branch runs to the Heart, where it meets the primary P channel and also reaches → **Ren-17** (*shanzhong/danzhong*). Note: according to Hicks et al. (2004, → entry/exit points → 8.1.16) **KID-22** is considered to be the exit point of the KID channel and **P-1** the entry point of the P channel.

Connection of the third and first circuit

LIV channel (*zu jueyin*) ➡ LU channel (*shou taiyin*)

LIV ➡ P

An internal branch of the LIV channel originates in the Liver, passes the diaphragm, spreads in the Lungs and connects with the LU channel through a network of branches. Note: according to Hicks et al. (2004, → entry/exit points → 8.1.16) **LIV-14** is considered to be the exit point of the LIV channel and **LU-1** the entry point of the LU channel.

1.2.3 The Six Great Channels (*liu jing*)

Based on the Yang–Yang and Yin–Yin connections (→ 1.2.2, → Fig. 1.16, → Fig. 1.17), primary channels of the same nature and quality can be divided into **six great channels** (*liu jing*) or **hand–foot pairings (or axes).** They represent the three great Yang channels and the three great Yin channels.

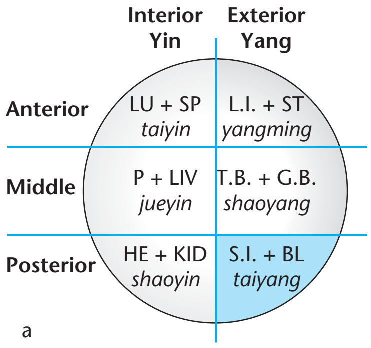
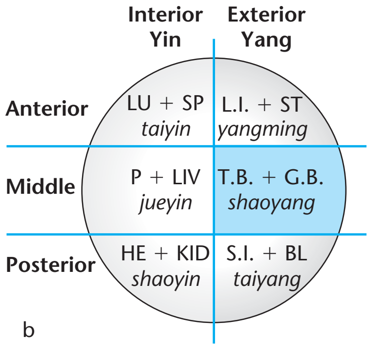
Channels	Trajectory		Amount of Qi and Blood
Exterior			
Yang channels (hand–foot pairings)			
taiyang **(S.I., BL)**	Latero-posterior aspect of the four extremities, posterior aspect of the head and body	 Interior Yin Exterior Yang Anterior LU + SP *taiyin* L.I. + ST *yangming* Middle P + LIV *jueyin* T.B. + G.B. *shaoyang* Posterior HE + KID *shaoyin* S.I. + BL *taiyang* a	Less Qi, more Blood **Qi < Blood**
shaoyang **(T.B., G.B.)**	Lateral aspect of the four extremities and torso	 Interior Yin Exterior Yang Anterior LU + SP *taiyin* L.I. + ST *yangming* Middle P + LIV *jueyin* T.B. + G.B. *shaoyang* Posterior HE + KID *shaoyin* S.I. + BL *taiyang* b	More Qi, less Blood **Qi > Blood**

Fig. 1.18 Overview of the six great channels (*liu jing*)

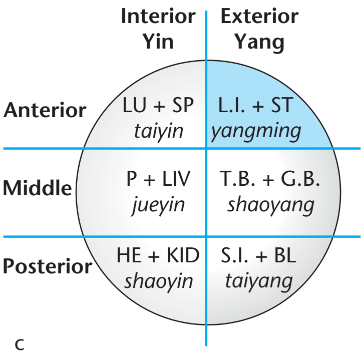
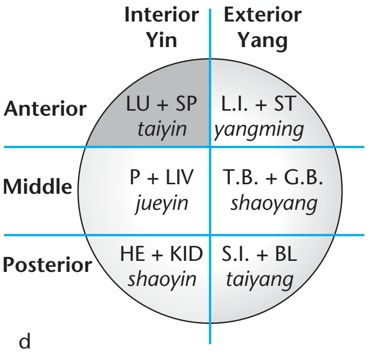
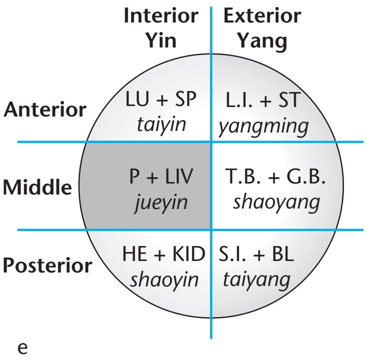
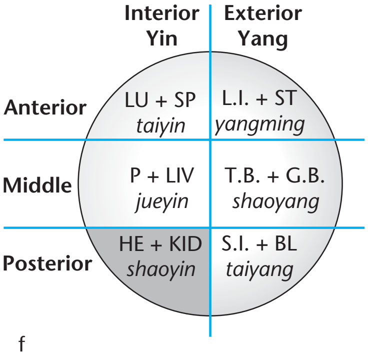
Yang channels (hand–foot pairings)			
yangming **(ST, L.I.)**	Latero-anterior aspect of the four extremities, frontal aspect of the head (face, forehead), anterior aspect of the trunk	 Interior Yin Exterior Yang Anterior LU + SP *taiyin* L.I. + ST *yangming* Middle P + LIV *jueyin* T.B. + G.B. *shaoyang* Posterior HE + KID *shaoyin* S.I. + BL *taiyang* c	More Qi, more Blood **Qi = Blood**
Yin channels (hand–foot pairings)			
taiyin **(LU, SP)**	Medio-anterior aspect of the four extremities as well as the thorax and abdomen	 Interior Yin Exterior Yang Anterior LU + SP *taiyin* L.I. + ST *yangming* Middle P + LIV *jueyin* T.B. + G.B. *shaoyang* Posterior HE + KID *shaoyin* S.I. + BL *taiyang* d	More Qi, less Blood **Qi > Blood**
jueyin **(P, LIV)**	Middle of the medial aspect of the four extremities as well as the thorax and abdomen	 Interior Yin Exterior Yang Anterior LU + SP *taiyin* L.I. + ST *yangming* Middle P + LIV *jueyin* T.B. + G.B. *shaoyang* Posterior HE + KID *shaoyin* S.I. + BL *taiyang* e	Less Qi, more Blood **Qi < Blood**
shaoyin **(HE, KID)**	Medio-anterior aspect of the four extremities as well as the thorax and abdomen	 Interior Yin Exterior Yang Anterior LU + SP *taiyin* L.I. + ST *yangming* Middle P + LIV *jueyin* T.B. + G.B. *shaoyang* Posterior HE + KID *shaoyin* S.I. + BL *taiyang* f	More Qi, less Blood **Qi > Blood**
Interior			

Fig. 1.18 (cont'd) Overview of the six great channels (*liu jing*)

Names and functions of the six great channels (*liu jing*)

Tai means 'greater', 'highest'

The polarised energy (Yang or Yin) develops and reaches its maximum activity in the *taiyang* or *taiyin* channels. Here, **the maximum level of the respective polarity** is reached and begins to fall again. '*Taiyang* opens to the outside' means that it spreads to the Exterior (➞ see comments below under *yangming*, also ➞ Fig. 1.19).

Shao means 'less' or 'younger'

The polarised energy (Yang or Yin) is less in the *shaoyang* or *shaoyin* channels than in the *taiyang* or *taiyin* channels. This also manifests in their location: the *shaoyang* channels are located midway between the **inside** (or anterior aspect) and the **outside** (or posterior aspect) of the body, acting like a hinge. According to Larre and Rochat de la Vallée (1986), *shaoyang* should be translated as 'young Yang'. In their view it is positioned between the outside (the other two Yang channels) and the inside (the other three Yin channels).

Depending on the interpretation, the *shaoyin* channels are considered either to be located between the *taiyin* and the *jueyin* channels or to be the deepest of the six channels. Thus they are either seen as a hinge or as a fixed central point (for more detail see ➞ Depth organisation of the channels).

Ming means 'clear', 'bright', 'radiant', 'shining'

'*Yangming* closes towards the inside – *yangming* contracts towards the inside.'

The *yangming* channel has some unique features. Based on its course alone, it is **not 'Yang'** like the other two Yang channels, but it develops as a Yang phenomenon within the Yin aspect of the body (partially anterior pathway of the ST channel).

The character for *ming* is composed of the radicals for the sun and the moon. The character for Yang also contains the sun radical. According to the *Su Wen*, the *yangming* is where the two Yang shine together. Thus, the two suns can be symbolically interpreted as a doubling of Yang energy. *Taiyang* and *shaoyang* are 'Yang' simply due to their physical location. *Yangming*, however, is 'Yang' due to the content of its stored energy. This raises the question as to why the *yangming* channel is so abundant, why it carries so much Qi and Blood. Pirog (1996) explains this fact based on embryonic development. The 'closing' of the *yangming*' can be equated with the image of a curled-up **embryo** (➞ Fig. 1.19). Because of its contracting, 'closing' position, the energy of the *yangming* channel can be compared to the compressed energy in a pressure cooker. Thus the 'Yin' process of contracting towards the Interior results in producing Yang or, in other words, compression of the energy in the Interior. This naturally compressed energy is utilised in clinical practice. The *yangming* channels, but especially the ST channel, can be accessed, either by massage or by acupuncture, to supply the whole body with the energy stored and accumulated here. By the same token, the *yangming* channels can be needled in order to drain excess Heat – a procedure comparable to a controlled release of steam from a pressure cooker.

Jue means 'absolute', 'at the end', 'exhausted' (also, according to Wiseman, 'to revert')

The polarised energy (Yin) in the *jueyin* channel represents the terminal phase of the Yin; here polarity changes to Yang (➞ see below for more detail).

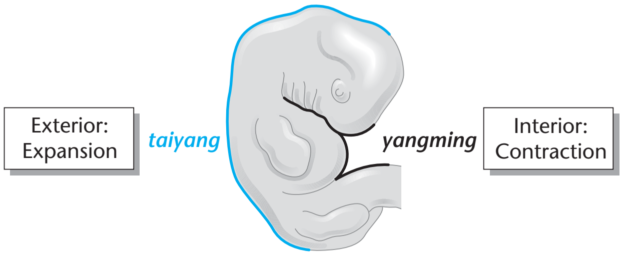


Fig. 1.19 Embryonic development of the *yangming* and *taiyang* channels (according to Pirog 1996)

The six great channels (*liu jing*): relationships and depth organisation

The systemic division of the channels into six levels or stages is mainly associated with the *Shang Han Lun*, a herbal classic. But according to Pirog (1996), this system can also be used as a paradigm for acupuncture, since it provides fundamental ideas regarding the functions of the points and channels as well as the relationships among the channels. It focuses particularly on changes of characteristics of the channel Qi, depending on which level it is acting within the body. The channels can be described as being stacked one upon each other, similar to layered rocks in a quarry. The depth of a channel or a point will be indicative of its function and significance. The postulate is that the more deeply a channel is located in the body, the more deep-seated its functions are and the more deep-seated illnesses it will be able to treat. They are not static, however. Depending on their location in the human body, they are indeed living structures with specific activities such as openers, closers, hinges or pivots, reflected in the meaning of the Chinese names. Fig 1.20 illustrates the arrangement of the six great channels from the outside to the inside, resembling the layers of an onion (➞ Fig. 1.20).

Nguyen Van Nghi (1996) compares the three Yin and three Yang channels to doors. The door (*taiyang* or *taiyin*) is closed to prevent the entry of unwelcome guests such as external pathogenic factors. But the door can also be opened to let in friends. Whether the door opens and closes well depends largely on the hinges (*shaoyang*, *shaoyin*). Only if the hinges function smoothly can the energy circulate adequately. The doorframe (or closing mechanism) (*yangming*, *jueyin*) closes towards the Interior; in other words, it protects and supports what is contained on the inside. (→ Fig. 1.21).

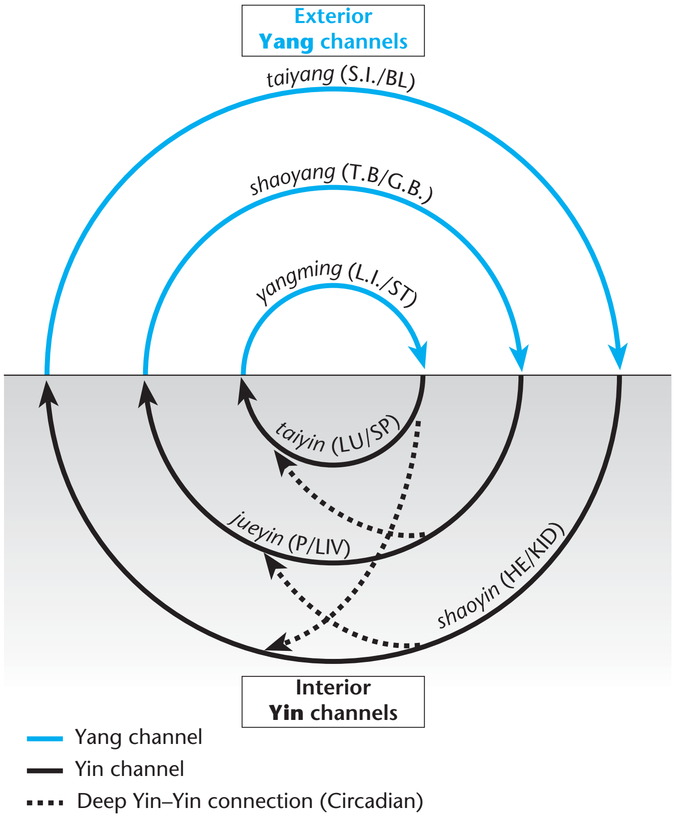

Exterior
Yang channels
taiyang (S.I./BL)
shaoyang (T.B/G.B.)
yangming (L.I./ST)
taiyin (LU/SP)
jueyin (P/LIV)
shaoyin (HE/KID)
Interior
Yin channels
Yang channel
Yin channel
Deep Yin–Yin connection (Circadian)

Fig. 1.20 Relationships of the three Yin and three Yang channels (according to Nguyen Van Nghi, 1996)

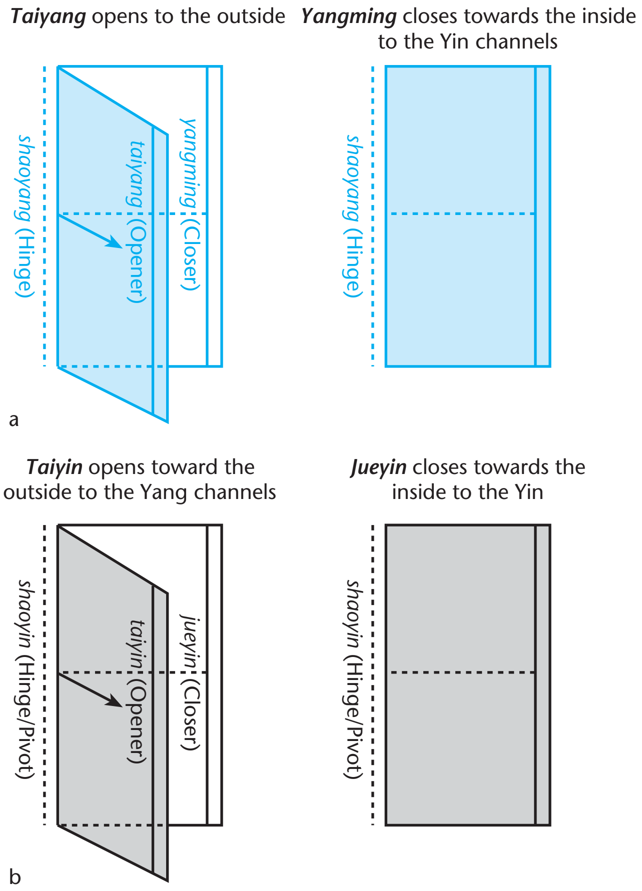

Taiyang opens to the outside
Yangming closes towards the inside to the Yin channels
shaoyang (Hinge)
taiyang (Opener)
yangming (Closer)
shaoyang (Hinge)
a
Taiyin opens toward the outside to the Yang channels
Jueyin closes towards the inside to the Yin
shaoyin (Hinge/Pivot)
taiyin (Opener)
jueyin (Closer)
shaoyin (Hinge/Pivot)
b

Fig. 1.21 The six great channels as opener, hinge and frame of a door

The literature is somewhat contradictory about which are the deeper of the six great channels, the *shaoyin* or the *jueyin* channels. Pirog (1996) has contributed an interesting theory in suggesting that the *shaoyin* channels occupy the deepest position in the body. They are located in such a medial location (near the middle of the body) that, when a person is standing in a normal position, the *shaoyin* channels are covered and not directly visible. According to Pirog, the *shaoyin* does not function like a hinge, but rather like a fixed pivot, similar to the axis of a mill wheel, which itself is immobile, but is able to cause movement. When the Qi has reached the deepest point of the *shaoyin*, and the 'Yin of the *jueyin* is exhausted', it has to revert. In other words: it has to return to a more superficial level on the outside or it has to transform into Yang. In that sense, it is the P and LIV channels that again start the flow of the Qi towards the Yang, from the inside to the outside and from below to above (→ Fig. 1.22).

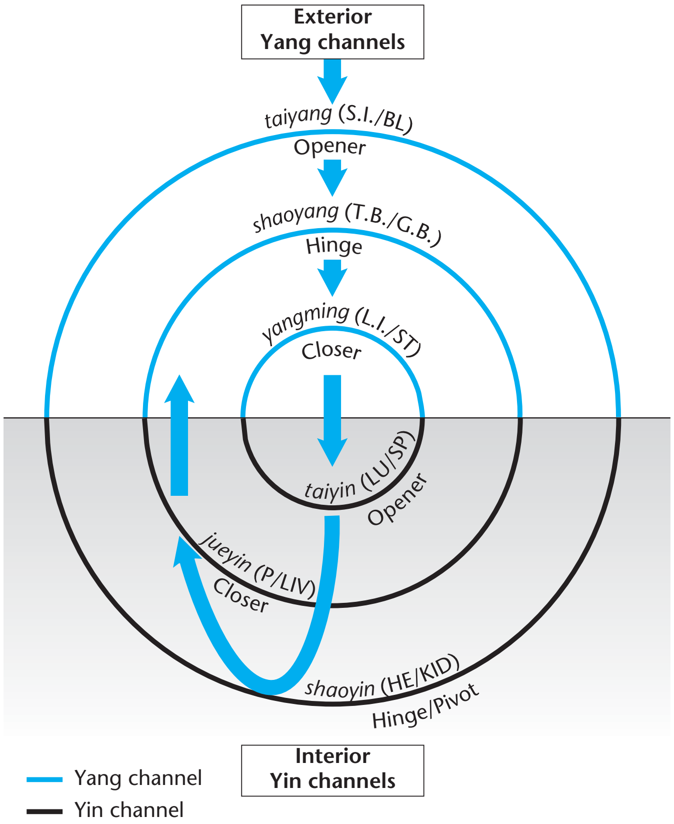

Exterior
Yang channels
taiyang (S.I./BL)
Opener
shaoyang (T.B./G.B.)
Hinge
yangming (L.I./ST)
Closer
taiyin (LU/SP)
Opener
jueyin (P/LIV)
Closer
shaoyin (HE/KID)
Hinge/Pivot
Interior
Yin channels
Yang channel
Yin channel

Fig. 1.22 Depth organisation of the six great channels (according to Pirog, 1996)

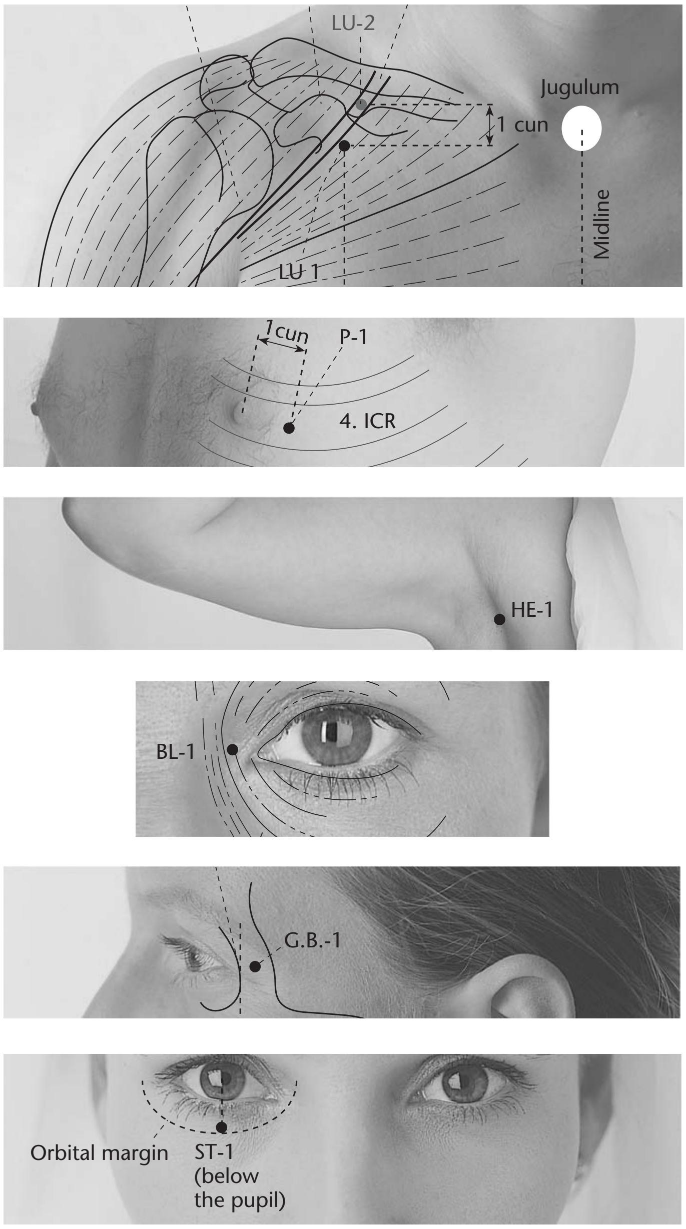

LU-2
Jugulum
1 cun
Midline
LU 1
1cun
P-1
4. ICR
HE-1
BL-1
G.B.-1
Orbital margin
ST-1
(below
the pupil)

Fig. 1.23 Confluent points of the six great channels

Confluent or connecting points of the six great channels (*liu jing*)

The **primary Yin channels** (*liu jing*) connect in the **thoracic region** (see also → Yin axes or hand–foot pairings → 1.2.2, Fig. 1.17). In contrast, the **primary Yang channels** connect in the **cranial region** (see also → Yang axes or hand–foot pairings → 1.2.2, Fig. 1.16). Many schools of thought suggest the connections of the channels of the same nature and quality at the following **six confluent points**:

Yin channels	**LU-1** (*zhongfu*), **P-1** (*tianchi*), **H-1** (*jiquan*)
Yang channels	**BL-1** (*jingming*), **G.B.-1** (*tongziliao*), **ST-1** (*chengqi*)

Starting and end points of the six great channels (*liu jing*)

Fig. 1.24 shows the starting and end points of the six great channels on the feet or hands respectively.

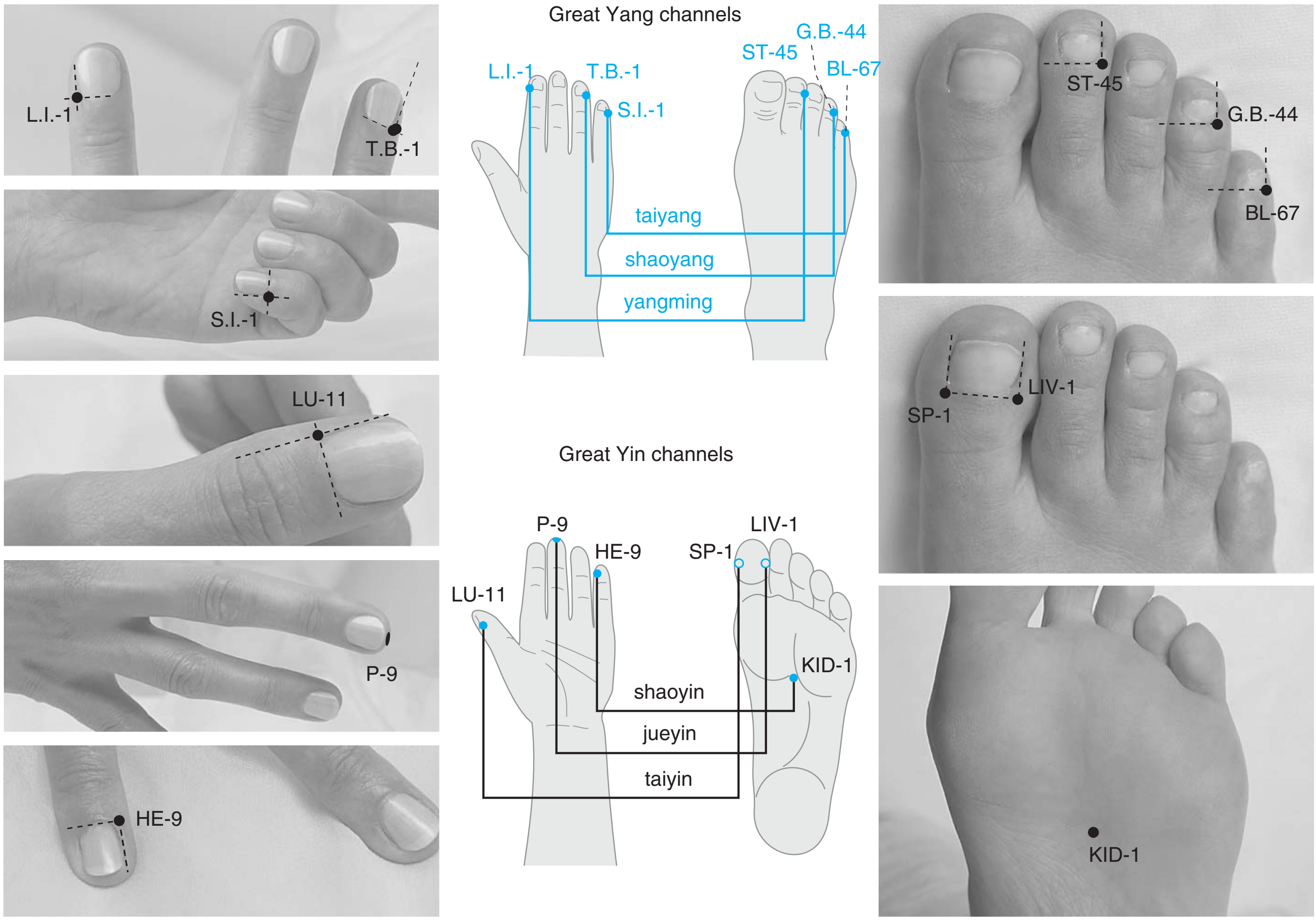

L.I.-1
T.B.-1
S.I.-1
LU-11
P-9
HE-9
Great Yang channels
L.I.-1
T.B.-1
S.I.-1
ST-45
G.B.-44
BL-67
taiyang
shaoyang
yangming
Great Yin channels
P-9
HE-9
LU-11
SP-1
LIV-1
KID-1
shaoyin
jueyin
taiyin
ST-45
G.B.-44
BL-67
LIV-1
SP-1
KID-1

Fig. 1.24 Starting and end points of the *jiu jing*

Root points and binding points of the six great channels (*liu jing*)

According to Chapter 5 of the *Ling Shu*, each of the six great channels (*liu jing*) has a root point (*gen*) and a binding point (*jie*).

Root points (*gen*)

At the root point, the polarised energy (Yin/Yang) of a great channel is at its minimum – this point marks the end of the Yang or the beginning of the Yin. The root points are all located on the foot (→ Fig. 1.24).

Root points of the three Yang channels (→ Fig. 1.24)

These always represent the **terminal point** of each great **Yang** channel.

taiyang (S.I. ➡ BL)	**BL-67** (*zhiyin*)
shaoyang (T.B. ➡ G.B.)	**G.B.-44** (*zuqiaoyin*)
yangming (L.I. ➡ ST)	**ST-45** (*lidui*)

Root points of the three Yin channels (→ Fig. 1.24)

These always represent the **first point** of each great **Yin** channel.

taiying (SP ➡ LU)	**SP-1** (*yinbai*)
jueyin (LIV ➡ P)	**LIV-1** (*dadun*)
shaoyin (KID ➡ H)	**KID-1** (*yongquan*)

Binding points (*jie*)

The binding point is the point at which the polarised energy (Yin/Yang) of a great channel reaches its maximum level. It is at this point that the hand channel and the foot channel are connected.

Binding points of the three Yang channels

These are the **switching points** of the great Yang channels (hand to foot) and are located in the **cranial region**.

taiyang (BL ➡ S.I.)	**BL-1** (*jingming*)
shaoyang (G.B. ➡ T.B.)	**T.B.-21** (*ermen*)*
yangming (ST ➡ L.I.)	**ST-1** (*chengqi*)**

Binding points of the three Yin channels

These are the **switching points** of the great Yin channels (foot to hand) and are located in the **thoracic or abdominal region**.

taiying (SP ➡ LU)	**Ren-12** (*zhongwan*)
jueyin (LIV ➡ P)	**Ren-18** (*yutang*)
shaoyin (KID ➡ H)	**Ren-23** (*lianqian*)

1.3 Divergent Channels (*jing bie*)

Synonyms: Channel divergence (Wiseman), separate pathways (Larre and Rochat de la Vallée).
Character: *bie* means diverging, separating, branching off. In this sense, the 12 divergent channels can be seen as branches of the primary channels.

General pathways of the divergent channels (➞ Fig. 1.25)

The 12 bilateral divergent channels, which have no specific points of their own, are named after and are dependent on their corresponding primary channel.
They can be divided into **six great Yin and six great Yang pairs** and have their own system of six confluences (reunions): BL/KID, G.B./LIV, ST/SP, S.I./H, T.B./P, L.I./LU. According to Ramakers (course material, 2003) the divergent channels follow their own (non-cosmic) daily biorhythm:
BL ➡ G.B. ➡ ST ➡ S.I. ➡ T.B. ➡ L.I. ➡ KID ➡ LIV ➡ SP ➡ H ➡ P ➡ LU.
All divergent channels separate (*li*) from their corresponding primary channel on the extremities, except for the divergent T.B. channel, which branches off on the head. But many authors suspect that their pathways begin before the actual branching off. Based on this assumption, the divergent channels begin at the distal ends of the primary channels, running parallel to them, but as separate entities. The circulation in the divergent channels is of a centripetal nature (➞ 1.1.1); in other words, the flow is always from a distal in a proximal direction, towards the trunk and the head. After separating from the primary channels, they enter deeper (*ru*) into the body and, after completing their internal pathway, they re-emerge close to the surface of the body (*chu*). The divergent channel pairs (Yin/Yang) pass together through the Interior of the body to join (*he*) their pertaining primary Yang channel in the occipital or cranial region. It is this joining of the courses that is referred to as the six confluences (or reunions) (*liu he*).

Pathways of the divergent Yin channels

After separating from their primary channels, they connect with their pertaining *zang*-Organ, then with the Interiorly-Exteriorly paired *fu*-Organ. They continue their flow in the upper half of the body together with their paired divergent Yang channel to join the paired primary Yang channel. In contrast to the divergent Yang channels, the divergent Yin channels will not return to their pertaining primary Yin channel after having completed their internal pathway (➞ Fig. 1.25).

Pathways of the divergent Yang channels

After separating from their primary channels, the divergent Yang channels travel to their pertaining *fu*-Organ, then to the Interiorly-Exteriorly paired *zang*-Organ. They connect again with their pertaining primary channel and also with their Interiorly-Exteriorly paired divergent Yin channel in the upper half of the body (➞ Fig. 1.25).

The divergent channels and the Heart

All divergent channels pass the thoracic region and the Heart, except for the divergent channels of the LU, L.I. and KID. According to Shima and Chase (2001), this means that all divergent channels passing the thorax will communicate with the True Qi (*zhen qi*), representing the synthesis of the Gathering Qi (*zong qi*) and Original Qi (*yuan qi*) (➞ 1.1.4). They suggest that this hypothesis is in accordance with all the information available about the divergent channels, and explains furthermore why the divergent channels are so useful in the treatment of deep-seated Organ disorders as well as for disharmonies of the Defensive Qi (*wei qi*). It supports the image of a divergent channel as a fundamental axis between the Interior and the Exterior of the body. In the opinion of Shima and Chase (2001), the divergent channels are an invaluable connection to facilitate the return of the Defensive Qi (*wei qi*) to the Interior of the body and to transfer the fundamental inner Original Qi (*yuan qi*) to the periphery. In that respect the Original Yang (*yuan yang*) not only touches upon, but also strengthens the Defensive Yang (*wei-yang*).

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* According to Nguyen Van Nghi (1996) and Solinas et al. (1998), this is G.B.-2 (*tinghui*)

** According to Nguyen Van Nghi (1996) and Solinas et al. (1998), this is ST-8 (*touwei*)

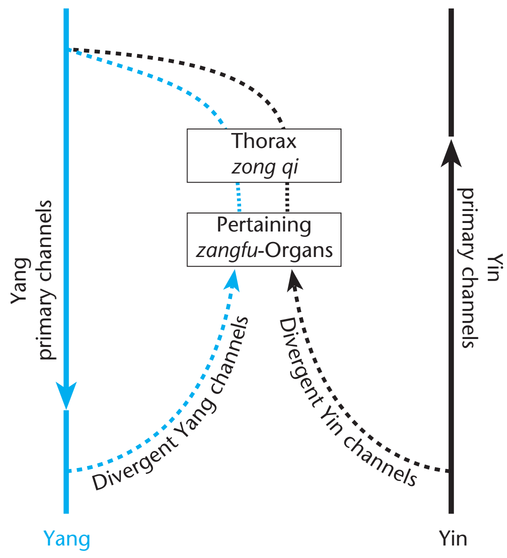


Fig. 1.25 Schematic illustration of the divergent channel pathways (according to Shima and Chase 2001)

Functions

The divergent channels reinforce the circulation of and communication between the primary channels in the Interior of the body. On the one hand, this is achieved due to their connection with the primary Yang channels (→ pathways). But their organisational structure also supplements the primary channels in a functional way – for example they also control areas of the body not covered by the primary channels. Thus points on the primary Yin channels can affect the head and face, in spite of their 'external' pathways ending in the thoracic region. This effect can be explained by the fact that the Yin divergent channels, after branching off from their pertaining primary Yin channel, pour into the Yang divergent channels flowing to the head. A deeper understanding of the trajectory and functions of the divergent channels will in turn lead to a better understanding of the clinical application of some commonly used acupuncture points. Since their pathway passes the Heart and thorax, the divergent channels further strengthen the connection to the Heart (→ explanations above). According to some schools, they can therefore also be used for the treatment of psychosomatic disorders. Many interpretations and variants exist regarding the pathways and clinical application of the divergent channels (for a good overview see → Shima and Chase 2001).

1.4 The 12 Sinew Channels (*jing jin*)

Synonyms and translations: muscle channels, muscular meridians/the muscles in connection with the meridians (Larre and Rochat de la Vallée), muscle regions, channel sinews.

Principles of the sinew channel system

The sinew channels mainly represent the muscles, sinews and ligaments located along the pathways of the primary channels and their pertaining connecting vessels. They do not have their own specific points and also no direct connection to the *zangfu*-Organs. The 12 bilateral sinew channels are connected to and named after their pertaining primary channel. Each sinew channel has its own pathway, which generally follows the trajectory of its pertaining primary channel. However, in contrast to the primary channels, the sinew channels always begin at the extremities, mostly separating from the primary channels at the *jing*-well points (→ 8.1.6) on the tips of the fingers and the toes. Their pathways always run from the extremities to the trunk or further to the head and face (→ centripetal circulation → 1.1.1). They cover a larger area than the primary channels, in the shape of a band and binding (*jie*) like a spindle at the joints and other areas of the body. This allows them to cover areas of the body which are not reached by the primary channels or the divergent channels. It further explains the actions of some of the points located on their pertaining primary channel. Under pathological conditions, the sinew channels will manifest as so-called *ashi*-points (*a shi xue*) or as trigger points.

Terms

Binding (*jie*) refers to spindle-shaped concentrations of the sinew channels, which tend to be located on the bigger muscles and joints (for more details on specific sinew channels see → Chapter 4).
The term *ju* (point of confluence, gathering) is used to signify an area where two or more sinew channels are bundled together. In the larger muscles, the Qi disperses or spreads (*san*), so that they can be divided into smaller muscle groups. The sinew channels connect (*luo*) the muscles, sinews and ligaments with the joints in order to facilitate mobility.

Rhythm of Qi flow

According to Ramakers (course material, 2003) the sinew channels are subject to their own daily rhythm of Qi flow:
BL ➡ G.B. ➡ ST ➡ S.I. ➡ T.B. ➡ L.I. ➡ SP ➡ LU ➡ LIV ➡ P ➡ KID ➡ HE.

General pathways of the sinew channels (→ Fig. 1.26)

- The three hand Yang sinew channels (L.I./S.I./T.B.) flow from the finger tips towards the scapula, ascend to the ear and intersect with **G.B.-13** (*benshen*)
- The three foot Yang sinew channels (ST/BL/G.B.) run from the tips of the toes towards the head, join each other on the cheek and meet with **S.I.-18** (*quanliao*)
- The three hand Yin sinew channels (HE/P/LU) flow from the finger tips towards the thorax, joining within the thoracic musculature and meeting at **G.B.-22** (*yuanye*)
- The three foot Yin sinew channels (LIV/KID/SP) run from the tips of the feet towards the thorax, join each other in the genital region and, depending on the author, intersect in the area of **Ren-2** (*qugu*) or **Ren-3** (*zhongji*)

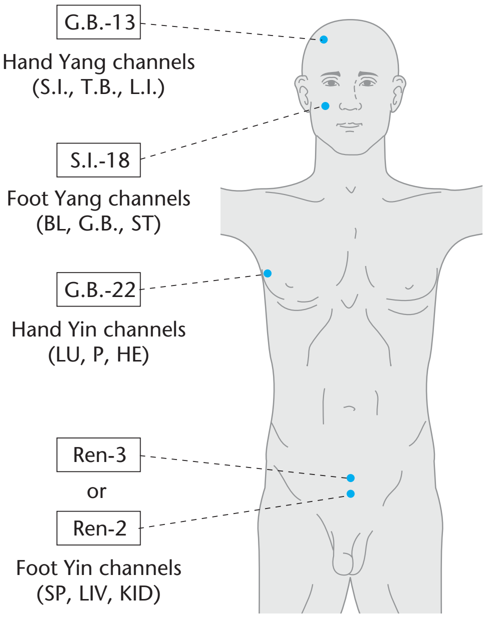

G.B.-13
Hand Yang channels (S.I., T.B., L.I.)
S.I.-18
Foot Yang channels (BL, G.B., ST)
G.B.-22
Hand Yin channels (LU, P, HE)
Ren-3
or
Ren-2
Foot Yin channels (SP, LIV, KID)

Fig. 1.26 Meeting points of the sinew channels

Functions

The main function of the sinew channels is to distribute Qi and Blood (*xue*) over the surface of the body as well as to integrate the muscles, sinews and ligaments with the joints. Generally, the sinew channels join groups of synergistic muscles, supporting their mobility and natural movement while also serving the function of integrating the surface of the body. At the same time they protect the bones and skeletal structure, linking the structures of the body.

Proper functioning of the muscles is dependent on the Spleen (*pi*) and the Liver (*gan*) and particularly on their Blood (*xue*). While the Yin (or material) aspect of the musculature, the 'flesh', is governed by the nourishing function of the Spleen, the functioning of the muscles and sinews is governed by the Liver. But the Liver is also connected to the mesenchymal structures of the body, especially those surrounding the organs. The sinew channels are not only composed of the muscular structures, but also of the mesenchymal formations, so that according to Larre and Rochat de la Vallée they are also involved in the structural aspect of the diaphragm as well as the thoracoabdominal serous membranes, in particular the pleura, peritoneum and pericardium. In the deeper parts of the body they act through the deep muscular fascia. One of the main functions of the sinew channels is that of a 'protective coat' that shields the body against attacks from the Exterior. In this respect the Defensive Qi (*wei qi*) is of particular importance ((→ 1.1.4): the muscle spindles are crossed by loose and diffuse flows of Qi, which also contain Defensive Qi (*wei qi*). Nutritive Qi (*ying qi*) is also present, particularly at the outer ends of the spindles (→ 1.1.4).

The sinew channels also have the task of barring access to the deeper channels. In other words, in a pathological situation, a deeper channel can only be reached if the resistance of the muscular layers can be broken. An important aim of Tuina therapy is to remove muscular tension. According to Larre and Rochat de la Vallée (1996), the sinew channels also play a role in psychosomatic disorders since they very effectively constitute the muscular carapace. The authors refer here to a bioenergetic interpretation of muscular tension.

Clinical and therapeutic importance

Disorders of the sinew channels will show the following symptoms along their pathway: muscular tension, pain, cramping, spasms, stiffness, but also paralyses, weakness and swellings of the muscles, tendons and ligaments. Any impairment of range of motion of the joints also indicates that the sinew channels are involved. In addition, each sinew channel also has its specific symptoms (→ chapter 4, individual channel descriptions).

The following factors can contribute to disorders of the sinew channels:

- *Bi* syndromes – external invasion of pathogenic Wind, Cold, Damp or Heat
- Traumatic injuries
- Muscle strain through over-use
- Muscle strain and contraction due to longstanding emotional and mental stress

While the sinew channels do not have their own specific points, they can easily be accessed by needling *ashi*-points, as well as through adjunctive therapies such as cupping, Tuina massage, plum blossom needling, moxibustion and *gua sha* (scraping technique). Distal points can also be used in treating disorders of the sinew channels.

For traumatic injuries with limited range of motion, needling of distal points with simultaneous movement of the affected joint has proven to be very effective. The distal points (➞ 8.2.1) can be chosen by first determining the affected area, then needling points in the corresponding area on the contralateral side.

For example, for a knee injury, the exact location of the pain is determined, then the corresponding point or area on the contralateral elbow is needled or massaged. Fig. 1.27 illustrates the areas that have been found to be effective. These areas are also referred to as reciprocal areas (for more detail also see ➞ 8.2, 8.3).

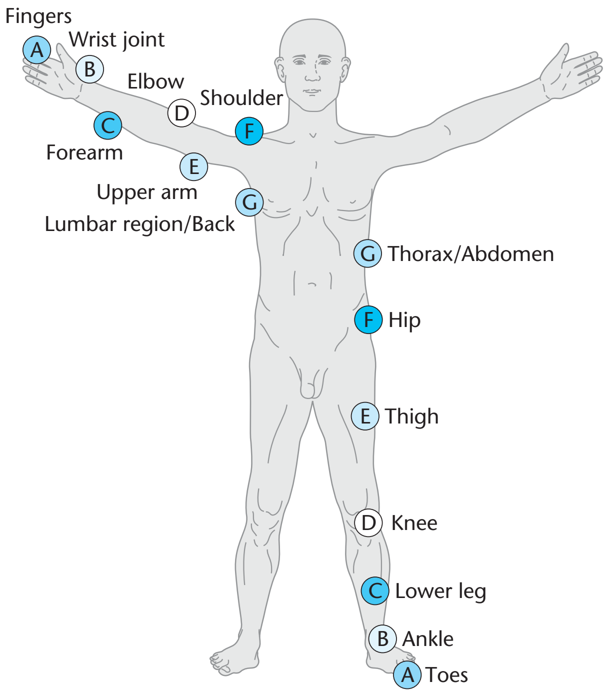


Fig. 1.27 Corresponding areas of the body

1.5 *Luo*-Connecting Vessels

Synonyms: secondary pathways (Larre and Rochat de la Vallée), network vessels, collaterals

Organisation

The *luo*-connecting vessels can be divided into 15/16 great *luo*-connecting vessels as well as into many smaller and more superficial *luo*-connecting vessels. Looking at the *luo*-connecting vessels altogether, they form a network that spans the entire body. And all *luo*-connecting vessels in turn connect with the great *luo*-connecting vessel of the Spleen (at ➞ **SP-21**), which plays a major role within the network of the *luo*-connecting vessels (*Ling Shu*, Chapter 10). Together with the primary channel system, they form a network of vessels which distribute Qi and Blood not only within the body, but also to its surface (➞ Fig. 1.3, 1.4).

The 16 great *luo*-connecting vessels

Traditionally there are 15 *luo*-connecting vessels, but if one includes the great *luo*-connecting vessel of the Stomach (*wei zhi da luo* or *xu li*), it raises the number to 16:

- 12 *luo*-connecting vessels (*luo mai*), related to the 12 primary channels and beginning at the extremities
- 4 *luo*-connecting vessels beginning at the thorax:
  - 2 *luo*-connecting vessels of the *ren mai* and *du mai*
  - 1 great *luo*-connecting vessel of the Spleen
  - 1 great *luo*-connecting vessel of the Stomach.

Except for the Great *luo*-connecting vessel of the Stomach (*xu li*) which originates in a *fu*-Organ, all other 15 *luo*-connecting vessels emerge at a specific point on their pertaining primary channel, the *luo*-connecting point (➞ 8.1.2). 13 *luo*-connecting points are located on primary channels, two on extraordinary vessels (*ren mai* and *du mai*). The *luo*-connecting points are located on areas of the body, where the *luo*-connecting vessels that connect the Interiorly-Exteriorly pertaining channels with each other divide into smaller vessels. The 15/16 *luo*-connecting vessels thus fulfil a controlling function over all the other, smaller *luo*-connecting vessels. Each *luo*-connecting vessel has its own pathology according to its pertaining primary channel (➞ introductions to the primary channels ➞ Chapters 4 and 5).

Superficial *luo*-connecting vessels

The smaller superficial *luo*-connecting vessels are sub-branches of the ‘great’ *luo*-connecting vessels. They, in turn, are divided into the *sun luo*, vertical branches which are sometimes also referred to as tertiary branches or grandchild-vessels. The *sun luo* not only spread over the surface of the body, but also cover the internal Organs. The *sun luo* further divide into the more superficial *fu luo*. The *fu luo* again divide horizontally into small branches called the *xue luo* (blood vessel network).

Pathogenic factors tend to enter the body through the superficial *luo*-connecting vessels. By the same token, disorders such as Qi or Blood stagnation in a primary channel or an Organ may manifest in the *xue luo* as skin discolorations, spider veins, etc.

Clinical importance

The *luo*-connecting vessels can be accessed through superficial needling techniques as well as skin-sensitising techniques such as plum blossom needling, bloodletting, cupping, *gua sha* and moxibustion.

New diseases are located in the primary channels; old (chronic) diseases lodge in the *luo*-connecting channels.

1.6 Cutaneous Regions (*pi bu*)

Characteristics

The cutaneous regions form the most superficial aspect or outer cover of the primary channel system (*pi* = skin). According to Ramakers (course material, 2003), they can be compared to a ‘big bag that holds everything together’ and – besides the extraordinary vessels – they represent the oldest tissue in the body, which developed from the ectoderm. The cutaneous zones are not channels *per se*, but rather areas of skin connected to and covering the network of superficial channels and vessels. They are named after the six great channels (*liu jing* → 1.2.3) (Fig. 1.28).

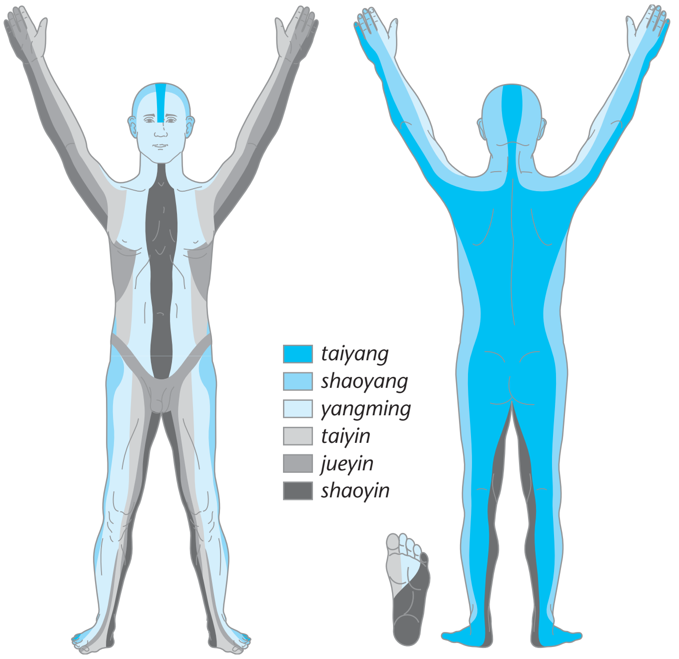


Fig. 1.28 Cutaneous zones (anterior and posterior aspect)

Functions

The cutaneous zones circulate Blood and Qi, especially Defensive Qi (*wei qi*), to the surface of the body and regulate the skin and pores, thus strengthening the body’s defences. Proper functioning depends on the Lung Qi, which governs the skin, and the Defensive Qi (*wei qi*) (→ 1.1.4). Pathogenic factors can enter and exit the body through the cutaneous zones.

Clinical importance

Disorders of the primary channels and their pertaining *zangfu*-Organs may be reflected on the outside of the body by the cutaneous zones, for example pathological skin sensations, lesions or discolorations may occur. A bluish-greenish discoloration may indicate pain or obstructions, a reddish colour Heat and a pale-whitish colour deficiency or Cold. Therefore, the cutaneous zones can serve as a diagnostic tool for skin disorders or pain, specifically for chronic pain. Treatment techniques include superficial needling, plum blossom needling, cupping, massage, and *gua sha* (Chinese scraping technique). The author had good results in the treatment of chronic pain with the somatopic wrist/ankle acupuncture developed by Dr Zhang Xin Shu (→ JCM, No. 37,11/1991, → Focks and Hillenbrand 2003). The strictly subcutaneous needling used in this technique influences, of course, the cutaneous zones.

1.7 The Eight Extraordinary Vessels (*qi jing ba mai*)

Synonyms: Extraordinary meridians, Wondrous meridians
Meaning of *qi jing ba mai*:
Qi: extraordinary, strange, not paired, miraculous, wonderful
Jing: channels, meridians
Ba: eight (first differentiation)
Mai: vessels
The eight extraordinary vessels are not channels such as the *jing mai*, but they are – as the name implies – extraordinary. While they are often mentioned together with the primary channels (*jing mai* → Fig. 1.3), they still play a special role.

1.7.1 Theories about the Origin of the Extraordinary Vessels

The eight extraordinary vessels are often considered to be the deepest and most original structures of the body and channel system, developing very early on during the embryonic phase. They are considered to ‘cover all of human activity’ (Larre et al 1986). They also initiate all secondary functions and always remain operative. Therefore, their pathologies manifest with complex symptoms and include pre- and postnatal Essence problems. The *Nanjing* (Unschuld’s translation, 1986) is the first to describe the extraordinary vessels as a complete system. Earlier records only mention them individually in the context of their respective functions.

Origins of the extraordinary vessels

In order for the manifestations of life to develop, the body requires structures that keep the rhythm of the Qi and its related processes in harmony and balance. The *Nanjing* introduces the concept of an energetic centre in the human body, the ‘moving Qi between the Kidneys’, which is often seen as connected with the *mingmen* and *qihai dantian* and is subject to the influences of the cosmic as well as of the prenatal and postnatal Qi.

According to Matsumoto and Birch (1986), the 'moving Qi between the Kidneys' represents the *Taiji* of the body, the Great One, the origin of Yin and Yang. It is considered to be the root and origin of all human systems and structures and, according to some authors, it has a connection to the Original Qi (*yuan qi*) (→ 1.1.4). The *chong mai*, as the oldest vessel, is sometimes equated with the 'moving Qi'. The *ren mai* and *du mai* represent the basic division of the Yin and Yang in the body; in other words, they originate from the 'moving Qi' or *chong mai* as Yin and Yang branches. During the 'division', one movement ascends the front of the body (*ren mai*), the other movement the back (*du mai*).

Heaven and Earth have noon and midnight, the body has the *ren mai* and *du mai* as its polar axes. The *du mai*, *ren mai* and *chong mai* have different names, but in the end they are the same and have the same significance. The *chong mai* ensures the inseparability or unity of the *du mai* and *ren mai* – of Yin and Yang. If we tried to separate Yin and Yang, we would have to realise that they are an 'inseparable whole, a unit'.

Therefore, the extraordinary vessels function as a kind of matrix, which is the source of the energetic functioning and the cellular divisions in the body. This matrix is present from the moment of conception and organises the structuring of the embryonic development from the earliest stages.

Explanation of Fig. 1.29 (after Matsumoto and Birch)

In the beginning, there is the Great One, the *Taiji* (first level). At this level of 'no-form', the Great One begins to separate (second level) and becomes Yin and Yang (third level). At the fourth level, Yin and Yang separate twice (two branches):

- One branch **separates in a threefold way** to become the **Triple** Burner (*san jiao*) and its associated forms of Qi. Further separations lead to the formation of the **six** great channels (*liu jing* → 1.2), the **Five** Phases and **their source**, as well as the 12 primary channels.
- The other branch separates at the fourth level to form the **four** body areas (left, right, above, below) and then the **eight** extraordinary vessels.

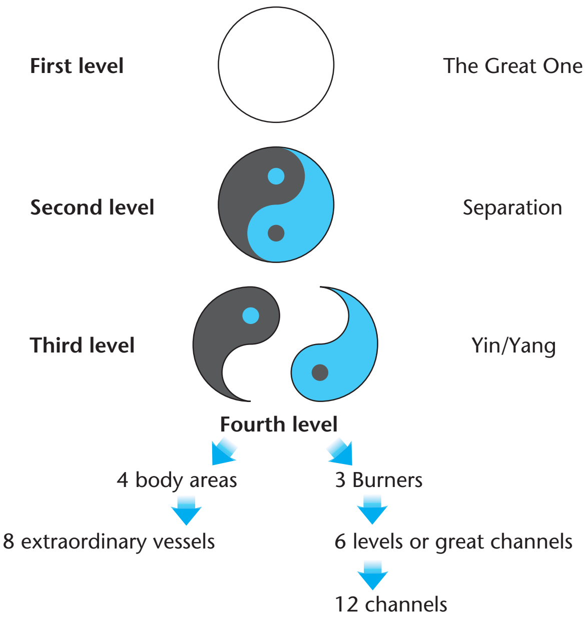


Fig. 1.29 Origin of the channels

Scars of the first cell division

Matsumoto and Birch (1986) comment on the work of Manaka and others, who interpret the extraordinary vessels with regard to embryonic development, regarding them as scars or 'lines of separation of the first cell divisions'.

The *du mai* and *ren mai* are the result of the first division of the fertilised egg, while the *dai mai* develops during the second division. At this stage, the embryo is essentially a torso, while the extremities and the more 'peripheral' extraordinary vessels – the *yang qiao mai* and the *yin qiao mai* as well as the *yang wei mai* and the *yin wei mai* – only form during subsequent divisions.

The eight extraordinary vessels and body structure

- According to Manaka et al (1995), a close connection exists between the eight extraordinary vessels and **body** structure/symmetry.
- The ***du mai*** and the ***ren mai*** separate the body **vertically** into **left** and **right**: the *ren mai* marks the anterior midline, the *du mai* ascends the posterior midline.
- The ***dai mai*** circles the waist **horizontally,** forming a **horizontal axis**. It separates **above** from **below** (→ Fig. 1.30 a).

In a further development of this idea, Manaka describes the division of the body into **eight areas,** using the structure of a topological octahedron for illustration. (→ Fig. 1.30 b). In this model, the eight extraordinary vessels directly relate to the lines 'separating' the faces of the octahedron:

- Due to their location on the anterior/posterior midline, the ***ren mai*** and the ***du mai*** separate the body into its right and left section.
- The ***dai mai*** separates above and below.
- The **G.B. and T.B. channels** compare to the anterior and posterior dividing lines at the lateral edges of the Yang aspect of the body.

- The **P** and **SP channels** compare to the anterior and posterior dividing lines at the lateral edges of the Yin portion of the body.

The opening points of the extraordinary vessels, with the exception of **SP-4** (a point on the LIV channel would be more appropriate), represent this division:

- **P-6** and **T.B.-5** are the opening points of the *yin wei mai* and *yang wei mai* respectively
- **SP-4** and **G.B.-41** are the opening points of the *chong mai* and *dai mai* respectively.

These four channels divide the **anterior** and the **lateral** aspects of the body and connect the **upper** and **lower** parts, the four associated extraordinary vessels functioning accordingly. The *yin qiao mai* and the *yang qiao mai*, due to their connection to the KID and BL channels (opening points **KID-6** and **BL-62**) have a close relationship to the *ren mai* and *du mai*. Furthermore, the pathway of the KID channel is located close to the *ren mai* while the BL channel is close to the *du mai*.

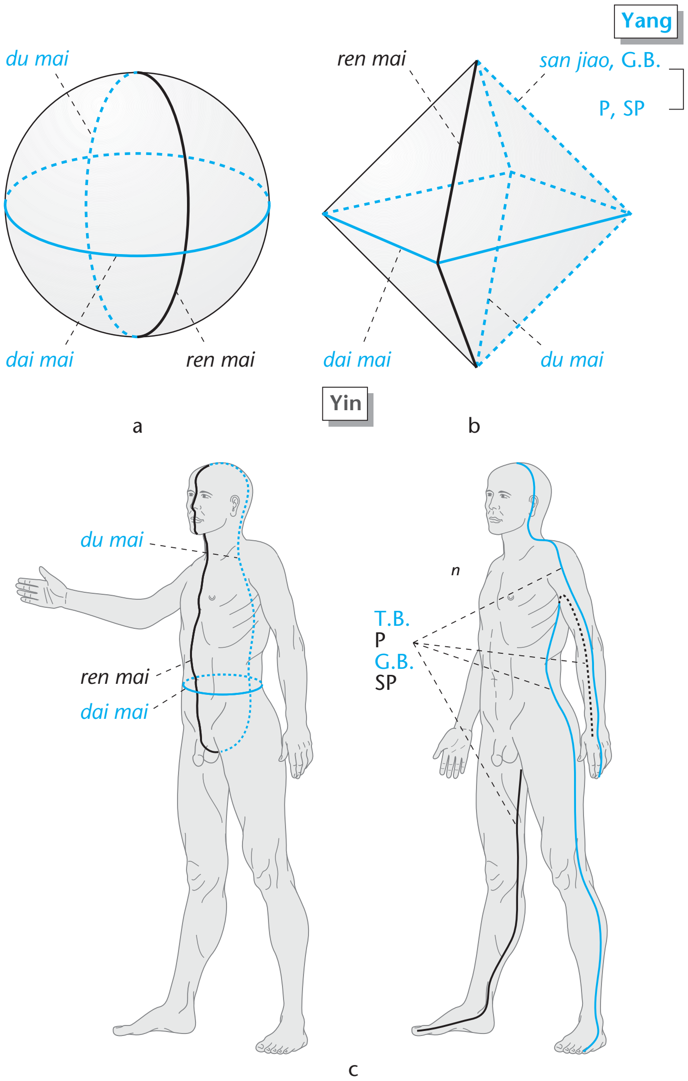


Fig. 1.30 Development of the octahedral structure based on body symmetry

1.7.2 Principles and Functions

'The primary channels are the rivers, the extraordinary vessels are the lakes.'

In some of the classics, the extraordinary vessels are compared to reservoirs, which store excess Yang, Yin, Qi or Blood, releasing it into the primary channel system in times of need. With the exception of the *ren mai* and *du mai* they do not have their own points, but they can be accessed through and are connected by points on the primary channels (see pathways of the primary channels ➞ Chapter 5). All extraordinary vessels (with the exception of the *dai mai* with its horizontal trajectory) begin at the lower extremities or in the lower part of the torso and travel to the head. They can be activated by needling their opening and coupled points (differential therapy ➞ 8.1.8).

Reservoir and compensation function

'*…when the network vessels (the primary channels) are filled to overflowing, none of the… conduits could seize any of their contents, and it is only then that the surplus contents of these vessels flow into the single conduit vessels (the extraordinary vessels)*' (*Nanjing*, translation by Unschuld 1986).

The *Nanjing* compares the extraordinary vessels to reservoirs, which are able to absorb a surplus of Qi and Blood in the primary channels, releasing them again during periods of deficiency. For example, if pathogenic factors penetrate the primary channel system, this excess can be absorbed by the extraordinary vessels. This will ensure that the *zangfu*-Organs remain unaffected. In that sense, the extraordinary vessels have a regulating compensation function.

Reproduction and fertility

The *chong mai* and the *ren mai* in particular, but also the *du mai*, play an important role in reproduction and fertility.

Connecting the primary channels

- The *chong mai*, also known as the '**sea of the 12 primary channels**', connects the primary ST and KID channels. It also strengthens the connection between the *ren mai* and the *du mai*.
- The *ren mai* as the **sea of Yin** connects all Yin channels
- The *du mai* as the **sea of Yang** connects all Yang channels at **Du-14** (*dazhui*).
- The *dai mai* circles the body at the waist and binds the vertical trajectories of all 12 primary channels in general, but especially the *chong mai*, the *ren mai* and the KID, LIV and SP channels.
- The *yin wei mai* **dominates the Interior** of the body and connects the KID, SP and LIV channels and the *ren mai*.
- The *yang wei mai* **controls the Exterior** of the body and connects the BL, G.B., T.B., S.I. and ST channels and the *du mai*.
- The *yin qiao mai* connects the KID and BL channels and controls balance.
- The *yang qiao mai* connects the BL, G.B., S.I., L.I. and ST channels and controls activity.

In addition, the eight extraordinary vessels are regarded as **connecting channels for the extraordinary *fu*-**Organs.

Protection of the body

The *chong mai*, *ren mai* and *du mai* circulate the Defensive Qi (*wei qi*) in the thorax, abdomen and the back, and thus help to protect the body against external pathogenic factors. Due to their origin, they are also directly linked to the Kidneys, the pre-Heaven Qi and to the constitutional forces.

1.7.3 Comparison of the Eight Extraordinary Vessels with the Primary Channels

	Primary channels	Eight extraordinary vessels
Points, trajectory	Specific, bilateral points	Only the *ren mai* and *du mai* have their own points (and internal pathways); all other extraordinary vessels ‘borrow’ points from the primary channels. The four central vessels are unilateral (except for the *chong mai*, which also has a pathway on the extremities); the four peripheral vessels are bilateral.
Circulation	Continuously circulate *Nutritive Qi* and Blood	Circulate Essence Qi, Nutritive Qi and Defensive Qi, but according to some authors they do not have a continuous flow of Qi
Depth	Superficial, external pathway and a deeper, internal pathway; directly connected to their pertaining *zangfu*-Organs	Compared to the internal pathways of the primary channels they are more superficial, compared to the external pathways of the primary channels they are deeper. They have **no direct connection** to the *zangfu*-Organs, but their origin – especially of the four central vessels – lies deep within the body.
Connections	They connect the Exterior and Interior (through internal/ external pathways and through Yin/Yang channels) as well as above and below (hand–foot pairing, axes)	They do not connect the Interior with the Exterior, nor do they connect Yin and Yang.
Functions	Guide excess to the eight extraordinary vessels or to other secondary channels	Reservoir function: excess of Qi and Blood in the primary channels flows to the eight vessels and are stored there. In times of deficiency they are transported back into the primary channels.
Diagnosis	Diagnosis based on channel theory (meridian therapy), in TCM according to the *ba gang* (*zangfu*, pulse and tongue)	Diagnosis is characterised by specific arrays of symptoms and specific pulses.

1.7.4 Pairing and Special Functions

The eight extraordinary vessels can be paired in several ways (→ Fig. 1.31):

- The central vessels and the peripheral vessels can be coupled to form Yin/Yang pairs
- Or a central vessel can be paired with a peripheral vessel. These pairs support particular regions and are very important in acupuncture therapy (→ Opening points 8.1.8).

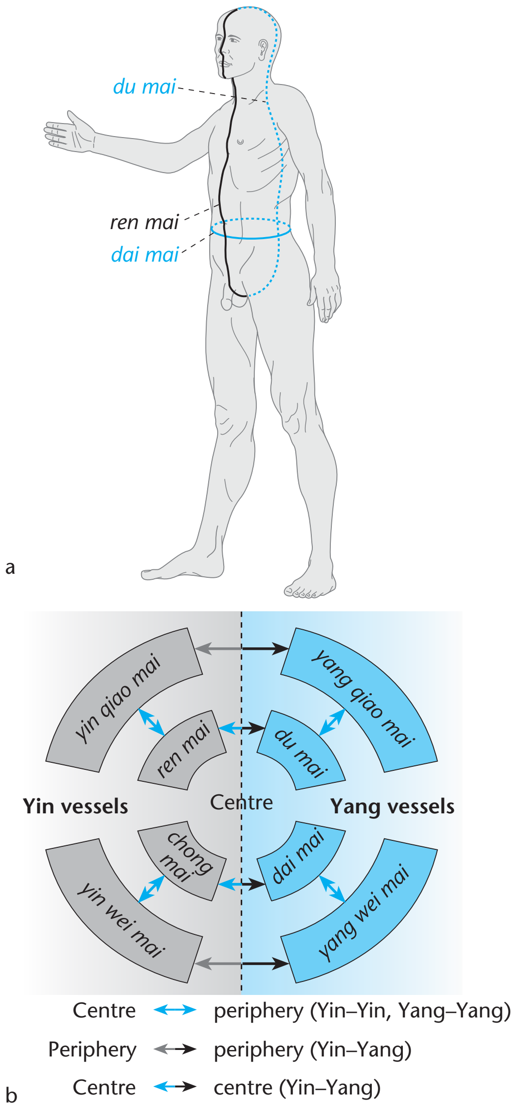

du mai
ren mai
dai mai
a
yin qiao mai
yang qiao mai
ren mai
du mai
Yin vessels
Centre
Yang vessels
chong mai
dai mai
yin wei mai
yang wei mai
Centre ↔ periphery (Yin–Yin, Yang–Yang)
Periphery ↔ periphery (Yin–Yang)
Centre ↔ centre (Yin–Yang)
b

Fig. 1.31 Pairing of the extraordinary vessels (b, graphic overview modified according to Pirog 1996)

Pairing according to Yin/Yang polarity

Pairing of the extraordinary vessels according to Yin/Yang polarity

Yin vessels	Yang vessels	Functions of the Yin/Yang pair	General functions – Centre/periphery
Central vessels (pathways on the head and torso)			
ren mai	*du mai*	The *du mai* can be considered to be the first manifestation of the Qi and Yang, the *ren mai* the first manifestation of the Blood and Yin. This pair **stores the Yin Qi and Yang Qi**.	**Functions:** Storage and distribution (of Yin and Yang). Foundation of the eight extraordinary vessels, stores Essence Qi, is responsible for the support of the internal organs and extraordinary *fu* organs, as well as for the fundamental body structures
chong mai	*dai mai*	The *chong mai* is like a harmonious connection between Yin and Yang, it expresses vitality and sets impulses. The *dai mai* encircles; it is like a container and prepares the circulation of Yin and Yang. The pair **circulates the Essence (*jing*) and Qi between the Yin and Yang regions of the body**.	
Peripheral vessels (pathways from the lower extremities to the torso)			
yin qiao mai	*yang qiao mai*	This pair **creates balance between Yin and Yang** (for example balance between Essence (*jing*) and Qi, Blood and Qi, left and right, Nutritive Qi and Defensive Qi, also on the outside – between day and night), controls and regulates the ascending (*yin qiao mai*) and descending (*yang qiao mai*) movement in the body, is responsible for balance and rhythm between Yin and Yang.	**Functions:** Balance, circulation and connection (of the Yin and Yang aspects). Provides contact between the distal regions of the body and the torso and head.
yin wei mai	*yang wei mai*	The *yin wei mai* governs the Interior (*li*), it organises and creates connections within the *Yin* aspects of the body. The *yang wei mai* governs the Exterior (*biao*), it organises within the Yang aspects of the body. This pair **connects the Yin and Yang respectively.** 'That which moves and circulates between the *Yin* channels is called the *yin wei* – that which moves between the Yang channels is called the *yang wei*.'	

Central–peripheral pairing

Here, a central vessel is combined with a peripheral vessel. This pairing probably refers to regions of the body which are traversed and supplied by the pair.

Central–peripheral pairing of the extraordinary vessels

Pair	Vessel	Relationship	Opening point	Coupling point	Supported regions
Pair 1	*chong mai*	father	SP-4	P-6	Heart, thorax, Stomach
	yin wei mai	mother	P-6	SP-4	
Pair 2	*du mai*	husband	S.I.-3	BL-62	Inner canthus of the eye, occiput, shoulders and back, S.I. and BL channels
	ren mai	wife	BL-62	S.I.-3	
Pair 3	*dai mai*	man	G.B.-41	T.B.-5	Lateral eye and temple region, ears, cheeks, occiput and shoulders
	yang wei mai	woman	T.B.-5	G.B.-41	
Pair 4	*ren mai*	host	LU-7	KID-6	Face, throat, thorax, Lungs, diaphragm, abdomen
	yin qiao mai	guest	KID-6	LU-7	

2 Location Methods and Cun Measurements

Claudia Focks

One of the basic prerequisites for any successful acupuncture treatment, besides a differential Chinese Medicine diagnosis and the relevant point selection, is the correct point location.

2.1 Location Methods for Body Acupuncture

There are various methods for locating acupuncture points:

Anatomical approach: many acupuncture points are situated at clearly defined anatomical locations, for example in depressions, at muscle and tendon insertions, in grooves, at joint clefts, at bony prominences, etc. With some experience, the palpating finger will often automatically 'fall' into the right depressions and holes.

Various anatomical structures and zones form the basis for point location. These are described in more detail in Chapter 3. We can distinguish between the following:

- **Fixed markers** are not affected by the body position or by movement. These include bony landmarks such as depressions or prominences of the skeletal system, but also the finger- and toenails, the nipples, the umbilicus, etc. Most of the proportional cun measurements (→ 2.2) rely on fixed markers.
- **Movable markers** often become more clearly defined with a particular body posture or movement (→ 2.3.2). For example, by flexing the elbow, the cubital crease becomes much more clearly visible to locate **L.I.-11** precisely. Equally, the most distal palmar crease becomes much more visible when making a loose fist, in order to locate **S.I.-3**. Other parameters that might determine the location of a point include changed skin consistency, sensitivity to pressure, puffiness or a resistant sensation when palpating gently with a finger.

Proportional measurements: When trying to locate points not situated at any prominent structures, Chinese Medicine applies the proportional cun measurement (→ 2.2).

Electric tools: These measure the electric resistance of the skin in order to find the correct location of the points. Generally, electric resistance is lower in the immediate area around the point. This method is especially used in auricular acupuncture, but it has not proved to be a practical method for body acupuncture.

Very point technique (after Gleditsch 2005): The needle is held loosely and guided in a 'dancing' fashion over the skin. When the correct point – the 'very point' – is found, the needle will 'catch' on to it and penetrate the skin as if out of its own volition.

2.2 Cun Measurements of the Body

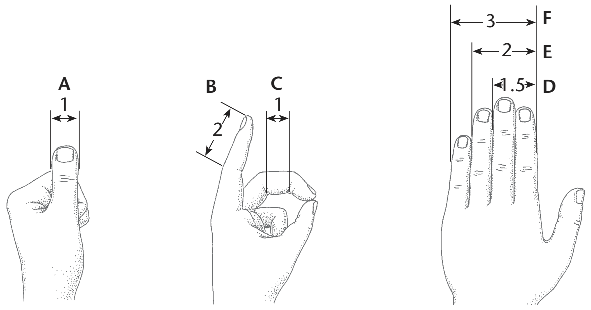
In Chinese medicine, distances on the body are traditionally measured in cun. In contrast to the official Chinese cun (1 cun = 2.5 cm), the cun used in a medical context is a **proportional unit of measurement** that takes the individual proportions of each body into account.

This relative unit of measurement is defined either by using the width of a particular finger or fingers (finger cun) or by the distances between clearly defined landmarks of the body (body cun).

In clinical practice, many points can be located by using **finger cun** measurements (→ Fig. 2.1). It is important, however, to use the **patient's fingers**, not the practitioner's fingers, for reference. If the fingers of both the practitioner and the patient have approximately the same width, the width of the practitioner's fingers can be applied for point location. Otherwise, measurements have to be adapted to correct minor deviations, for example by adjusting the spaces (narrow or wide) between the practitioner's fingers when using finger cun measurements.

The **body or proportional cun** is based on the proportions of particular sections of the body, which are divided into a specific number of units (→ Fig. 2.3). In clinical practice, the measurement of these divisions can be quite cumbersome. Therefore, the spreading hands technique is commonly applied (Koenig and Wancura 1979/1983). It allows the practitioner to quickly determine the midpoint of a given distance (→ 2.3.3) and, combined with finger cun measurements and palpation, is in most cases sufficient for correctly locating a point. For point location on the abdomen, a prepared elastic tape can be useful for measuring proportional cun (→ 2.3.1).

Finger cun


A
1
B
2
C
1
3
F
2
E
1.5
D

A:
1 cun:
thumb

B:
2 cun:
index finger

C:
1 cun:
middle finger

D:
1.5 cun:
finger-width

E:
2 cun:
finger-width

F:
3 cun:
finger-width

Fig 2.1

A	1 cun as thumb measure	The width of the interphalangeal joint of the thumb at its widest point
B	2 cun as index finger measure	The distance of the two distal phalanges of the index finger
C	1 cun as middle finger measure	With the tip of the middle finger placed on the thumb, the distance between the ends of the creases of the interphalangeal joints of the middle finger
D	1.5 cun as two-finger measure	The width of the index and middle finger when placed closely together, at the level of the distal interphalangeal joints
E	2 cun as index, middle and ring finger measure	The width of the index, middle and ring finger when placed closely together, at the level of the distal interphalangeal joints
F	3 cun as four finger measure	The width of the four fingers when placed closely together, at the level of the distal interphalangeal joints (= 1 hand-breadth)

Body cun or proportional cun – the most commonly used proportional distances

Tip for locating the end of the axillary fold: The anterior or posterior axillary fold defines the end of the axilla, forming a fold in the skin (both anteriorly and posteriorly), where the arm joins the thorax. The axillary fold is the reference point for any cun measurements on the upper arm (→ Figs 2.2, 2.3, LU-3 and LU-4), which can be found by asking the patient to adduct his/her arm and to insert his/her flat hand into the axilla. The end of the axillary fold points in a superior direction, terminating at the lower border of the pectoralis major muscle, which in this area extends to its insertion in the humerus, below the deltoid muscle. The end of the axillary fold may vary considerably, depending on the individual proportions, positioning of the arm and flexing of the muscles. It should therefore be located with the patient's arms hanging down in a relaxed way.

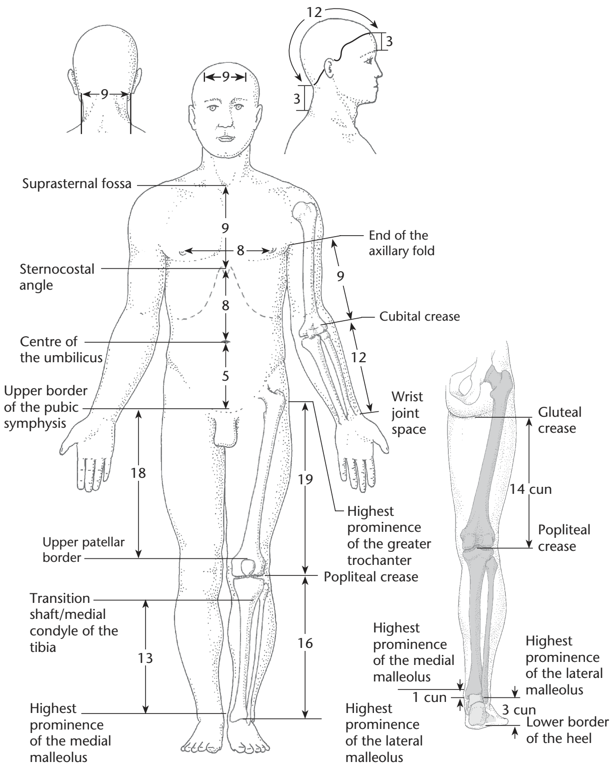

12
3
3
9
9
Suprasternal fossa
9
8
End of the axillary fold
Sternocostal angle
9
8
Cubital crease
Centre of the umbilicus
12
5
Upper border of the pubic symphysis
Wrist joint space
Gluteal crease
18
19
14 cun
Highest prominence of the greater trochanter
Popliteal crease
Upper patellar border
Popliteal crease
Transition shaft/medial condyle of the tibia
13
16
Highest prominence of the medial malleolus
Highest prominence of the lateral malleolus
1 cun
3 cun
Highest prominence of the medial malleolus
Highest prominence of the lateral malleolus
Lower border of the heel

Fig. 2.2

Head		
Longitudinal	12 cun	From the anterior (→ 3.1.1) to the posterior hairline (→ 3.1.5)
	3 cun	From the midpoint of the eyebrows to the anterior hairline (→ 3.1.1)
	3 cun	From the lower border of the spinous process of C7 (→ 3.4.1) to the posterior hairline (→ 3.1.5)
	18 cun	From **Ex-HN-3 (*yintang*)** to **Du-14**
Horizontal	9 cun	The distance between the mastoid processes (→ 3.1.4)
	9 cun	From corner to corner on the forehead (**ST-8** to **ST-8**)
Thorax and abdomen		
Longitudinal	9 cun	From the suprasternal depression (**Ren-22**) to the sternocostal angle (→ 3.5, xiphosternal synchondrosis)
	8 cun	From the sternocostal angle (→ 3.5, xiphosternal synchondrosis) to the centre of the umbilicus
	5 cun	From the centre of the umbilicus to the upper border of the pubic symphysis (→ 3.5)
Horizontal	8 cun	The distance between the two nipples
Laterally longitudinal	12 cun	From the end of the axillary fold to the tip of the free end of the 11th rib (**LIV-13**)
Back and lumbar region		
Both the spinous processes and the intercostal spaces are used for orientation. Main reference points are: the spinous process of C7, the inferior angle of the scapula (level with T7), the iliac crest (level with the spinous process of L4), the posterior superior iliac spine (PSIS) (level with S2 or the 2nd sacral foramen). Please note: the position of the patient (standing, sitting, lying) as well as individual anatomy and spinal structure (kyphosis, lordosis etc.) all influence the level of the vertebrae, which consequently may vary considerably in relation to other anatomical structures. For more detail → Chapter 3.		
Longitudinal	30 cun	From the spinous process of the T1 to the tip of the coccyx
Horizontal	3 cun	From the medial border of the scapula to the posterior midline (spinous processes), with the shoulder relaxed and hanging arms
Upper extremity		
Lateral	9 cun	From the end of the anterior axillary fold to the transverse cubital crease
	12 cun	From the transverse cubital crease to the wrist joint space (→ 3.3.3, transverse wrist crease)
Lower extremity		
Lateral	19 cun	From the highest prominence of the greater trochanter (→ 3.6) to the popliteal crease
	16 cun	From the popliteal crease to the highest prominence of the lateral malleolus (→ 3.6.2)
	14 cun	From **G.B.-34** (anterior and inferior to the head of the fibula) to the highest prominence of the lateral malleolus (→ 3.6.2)
	3 cun	From the highest prominence of the lateral malleolus (→ 3.6.2) to the lower border of the heel
Medial	18 cun	From the upper border of the pubic symphysis (3.5) to the upper border of the patella (→ 3.6.1)
	15 cun	From the medial end of the popliteal crease to the highest prominence of the medial malleolus (→ 3.6.2)
	13 cun	From the medial condyle of the tibia (→ 3.6.1, junction of the head and the shaft of the tibia) to the highest prominence of the medial malleolus (→ 3.6.2)
Dorsal	14 cun	From the gluteal crease to the popliteal crease
Difference between the medial and lateral malleolus		
	1 cun	Difference between the level of the highest prominence of the lateral and medial malleolus respectively (→ 3.6.2)

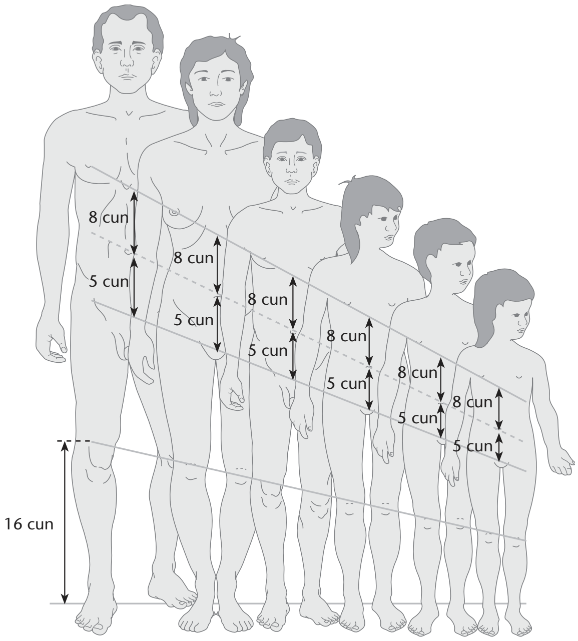

8 cun
5 cun
8 cun
5 cun
8 cun
5 cun
8 cun
5 cun
8 cun
5 cun
8 cun
5 cun
16 cun

Fig. 2.3

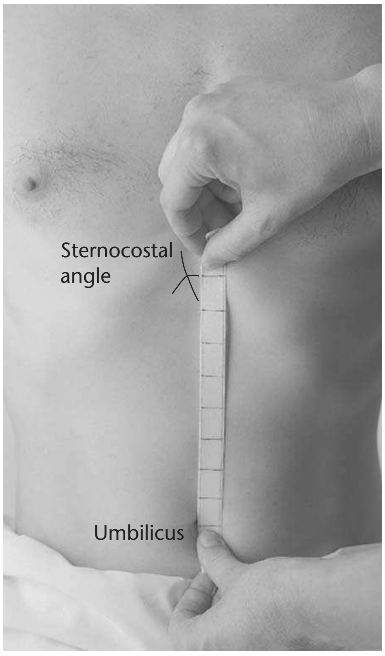

Sternocostal angle
Umbilicus

Fig. 2.4

2.3 Tips for Point Location

2.3.1 Elastic Tape

A marked elastic tape has proven a very useful tool for simplifying cun measurements and facilitating correct point location. It is especially recommended for measurements on the abdomen, the shape of which can vary considerably from patient to patient (Kitzinger 1995). An elastic tape, 1–2 cm wide and approximately 40 cm long, is marked at regular intervals of 2 cm, which can optionally be numbered from 1–20. The tape is placed onto the distance to be measured, stretching it according to the correct number of cun for that particular distance. This method allows the use of proportional cun for each individual patient.
Examples:

- For locating points on the upper abdomen, stretch the tape so that eight units cover the distance between the sternocostal angle and the centre of the umbilicus (→ Fig. 2.4).
- For locating points on the lower abdomen, stretch the tape so that five units cover the distance between the upper border of the pubic symphysis and the centre of the umbilicus (→ Fig. 2.5).

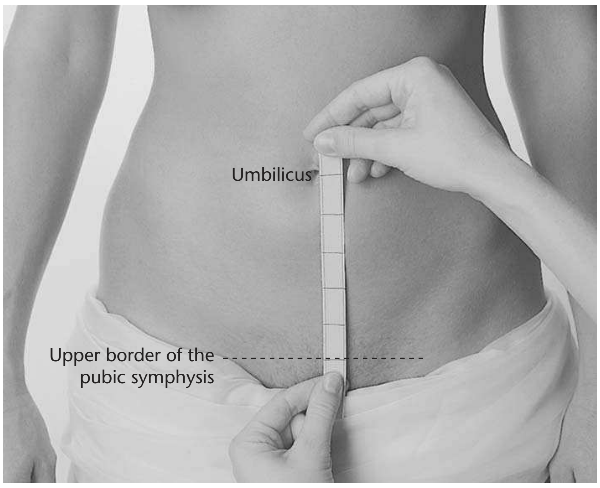

Umbilicus
Upper border of the pubic symphysis

Fig. 2.5

2.3.2 Patient Positioning and Body Movements

To locate certain points, it can be very helpful to ask the patient to assume a particular position or to perform a specific movement.

Examples:

- For locating points on the **P** channel on the forearm, ask the patient to tightly press the thumb and little finger together. This will make the tendons more visible (→ Fig. 2.6)
- 'Tiger mouth grip' as location help for **LU-7** and **L.I.-6** (→ Fig. 2.7)
- For locating **L.I.-4**, ask the patient to press his/her thumb and index finger together. A muscle bulge will form; L.I.-4 is located on its highest point (→ Fig. 2.8).
- When turning the wrist joint from a pronated to a half-supinated position, the palpating finger will glide into a bony cleft just proximal to the styloid process of the ulna (**S.I.-6**, → fig 2.9).
- As the palpating finger glides along the skin, the skin bulge forming in front of it will 'arrest' the finger at the point to be located. This method is very useful for quick location of certain points such as **T.B.-5** or **P-6** (→ Fig. 2.10).

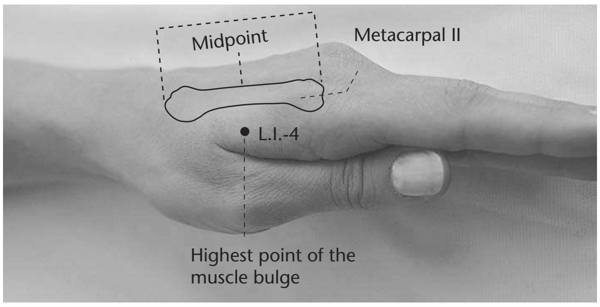

Midpoint
Metacarpal II
L.I.-4
Highest point of the muscle bulge

Fig. 2.8

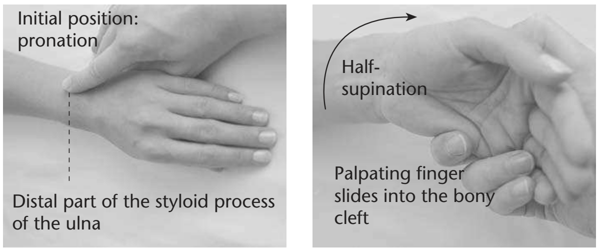

Initial position: pronation
Distal part of the styloid process of the ulna
Half-supination
Palpating finger slides into the bony cleft

Fig. 2.9

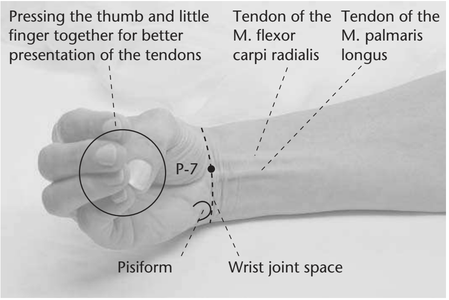

Pressing the thumb and little finger together for better presentation of the tendons
Tendon of the M. flexor carpi radialis
Tendon of the M. palmaris longus
P-7
Pisiform
Wrist joint space

Fig. 2.6

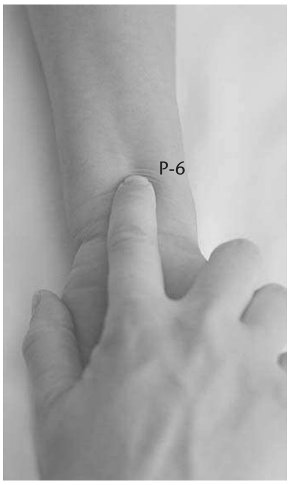


Fig. 2.10

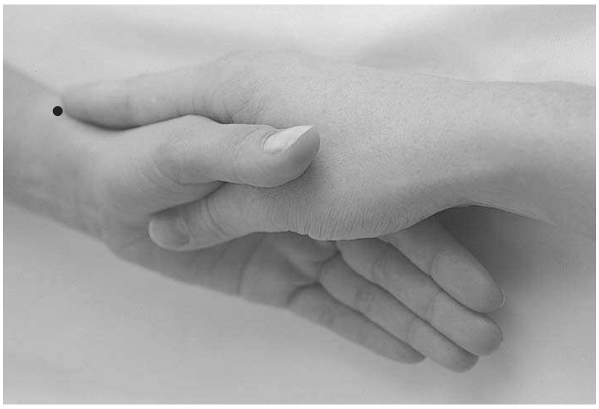


Fig. 2.7

2.3.3 Spreading Hands Technique According to König and Wancura

The spreading hands technique is particularly useful for quickly determining the midpoint of a given distance. For this purpose, the little fingers of each hand are placed on the endpoints of the distance to be measured. Both hands are then evenly spread over the distance. The thumbs are joined in the middle, indicating the midpoint of the distance.

Examples:

- To determine the midpoint of the 16 cun-distance between the popliteal crease and the prominence of the lateral malleolus, the little fingers are placed on both endpoints of this distance (→ Fig. 2.11)
- To locate **Du-20**, the hands are placed on the lateral aspects of the patient's head, with the little fingers touching the apices of the ears. The thumbs are then joined on the vertex of the head, and will be pointing to **Du-20** (→ Fig. 2.12).

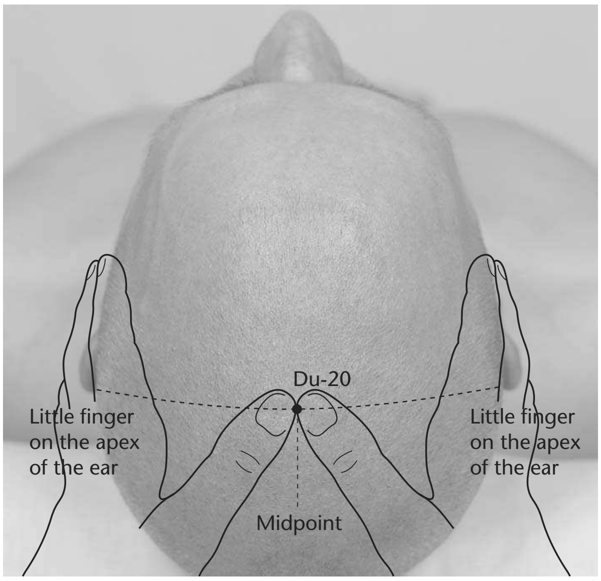

Du-20
Little finger on the apex of the ear
Little finger on the apex of the ear
Midpoint

Fig. 2.12

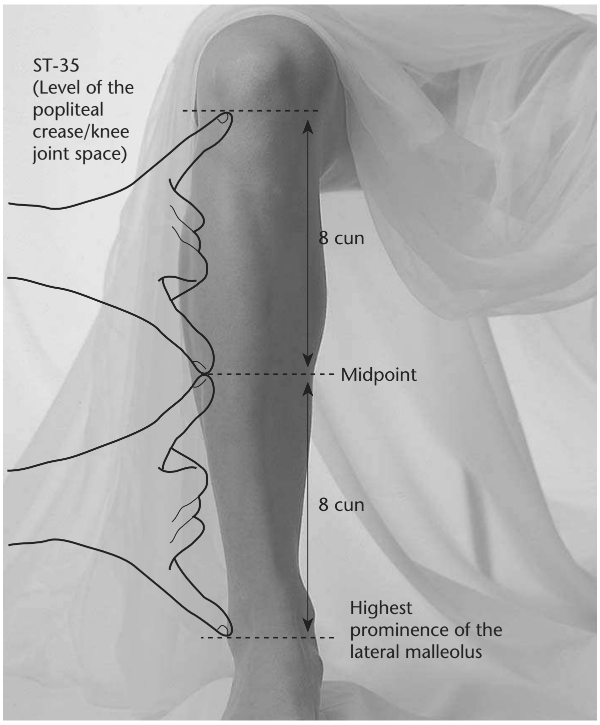

ST-35 (Level of the popliteal crease/knee joint space)
8 cun
Midpoint
8 cun
Highest prominence of the lateral malleolus

Fig. 2.11

3 Anatomical Orientation

Ulrich März

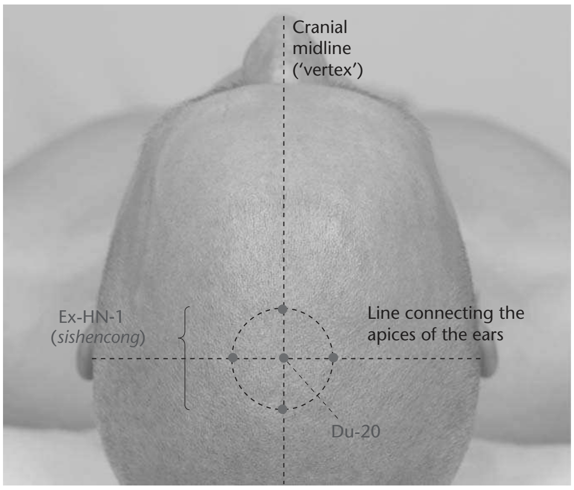

Cranial
midline
('vertex')
Ex-HN-1
(sishencong)
Line connecting the
apices of the ears
Du-20

Fig. 3.1

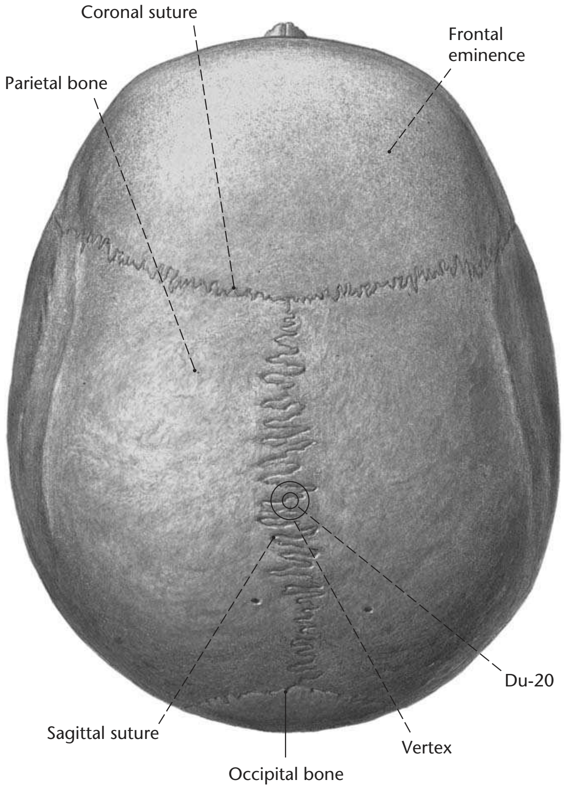

Coronal suture
Frontal
eminence
Parietal bone
Du-20
Sagittal suture
Vertex
Occipital bone

Fig. 3.2

3.1 Head

3.1.1 Vertex, Forehead and Supraorbital Region

Vertex (→ Figs 3.1, 3.2)

→ **Du-20** (*baihui*) is located at the junction of the cranial midline and an imaginary line connecting the apices of the ears. This point is at a distance of 5 cun from the anterior hairline and 7 cun from the posterior hairline, marking the highest point of the cranium ('vertex').

Please note: When locating **Du-20**, the patient's head should be in an upright position. Spreading hands technique (after König and Wancura, → Chapter 2): Place the hands on the lateral aspects of the patient's head, with the little fingers touching the apices of the ears. The thumbs are then joined at the cranial midline and will be pointing to → **Du-20** (*baihui*).

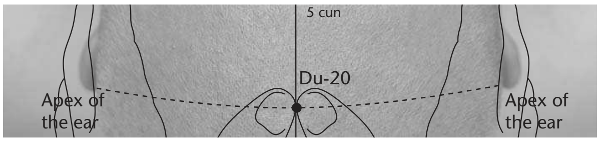

5 cun
Du-20
Apex of
the ear
Apex of
the ear

Fig. 3.3

Anterior hairline (→ Fig. 3.4)

The anterior hairline forms the superior border of the forehead and can vary considerably from person to person. The original line of hair growth is generally considered as the anterior hairline.
In men especially, the hairline may begin to recede early in life due to progressive baldness, so that the existing hairline may not be identical with the original line, which will now be located in an area not covered by hair. In these cases ask the patient to frown: the original hairline will be located superior to the wrinkled forehead, at the junction of the still slightly creased skin with the completely smooth skin. Points in this area are → **Du-20** to **Du-24**, **BL-3** to **BL-7, G.B.-4** to **G.B.-7, G.B.-13** to **G.B.-15, ST-8.**

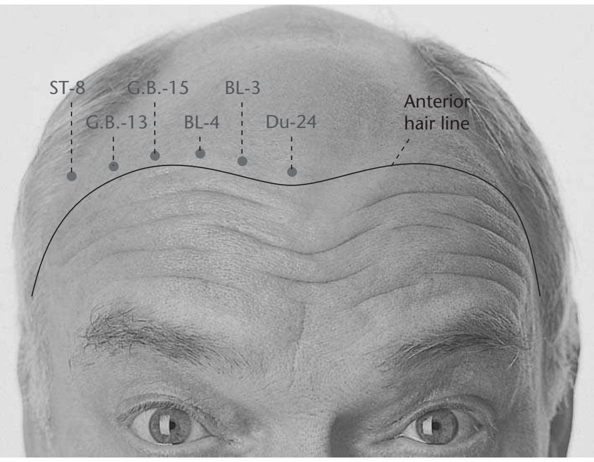

ST-8
G.B.-15
BL-3
G.B.-13
BL-4
Du-24
Anterior hair line

Fig. 3.4

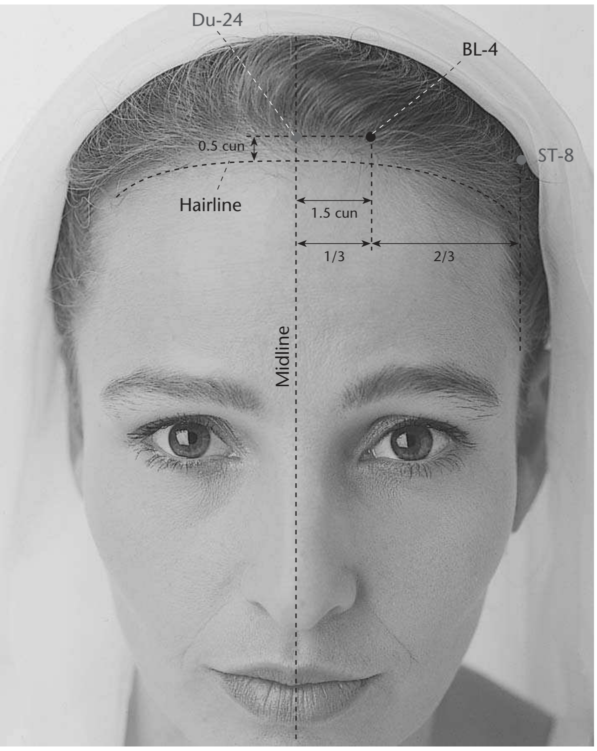

Du-24
BL-4
0.5 cun
ST-8
Hairline
1.5 cun
1/3
2/3
Midline

Fig. 3.5

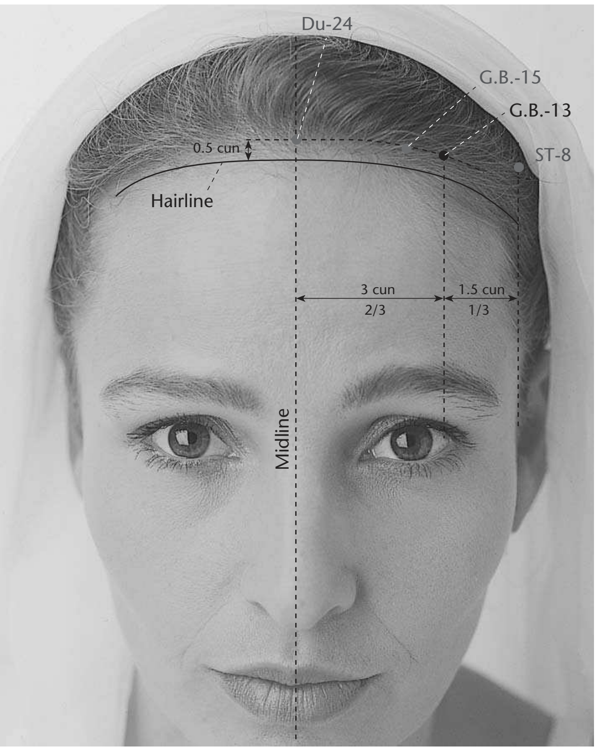

Du-24
G.B.-15
G.B.-13
0.5 cun
ST-8
Hairline
3 cun
2/3
1.5 cun
1/3
Midline

Fig. 3.6

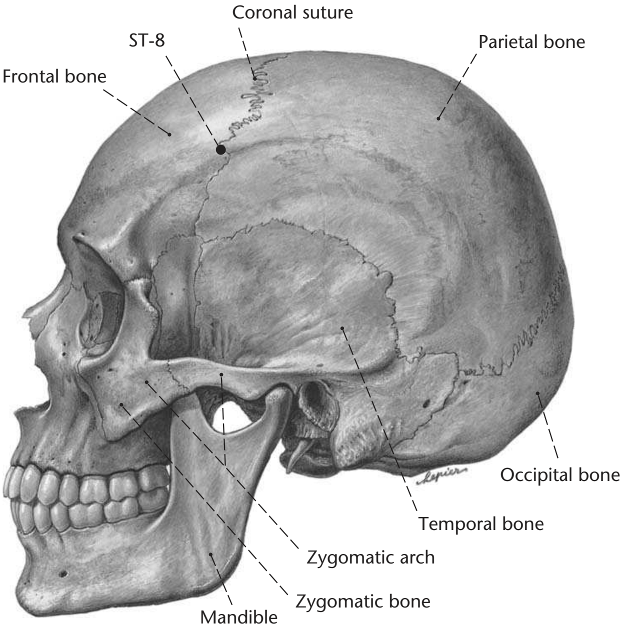

Coronal suture
ST-8
Parietal bone
Frontal bone
Occipital bone
Temporal bone
Zygomatic arch
Zygomatic bone
Mandible

Fig. 3.7

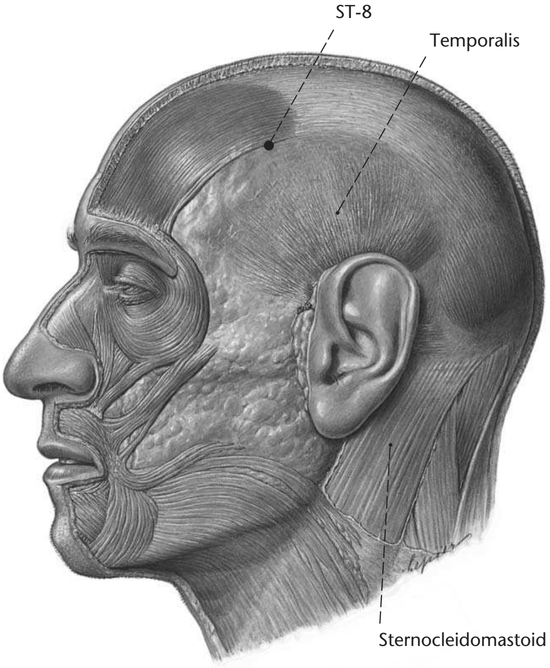

ST-8
Temporalis
Sternocleidomastoid

Fig. 3.8

Temporalis muscle and temporal corner of the forehead (→ Figs 3.7–3.9)

By asking the patient to firmly clench and release his/her teeth, the temporalis muscle can be palpated on the lateral aspect of the forehead. The corner between the forehead and the temples is marked by the junction of the anterior hairline with the temporal hairline, which tends to become more pronounced with a receding hairline.

→ **ST-8** is located in the centre of this area, at the insertion point of the temporalis muscle and 0.5 cun within the natural hairline. Often, the coronal suture can be palpated here.

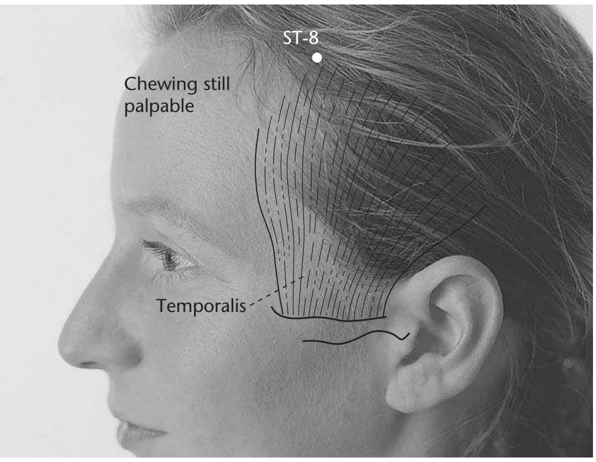

ST-8
Chewing still palpable
Temporalis

Fig. 3.9

Forehead (→ Figs 3.10, 3.11)

The more or less prominent bulge of the frontal eminences can be palpated on both sides of the forehead. → **G.B.-14** is located at their lower border, in a shallow depression at the junction of the eminences and the superciliary arches. With the patient looking straight ahead, G.B.-14 is located directly above the pupil, approximately 1 cun superior to the supraorbital margin.

Glabella, superciliary arches

The glabella is the central bony reference point on the forehead, forming a slightly convex, level area superior to the root of the nose and between the superciliary arches.

The extra point *yintang* (Ex-HN-3) is located at the centre of the glabella. Several points are located along the superciliary arches (from medial to lateral): → **BL-2, *yuyao*** (Ex-HN-4) and **T.B.-23.**

Please note: → **BL-2** is located superior to the inner canthus of the eye, in the area of the frontal (not the supraorbital) incisure, when this is present.

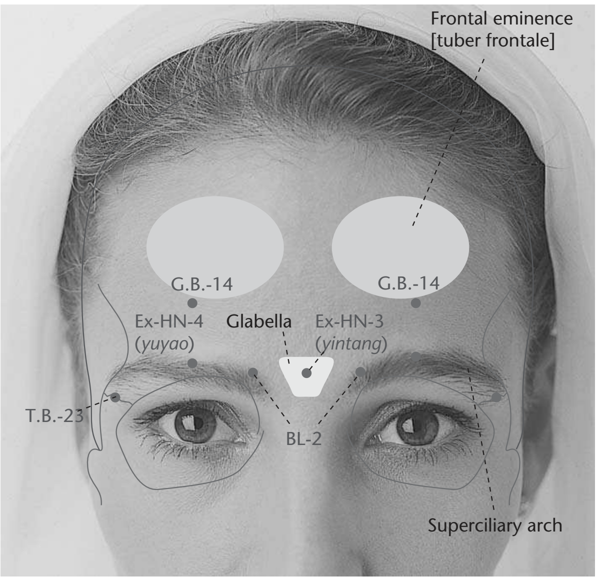

Frontal eminence
[tuber frontale]
G.B.-14
G.B.-14
Ex-HN-4
(yuyao)
Glabella
Ex-HN-3
(yintang)
T.B.-23
BL-2
Superciliary arch

Fig. 3.10

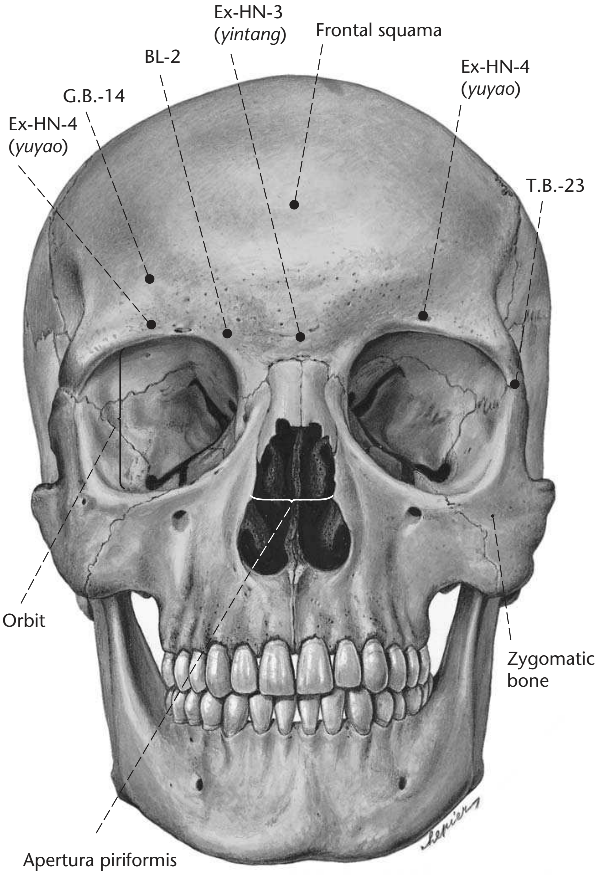

Ex-HN-3
(yintang)
Frontal squama
BL-2
Ex-HN-4
(yuyao)
G.B.-14
Ex-HN-4
(yuyao)
T.B.-23
Orbit
Zygomatic
bone
Apertura piriformis

Fig. 3.11

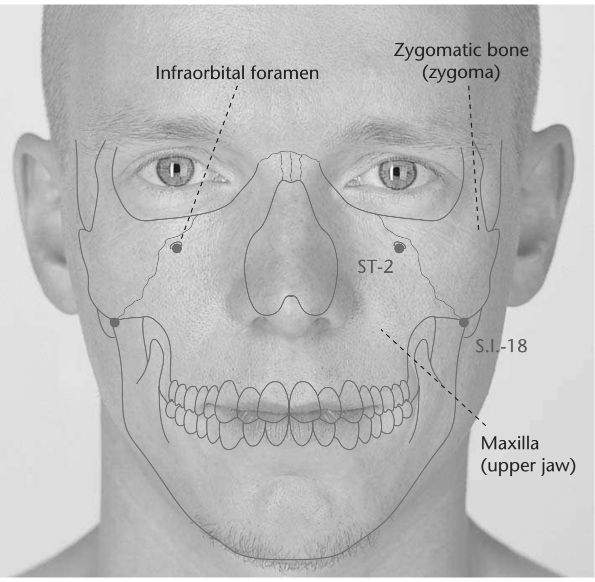

Infraorbital foramen
Zygomatic bone
(zygoma)
ST-2
S.I.-18
Maxilla
(upper jaw)

Fig. 3.12

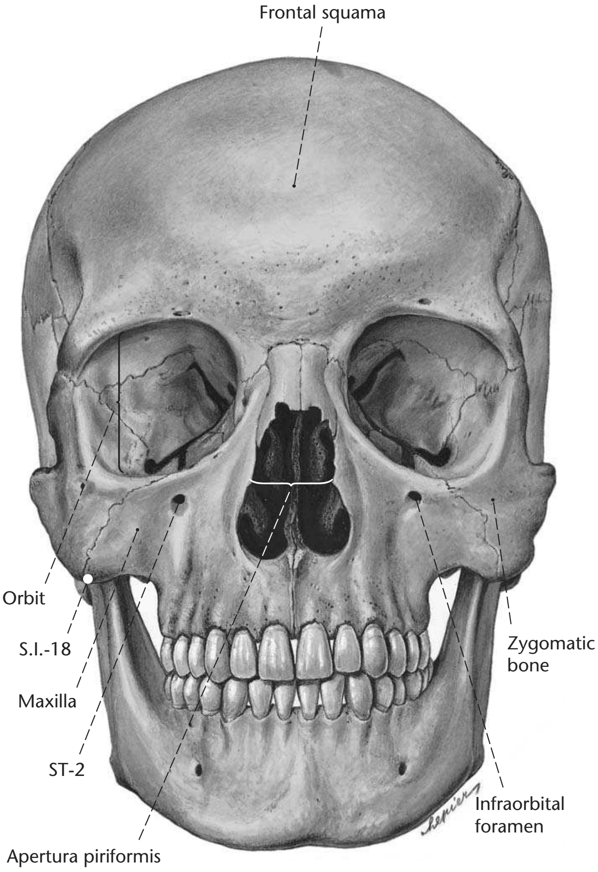

Frontal squama
Orbit
S.I.-18
Maxilla
ST-2
Apertura piriformis
Zygomatic bone
Infraorbital foramen

Fig. 3.13

3.1.2 Centre of the Face and Nasal Region

Cheek bones (→ Figs 3.12, 3.13)

Both the maxilla and the zygoma form the cheek bones below the eyes. Important anatomical landmarks are the infraorbital foramen, the lower border of the zygoma and the zygomatic arch of the temporal bone.

Infraorbital foramen (→ Figs 3.12, 3.13)

With the patient looking straight ahead, the infraorbital foramen with → **ST-2** is located on the maxilla, directly below the pupil. The foramen lies 1 finger-width below the infraorbital ridge. By palpating inferiorly from there, it can be felt below the maximal curvature of the ridge, in a small depression that is often sensitive to pressure.

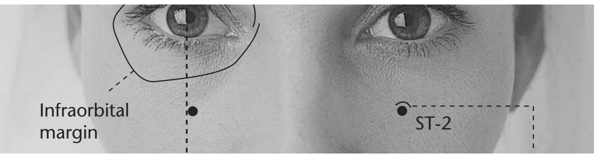

Infraorbital
margin
ST-2

Fig. 3.14

Zygoma (→ Figs 3.15, 3.16)

The bony structures below the lateral orbit are formed by the zygoma. → **S.I.-18** is located directly below the outer canthus of the eye at the lower border of the zygoma, at the junction of the zygoma and the maxilla, on the anterior border of the masseter muscle. (→ Lower face and chin).

Zygomatic arch (→ Figs 3.15, 3.16)

On the lateral aspect of the face, the temporal process of the zygoma articulates with the zygomatic process of the temporal bone to form the zygomatic arch. This is an approximately horizontal bony structure which can be palpated laterally to the ear. → **G.B.-3** and → **T.B.-22** are both located on the upper border of the zygomatic arch, while → **ST-7** and → **T.B.-21** are situated at its lower border.

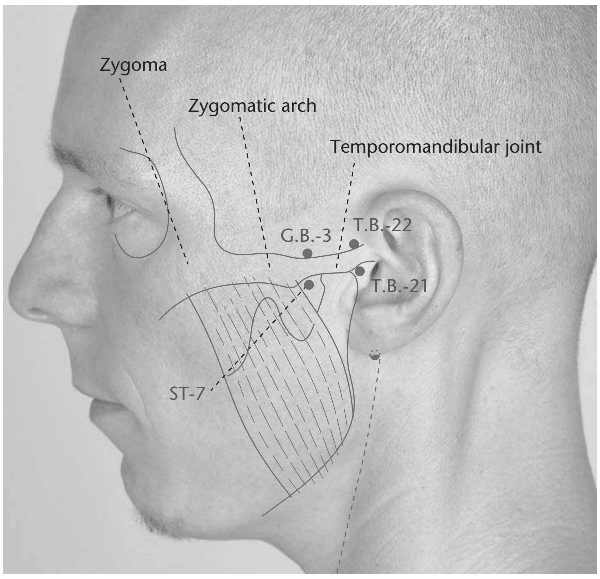

Zygoma
Zygomatic arch
Temporomandibular joint
G.B.-3
T.B.-22
T.B.-21
ST-7

Fig. 3.15

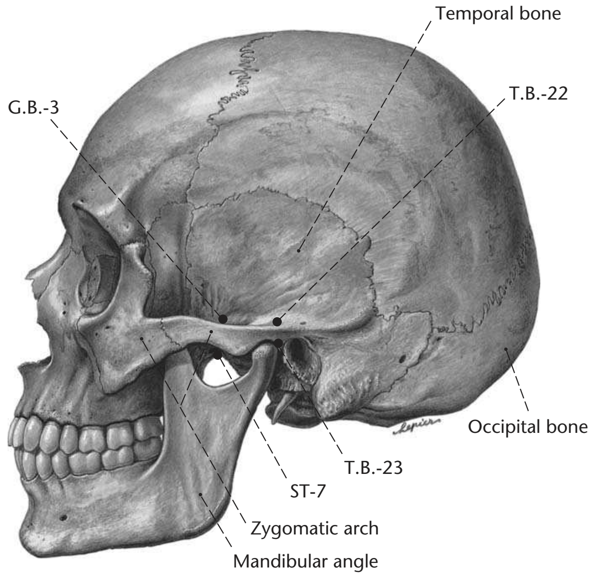

Temporal bone
T.B.-22
G.B.-3
Occipital bone
T.B.-23
ST-7
Zygomatic arch
Mandibular angle

Fig. 3.16

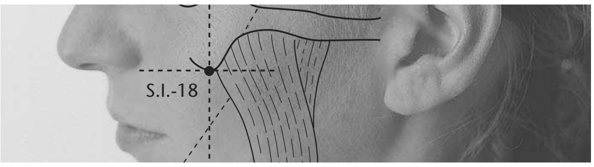


Fig. 3.17

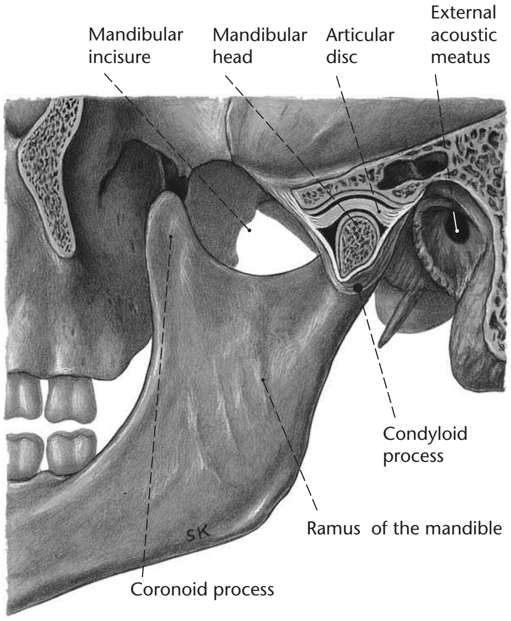

Mandibular incisure
Mandibular head
Articular disc
External acoustic meatus
Condyloid process
Ramus of the mandible
Coronoid process

Fig. 3.18

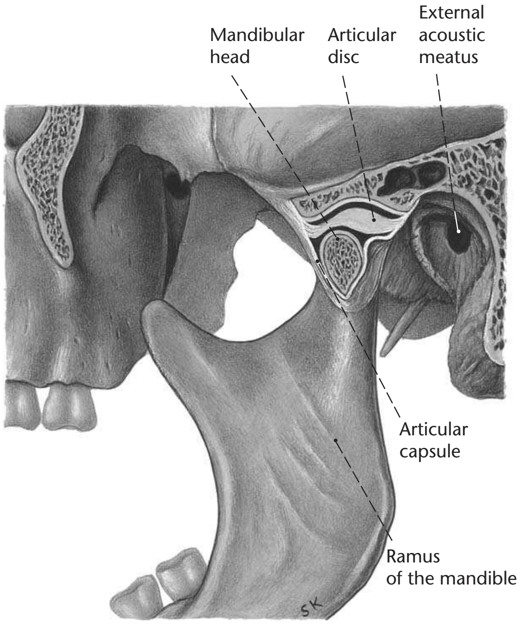

Mandibular head
Articular disc
External acoustic meatus
Articular capsule
Ramus of the mandible

Fig. 3.19

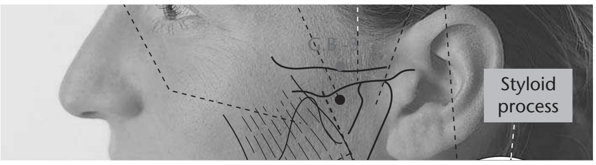

Styloid process

Fig. 3.20

Temporomandibular joint (→ Figs 3.15, 3.18, 3.19)

The temporomandibular joint is located inferior to the zygomatic arch and anterior to the tragus of the ear. Its movement can easily be palpated by gently opening and closing the mouth. → **ST-7** is located in a depression anterior to the joint and directly inferior to the zygomatic arch. This depression is situated in the mandibular incisure, which is formed by the coronoid and condylar processes of the mandible. By opening the mouth, the palpating finger resting on → **ST-7** is 'lifted' out of the depression by the condyloid process sliding anteriorly.

Nasolabial groove (→ Fig. 3.21)

The nasolabial groove begins lateral to the nose and superior to the ala nasi, at the junction of the cartilage and the bone. From there it runs to the corners of the mouth. → **Ex-HN-8** (*shangyingxiang, bitong*) is located at its upper end, at the junction of the upper jaw and the nasal cavities. → **L.I.-20** is located slightly below *bitong*, between the lateral border of the side of the nose and the nasolabial groove.

3.1.3 Lower Face and Chin

Mandibular angle (→ Fig. 3.22)

The mandibular angle corresponds to the area where the lower jaw line changes its direction from horizontal to vertical. It is located markedly inferior and anterior to the ear lobe. This angle marks the location of → **ST-6** (1 finger-width anterior and superior to the mandibular angle) as well as of → **S.I.-17** and → **T.B.-16** (level with the mandibular angle).

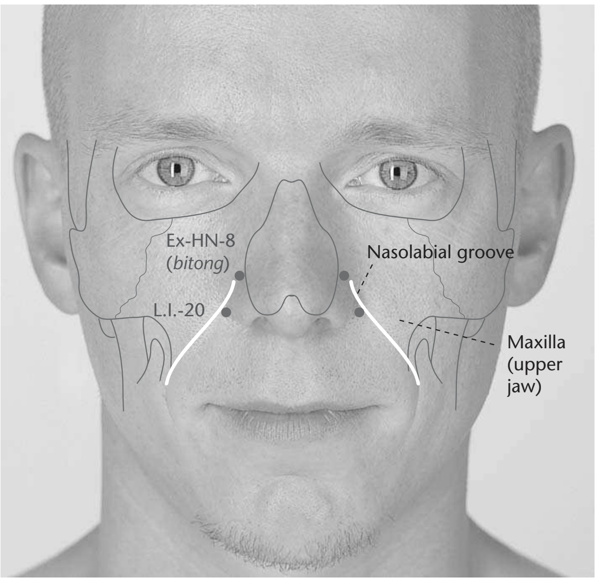

Ex-HN-8
(*bitong*)
Nasolabial groove
L.I.-20
Maxilla (upper jaw)

Fig. 3.21

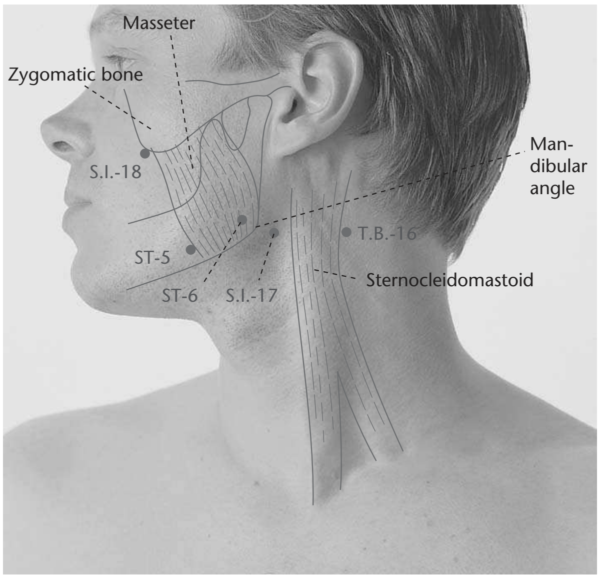

Masseter
Zygomatic bone
S.I.-18
Man-dibular angle
T.B.-16
ST-5
Sternocleidomastoid
ST-6
S.I.-17

Fig. 3.22

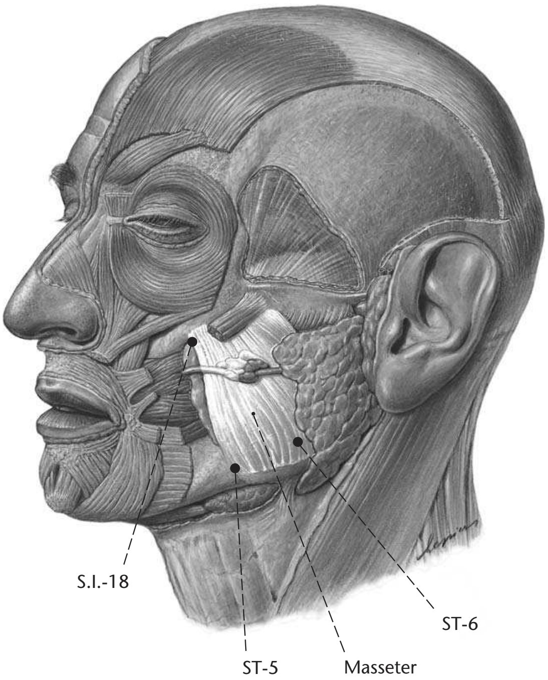

S.I.-18
ST-5
Masseter
ST-6

Fig. 3.23

Masseter muscle (→ Fig. 3.23)

By firmly clenching the jaw, the contours of the masseter muscle become well defined, stretching from the lateral aspect of the lower jaw to the zygomatic bone. It originates at the zygomatic arch (→ Fig. 3.15) and inserts at the mandibular angle (→ Fig. 3.22).

Mentolabial groove (→ Fig. 3.24)

This forms a transverse groove at the junction of the chin and the lower lip. → **Ren-24** is located in its centre.

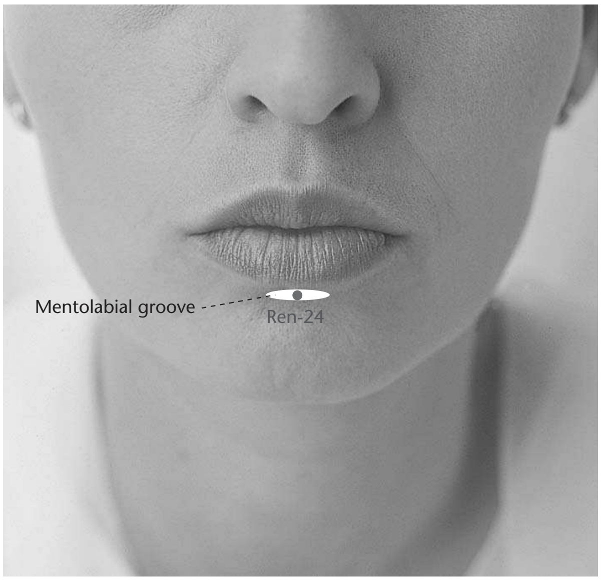

Mentolabial groove
Ren-24

Fig. 3.24

3.1.4 Ear Region

Note: points used in auricular acupuncture are not discussed here.

Helix root (→ Figs 3.25, 3.26)

The helix root borders the upper part of the ear. This is the location of → **T.B.-22**.

Supratragic notch (→ Figs 3.25, 3.26)

The supratragic notch forms an incisure within the cartilage of the ear, separating the helix root from the tragus. → **T.B.-21** is located anterior to it.

Tragus (→ Figs 3.25, 3.26)

→ **S.I.-19** is located anterior to the midpoint of the tragus.

Intertragic notch (→ Figs 3.25, 3.26)

The intertragic notch forms an incisure in the auricular cartilage, separating the tragus from the lobe and antitragus. → **G.B.-2** is located anterior to this notch.

Ear lobe (→ Figs 3.25, 3.26)

Inferior to the earlobe and the ear canal is a depression, which is bordered posteriorly by the mastoid process and anteriorly by the lower jaw. The lower border is formed by the transverse process of the 1st cervical vertebra (atlas). → **T.B.-17** is located in this depression.

Border between the auricle and the face (→ Fig. 3.26)

The border between the auricle and the temple/cheek generally forms a more or less vertical line, which will become more clearly defined by bending the auricle and tragus towards the anterior. Several points are located along this line (from top to bottom): → **T.B.-22, T.B.-21, S.I.-19, G.B.-2.**

Mastoid process (→ Figs 3.26, 3.27)

The mastoid process is a cone-shaped bony structure which can be palpated posterior to the ear. → **G.B.-12** is located at its tip, while → ***anmian*** (Ex-HN) can be found at the border of the mastoid process and the occiput. → ***yiming*** (Ex-HN-14) is located somewhat more inferiorly.

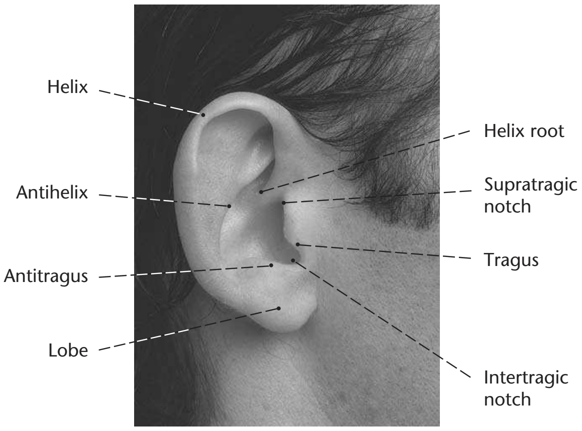

Helix
Helix root
Antihelix
Supratragic notch
Tragus
Antitragus
Lobe
Intertragic notch

Fig. 3.25

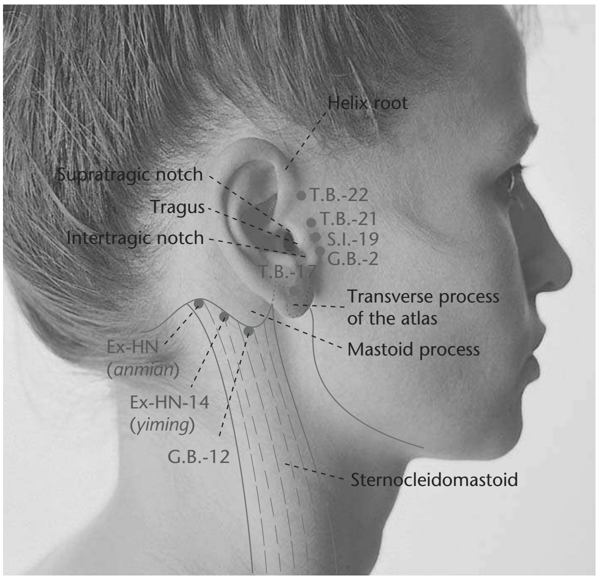

Helix root
Supratragic notch
Tragus
Intertragic notch
T.B.-22
T.B.-21
S.I.-19
G.B.-2
T.B.-17
Transverse process of the atlas
Mastoid process
Ex-HN (anmian)
Ex-HN-14 (yiming)
G.B.-12
Sternocleidomastoid

Fig. 3.26

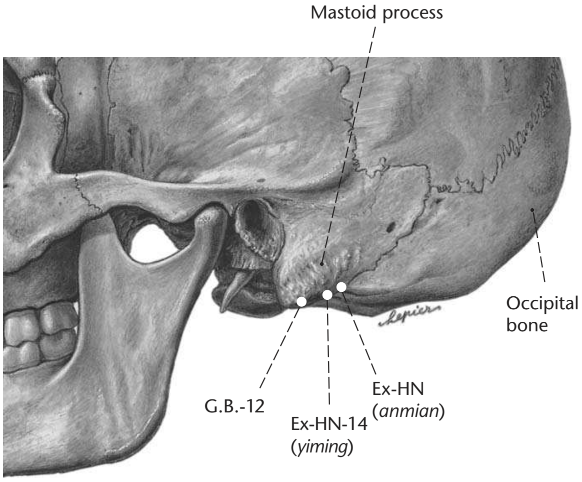

Mastoid process
Occipital bone
G.B.-12
Ex-HN-14 (yiming)
Ex-HN (anmian)

Fig. 3.27

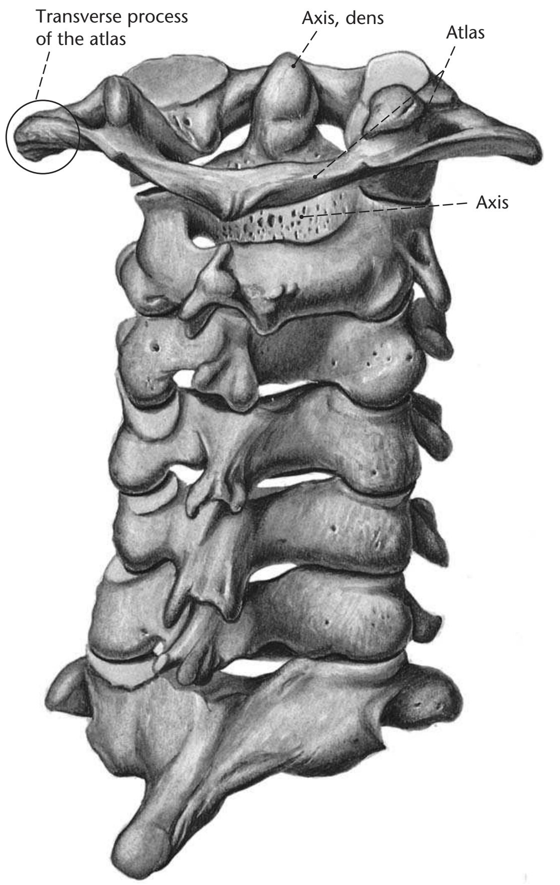

Transverse process of the atlas
Axis, dens
Atlas
Axis

Fig. 3.28

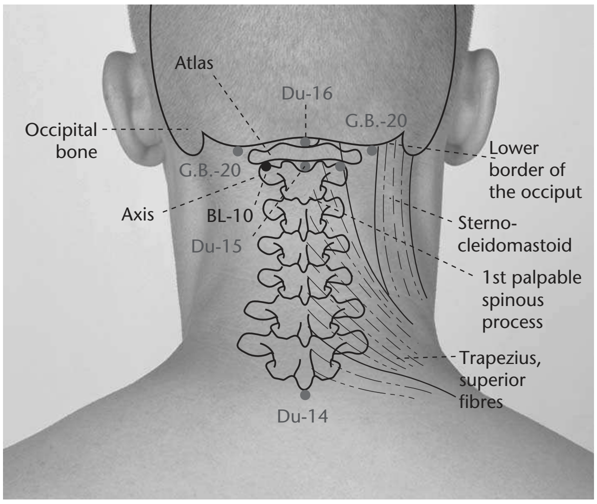

Atlas
Du-16
G.B.-20
Occipital bone
Lower border of the occiput
G.B.-20
Axis
BL-10
Du-15
Sterno-cleidomastoid
1st palpable spinous process
Trapezius, superior fibres
Du-14

Fig. 3.29

Transverse process of the 1st cervical vertebra (atlas) (→ Fig. 3.28)

The transverse process of the atlas can be palpated inferior to the earlobe as a deep bony structure, which in most cases is very sensitive to pressure.

3.1.5 Occiput

Craniocervical transition (→ Figs 3.28–3.32)

The transition from the head to the neck is formed by the mastoid process, the adjacent dorsal musculature and the occiput. The following points are located in this area (from lateral to medial) → **G.B.-12,** ***yiming*** **(Ex-HN-14),** ***anmian*** **(Ex-HN), G.B.-20, BL-10, Du-15** and **Du-16.**

External occipital protuberance (→ Figs 3.32, 3.33)

The external occipital protuberance forms a flat projection on the posterior midline of the occiput, which can be palpated slightly superior to the craniocervical transition. It defines the location of → **Du-16, Du-17** and **BL-9.** Sometimes, and more frequently in women, the protuberance may be defined only poorly or not at all.

Posterior hairline (no figure)

The posterior hairline is used as a reference point for locating points on the occiput, but due to its variable position it is not a very reliable landmark.

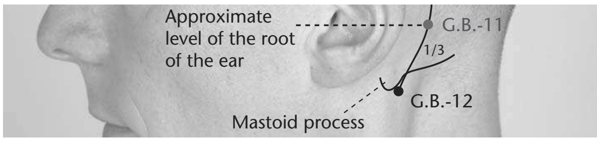

Approximate level of the root of the ear
G.B.-11
1/3
G.B.-12
Mastoid process

Fig. 3.30

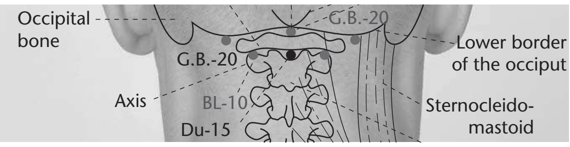

Occipital bone
G.B.-20
G.B.-20
Lower border of the occiput
Axis
BL-10
Du-15
Sternocleido-mastoid

Fig. 3.31

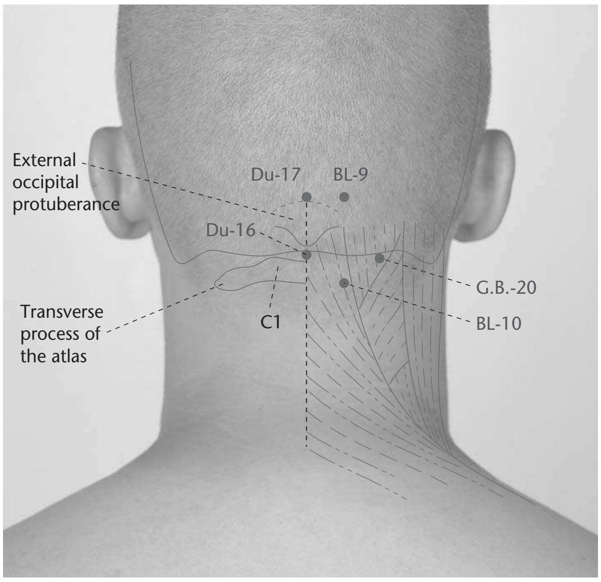

External occipital protuberance
Du-17
BL-9
Du-16
G.B.-20
BL-10
Transverse process of the atlas
C1

Fig. 3.32

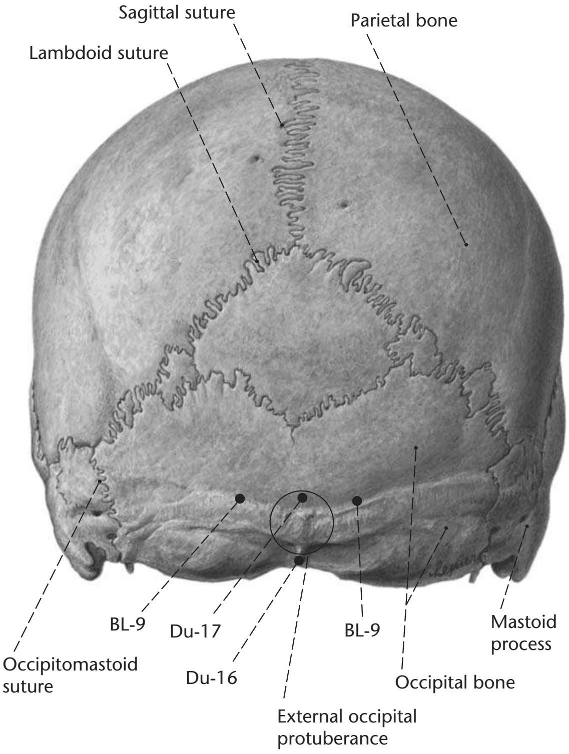

Sagittal suture
Parietal bone
Lambdoid suture
BL-9
Du-17
BL-9
Mastoid process
Occipitomastoid suture
Du-16
Occipital bone
External occipital protuberance

Fig. 3.33

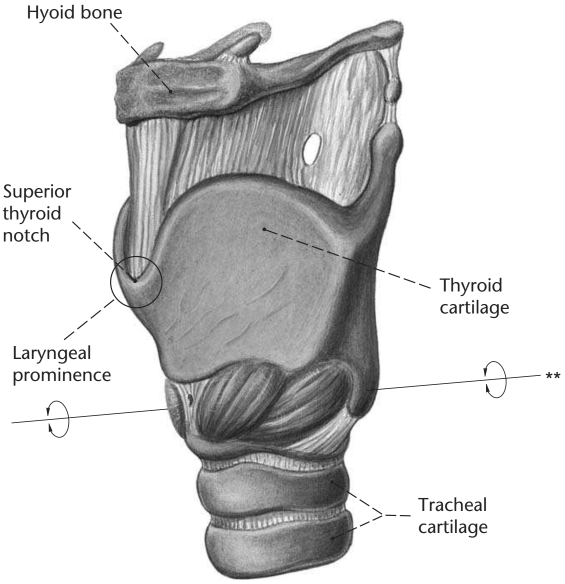

Hyoid bone
Superior thyroid notch
Laryngeal prominence
Thyroid cartilage
**
Tracheal cartilage

Fig. 3.34

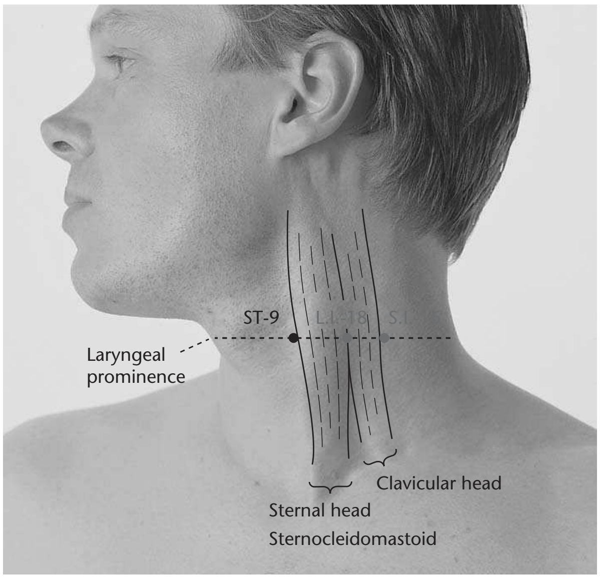

ST-9
L.I.-18
S.I.
Laryngeal prominence
Clavicular head
Sternal head
Sternocleidomastoid

Fig. 3.35

3.2 Neck

Laryngeal prominence (→ Figs 3.34, 3.35)

In men, the laryngeal prominence as the highest point of the larynx ('Adam's apple') tends to form a clearly palpable and visible structure. In women, visual identification is more difficult, so that palpation is necessary in order to locate the V-shaped incisure on the upper border of the thyroid cartilage on the laryngeal midline. Located at the level of the laryngeal prominence are → **ST-9, L.I.-18** and **S.I.-16**.

Sternocleidomastoid (SCM) muscle (→ Figs 3.36, 3.37)

This muscle forms a distinct, easily identifiable structure on the anterior and lateral aspect of the neck, which becomes visible and palpable by rotating the neck in the opposite direction. This effect can be increased by rotating the head against resistance (by pushing against the chin for example). The more slender clavicular head originates from the anterior aspect of the manubrium, while the more flat clavicular head originates from the medial third of the clavicle, revealing a small triangle between the two heads near the sternoclavicular joint. This is the location of → **ST-11**. By palpating along the SCM muscle in a superior direction, the two heads can be distinguished for the major part of the muscle, before they merge to insert at the posterior part of the mastoid process and the lateral superior nuchal line of the occiput. Besides → **ST-11,** the following points are located alongside the muscle belly of the SCM: → **L.I.-17, L.I.-18, S.I.-16, ST-9, G.B-12** and ***anmian*** **(Ex-HN)**.

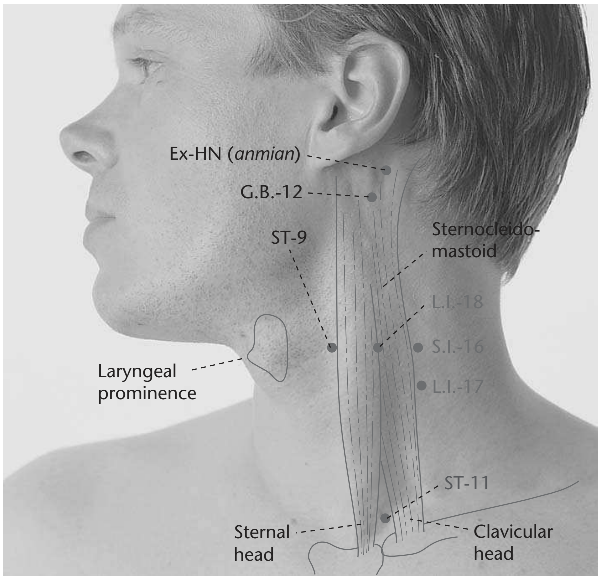

Ex-HN (*anmian*)
G.B.-12
ST-9
Sternocleido-mastoid
L.I.-18
S.I.-16
L.I.-17
Laryngeal prominence
ST-11
Sternal head
Clavicular head

Fig. 3.36

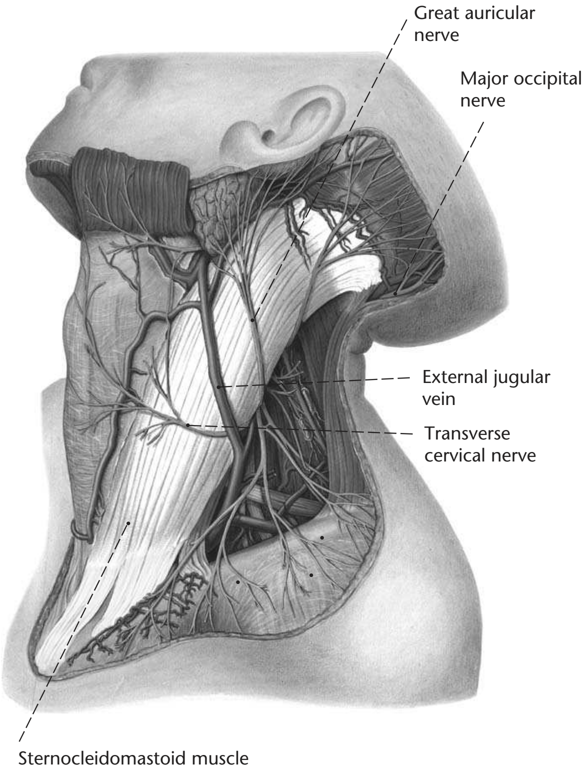

Great auricular nerve
Major occipital nerve
External jugular vein
Transverse cervical nerve
Sternocleidomastoid muscle

Fig. 3.37

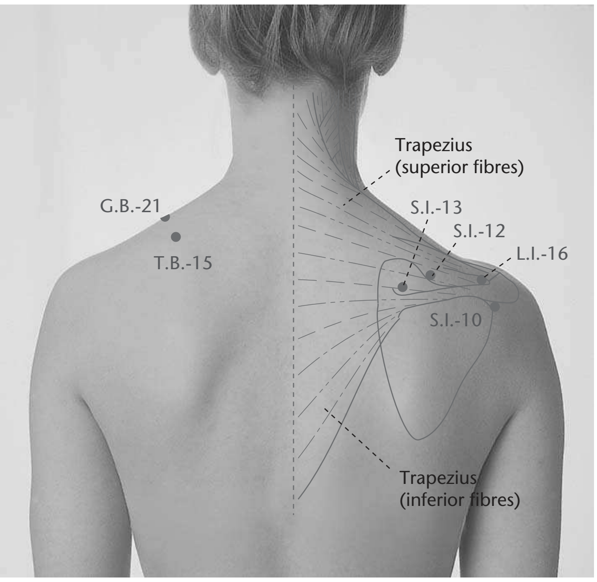

Trapezius
(superior fibres)
G.B.-21
S.I.-13
S.I.-12
L.I.-16
T.B.-15
S.I.-10
Trapezius
(inferior fibres)

Fig. 3.38

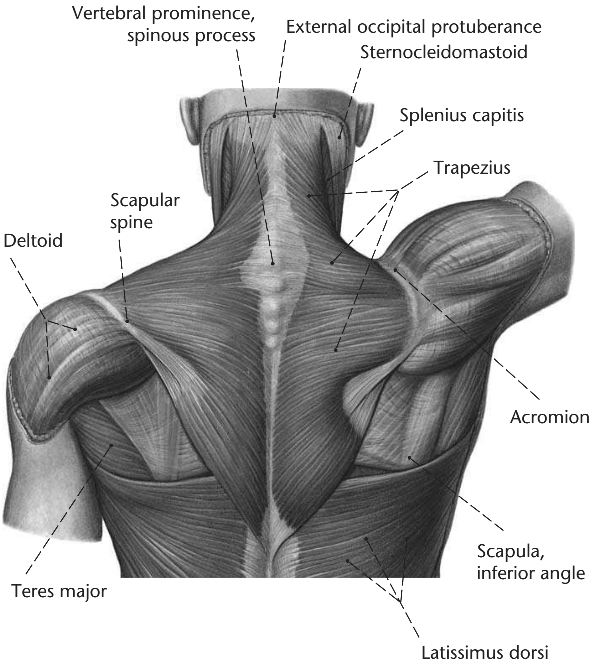

Vertebral prominence,
spinous process
External occipital protuberance
Sternocleidomastoid
Splenius capitis
Trapezius
Scapular
spine
Deltoid
Acromion
Scapula,
inferior angle
Teres major
Latissimus dorsi

Fig. 3.39

3.3. Shoulder and Arm

3.3.1 Shoulder and Upper Arm

Trapezius muscle (→ Figs 3.38, 3.39)

This muscle covers the superior aspect of the shoulder, its superior portions extending from the cervical spine to the acromion at the lateral end of the scapula. Located at the midpoint of the superior border of the muscle are → **G.B.-21** and, slightly inferiorly, → **T.B.-15.**

Acromion (→ Figs 3.39, 3.42, 3.43)

When palpating the shoulder joint from a lateral direction, the acromion can be felt as a bony extension with a flat surface, slightly superior to the laterally protruding head of the humerus.

Scapular spine (→ Figs 3.39–3.44)

The scapular spine forms a bony ridge that originates at the acromion and runs in an oblique angle across the scapula, ending at its medial border in an upward opening curve. This is the location of → **S.I.-13**, → **L.I.-16** is located on the most lateral portion of the trapezius and supraspinatus muscles, in the angle between the acromial origin of the scapular spine and the acromioclavicular joint.

Head of the humerus, shoulder hollows (→ Figs 3.42, 3.44)

The head of the humerus is located inferior to the acromion and protrudes slightly on the lateral aspect of the shoulder. When abducting the arm horizontally, two hollows will form at the transition from the arm to the shoulder. The anterior hollow is the location of → **L.I.-15**, while → **T.B.-14** is located in the posterior one. The hollows mark the border between the clavicular and acromial portion and the border between the acromial and spinal portion of the deltoid muscle.

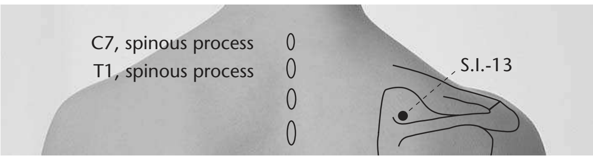

C7, spinous process
T1, spinous process
S.I.-13

Fig. 3.40

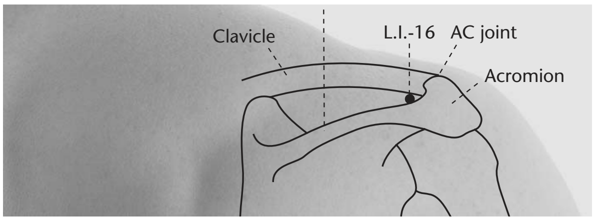

Clavicle
L.I.-16
AC joint
Acromion

Fig. 3.41

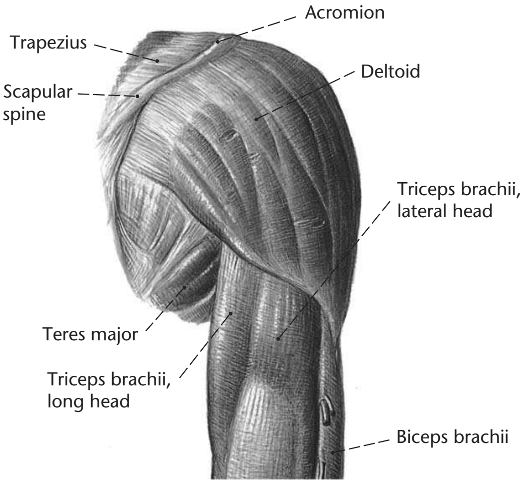

Acromion
Trapezius
Deltoid
Scapular spine
Triceps brachii, lateral head
Teres major
Triceps brachii, long head
Biceps brachii

Fig. 3.42

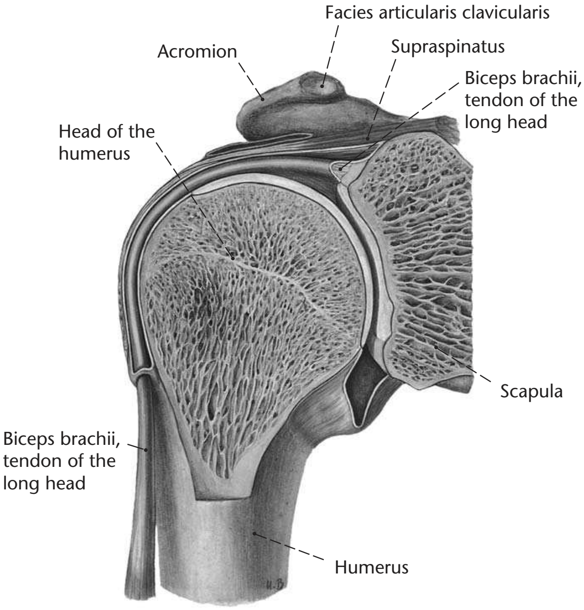

Facies articularis clavicularis
Acromion
Supraspinatus
Biceps brachii, tendon of the long head
Head of the humerus
Scapula
Biceps brachii, tendon of the long head
Humerus

Fig. 3.43

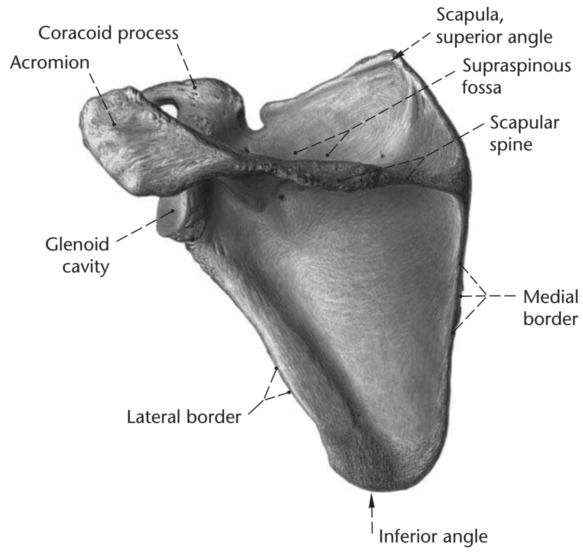

Coracoid process
Acromion
Scapula, superior angle
Supraspinous fossa
Scapular spine
Glenoid cavity
Medial border
Lateral border
Inferior angle

Fig. 3.44

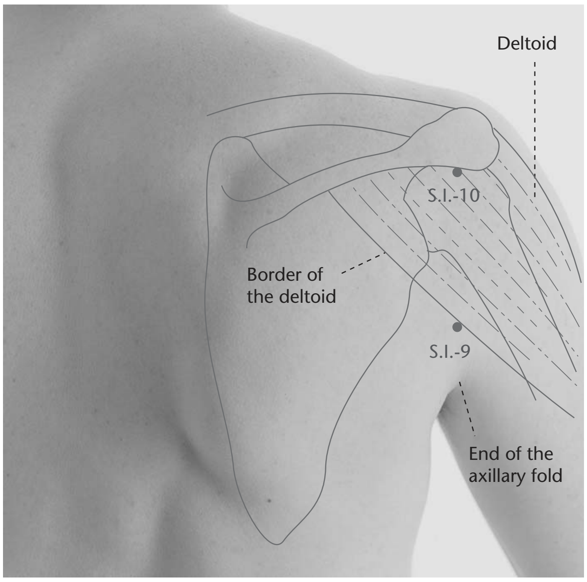

Deltoid
S.I.-10
Border of the deltoid
S.I.-9
End of the axillary fold

Fig. 3.45

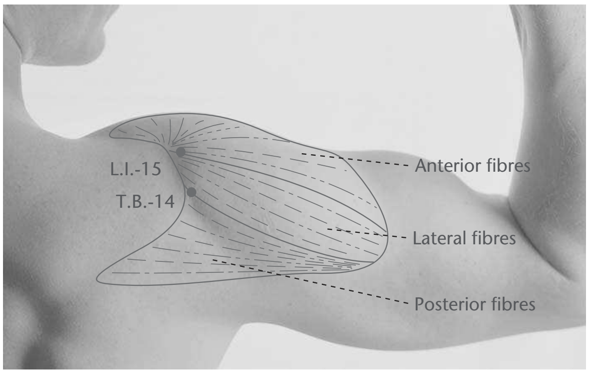

L.I.-15
T.B.-14
Anterior fibres
Lateral fibres
Posterior fibres

Fig. 3.46

Deltoid muscle (→ Figs 3.42, 3.45–3.51)

This muscle covers the anterior, posterior and lateral aspect of the head of the humerus. The following points are located either on the muscle or on its margins: → **S.I.-9, S.I.-10, T.B.-14, L.I.-15,** ***jianquan*** **(Ex-UE), LU-1, LU-2, LU-3, L.I.-14**.

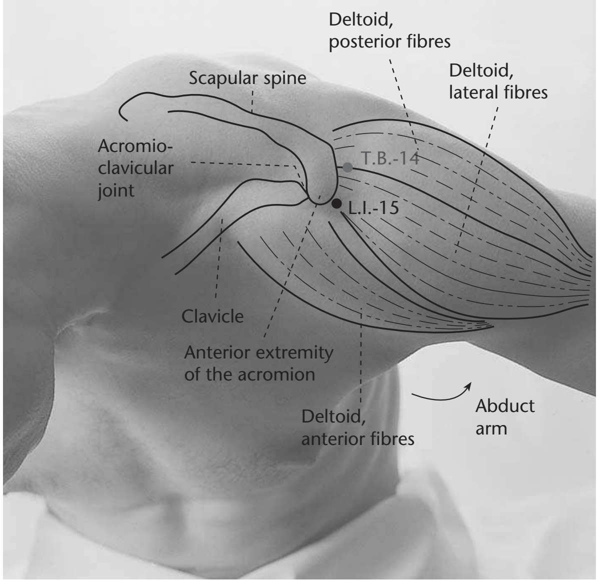

Deltoid, posterior fibres
Scapular spine
Deltoid, lateral fibres
Acromio-clavicular joint
T.B.-14
L.I.-15
Clavicle
Anterior extremity of the acromion
Deltoid, anterior fibres
Abduct arm

Fig. 3.47

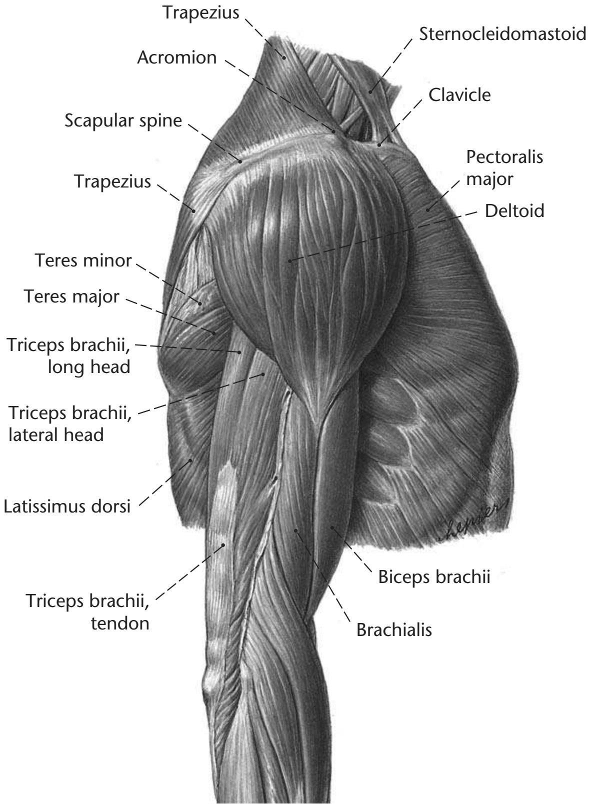

Trapezius
Acromion
Scapular spine
Trapezius
Teres minor
Teres major
Triceps brachii, long head
Triceps brachii, lateral head
Latissimus dorsi
Triceps brachii, tendon
Sternocleidomastoid
Clavicle
Pectoralis major
Deltoid
Biceps brachii
Brachialis

Fig. 3.48

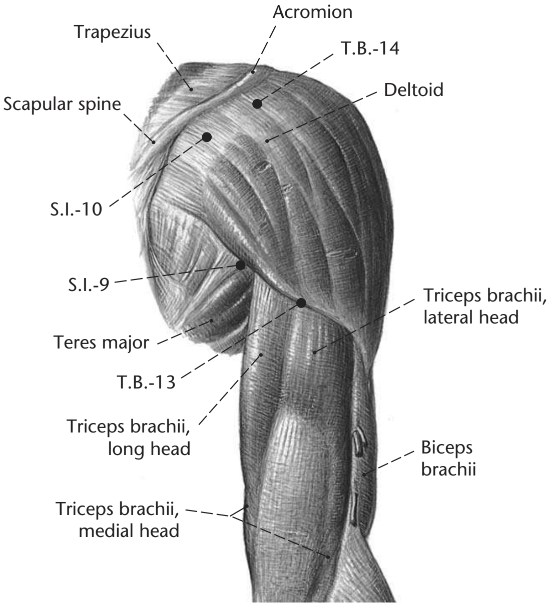

Trapezius
Acromion
T.B.-14
Deltoid
Scapular spine
S.I.-10
S.I.-9
Teres major
T.B.-13
Triceps brachii, long head
Triceps brachii, medial head
Triceps brachii, lateral head
Biceps brachii

Fig. 3.49

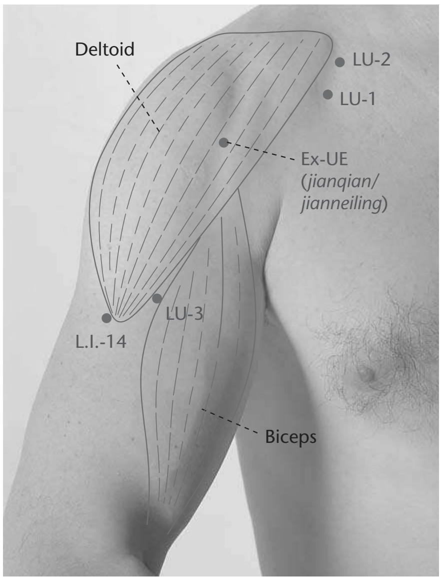

Deltoid
LU-2
LU-1
Ex-UE (jianqian/ jianneiling)
LU-3
L.I.-14
Biceps

Fig. 3.50

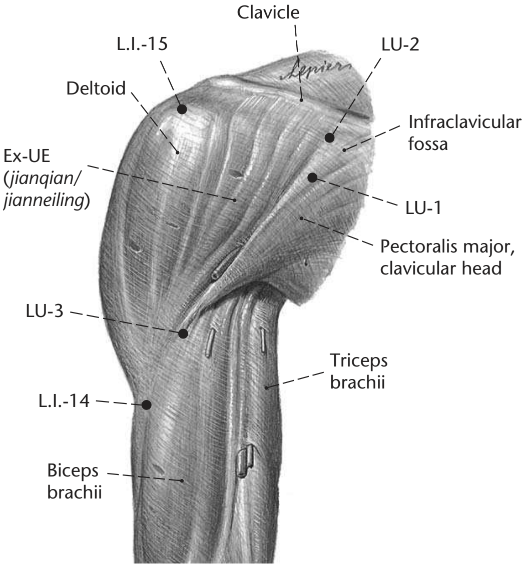

Clavicle
L.I.-15
LU-2
Deltoid
Infraclavicular fossa
Ex-UE (jianqian/ jianneiling)
LU-1
Pectoralis major, clavicular head
LU-3
Triceps brachii
L.I.-14
Biceps brachii

Fig. 3.51

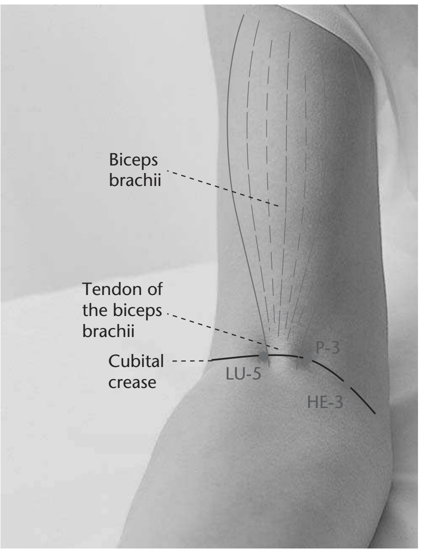

Biceps brachii
Tendon of the biceps brachii
Cubital crease
LU-5
P-3
HE-3

Fig. 3.52

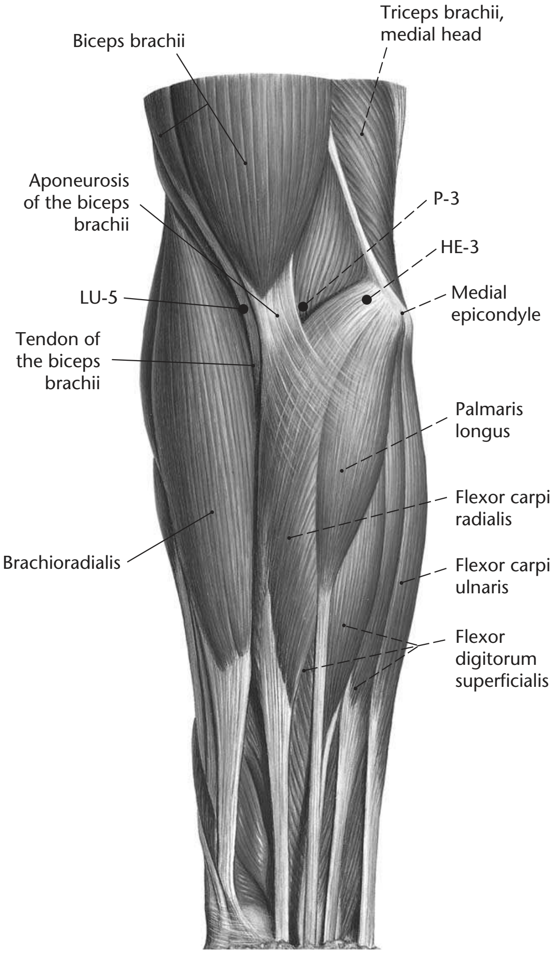

Biceps brachii
Triceps brachii, medial head
Aponeurosis of the biceps brachii
P-3
HE-3
LU-5
Medial epicondyle
Tendon of the biceps brachii
Palmaris longus
Flexor carpi radialis
Brachioradialis
Flexor carpi ulnaris
Flexor digitorum superficialis

Fig. 3.53

3.3.2 Elbow

Elbow, tendon of the biceps muscle (→ Figs 3.52, 3.53)

The anterior aspect of the elbow is marked by the cubital crease, extending from the lateral to the medial epicondyle of the humerus. It is divided by the tendon of the biceps muscle. → **L.I.-11** and → **LU-5** are located lateral to the tendon while → **P-3** and → **HE-3** are located medial to it.

Lateral and medial epicondyles of the humerus (→ Figs 3.53, 3.55, 3.56)

The lateral and medial epicondyles of the humerus form the lateral aspects of the elbow. The olecranon is located between them, on the posterior aspect of the elbow. The medial epicondyle is the origin of the extensor muscles of the wrist joint, while the flexor muscles originate at the medial epicondyle.

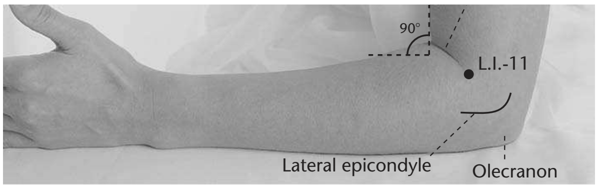

90°
L.I.-11
Lateral epicondyle
Olecranon

Fig. 3.54

Olecranon (→ Figs 3.55, 3.56)

The olecranon forms the tip of the elbow. Located in the ulnar sulcus, between the medial epicondyle and the tip of the olecranon, is → **S.I.-8**, while → **T.B.-10** is located in a depression proximal to the olecranon.

3.3.3 Forearm and Hand

For locating points on the forearm, it is important to note whether the arm is in a pronated or supinated position, since this can have a considerable effect on the relative location of some points (see also location details of specific points). For example, in supination the line connecting → **L.I.-5** and → **L.I.-11** runs along the lateral border of the forearm, while in pronation it traverses the forearm.

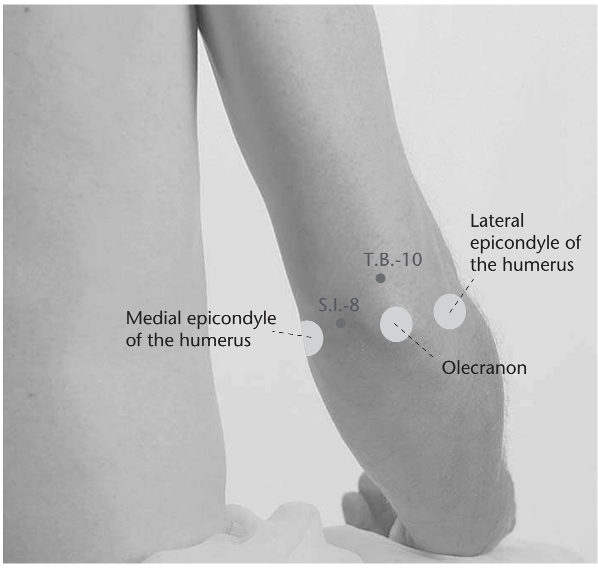

Lateral epicondyle of the humerus
T.B.-10
S.I.-8
Medial epicondyle of the humerus
Olecranon

Fig. 3.55

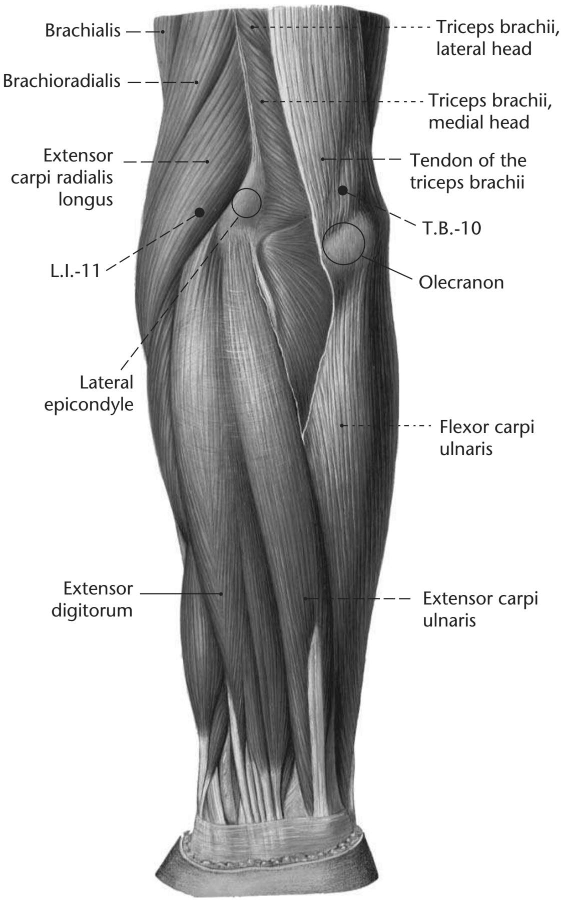

Brachialis
Brachioradialis
Extensor carpi radialis longus
L.I.-11
Lateral epicondyle
Extensor digitorum
Triceps brachii, lateral head
Triceps brachii, medial head
Tendon of the triceps brachii
T.B.-10
Olecranon
Flexor carpi ulnaris
Extensor carpi ulnaris

Fig. 3.56

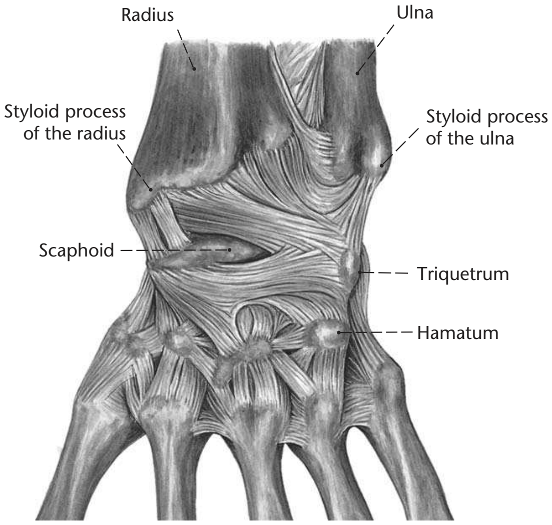

Radius
Ulna
Styloid process of the radius
Styloid process of the ulna
Scaphoid
Triquetrum
Hamatum

Fig. 3.57 Wrist joint, posterior view

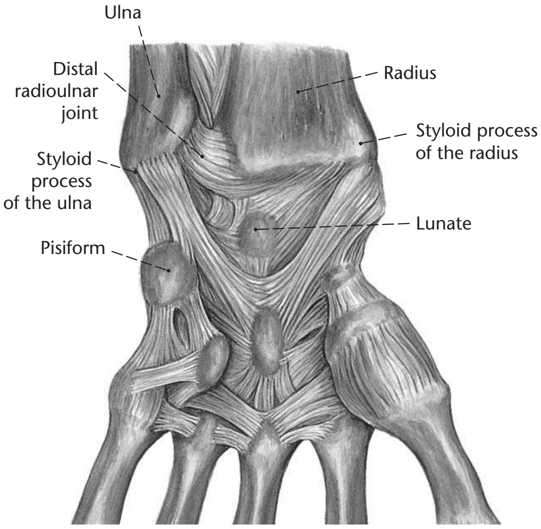

Ulna
Distal radioulnar joint
Radius
Styloid process of the radius
Styloid process of the ulna
Lunate
Pisiform

Fig. 3.58 Wrist joint, anterior view

Styloid process of the radius (→ Figs 3.57, 3.58)

The styloid process forms a flat mound on the anterior and lateral aspect of the distal end of the radius. An oblique groove can be palpated at the transition from the process to the shaft of the radius. This is the location of → **LU-7**. → **LU-8** is located slightly more distally and anteriorly, at the border of the process.

Styloid process of the ulna (→ Figs 3.57, 3.58)

The styloid process of the ulna is located at the distal end of the ulna, forming a distinct prominence. With the elbow flexed and the forearm in a supinated position, a small groove becomes palpable (sliding groove of the tendon of the extensor carpi ulnaris muscle). This is the location of → **S.I.-6**.

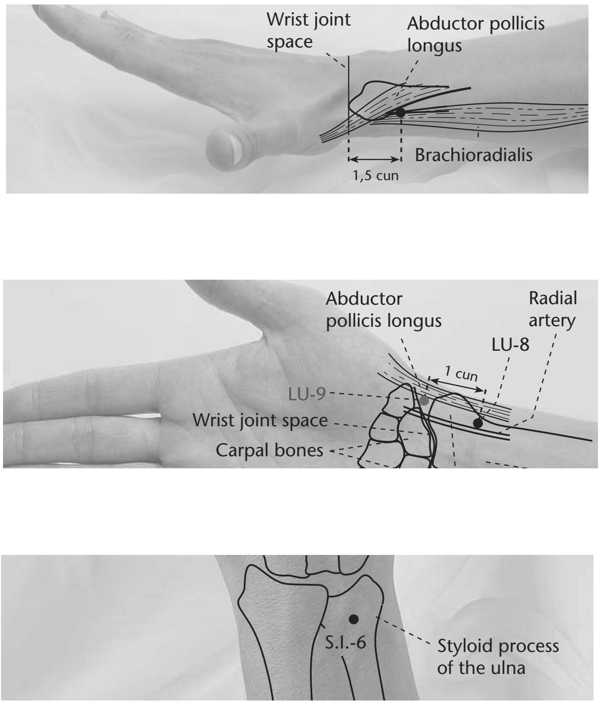

Wrist joint space
Abductor pollicis longus
Brachioradialis
1,5 cun
Abductor pollicis longus
Radial artery
LU-8
1 cun
LU-9
Wrist joint space
Carpal bones
S.I.-6
Styloid process of the ulna

Fig. 3.59

Anterior wrist joint space ('most distal wrist crease') (→ Figs 3.61, 3.62)

Chinese textbooks on acupuncture use the most distal wrist crease as a reference for points around the wrist joint. However, since the location of the crease can vary, the space between the proximal row of the carpals and the ulna/radius should be used instead. By gently moving the wrist joint, the space can be clearly felt.

In the proximal row of the carpal bones, the prominent pisiform bone marks the ulnar end, its proximal border serving as a bony landmark for locating the anterior wrist joint space. → **HE-7, P-7** and **LU-9** are all located here.

Pisiform bone and tendon of the flexor carpi ulnaris muscle (→ Fig. 3.62)

The pisiform bone is an important reference point on the ulnar aspect of the wrist joint. Here the insertion of the tendon of the flexor carpi ulnaris muscle marks the location of several points on the Heart channel: → **HE-7 – HE-4** are lined up on the radial aspect of the tendon.

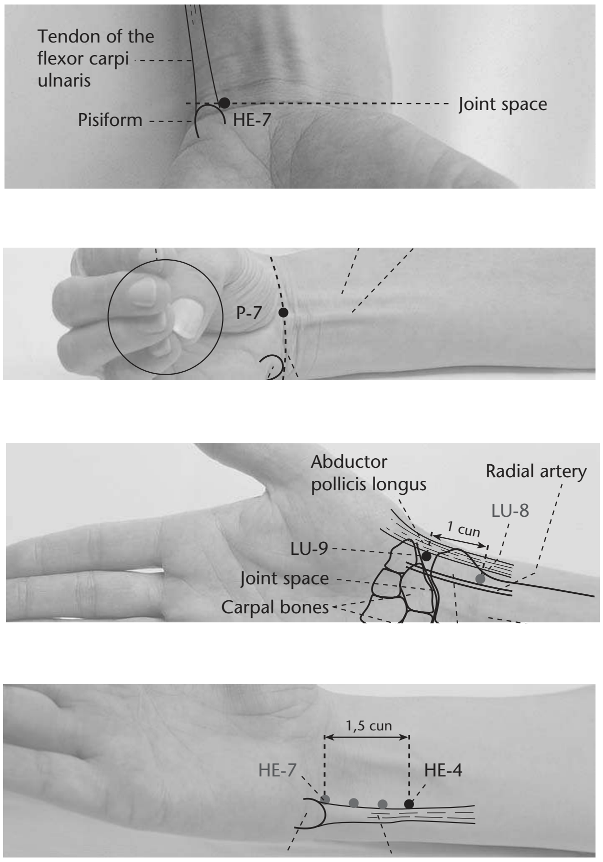

Tendon of the flexor carpi ulnaris
Pisiform
HE-7
Joint space
P-7
Abductor pollicis longus
Radial artery
LU-8
1 cun
LU-9
Joint space
Carpal bones
1,5 cun
HE-7
HE-4

Fig. 3.60

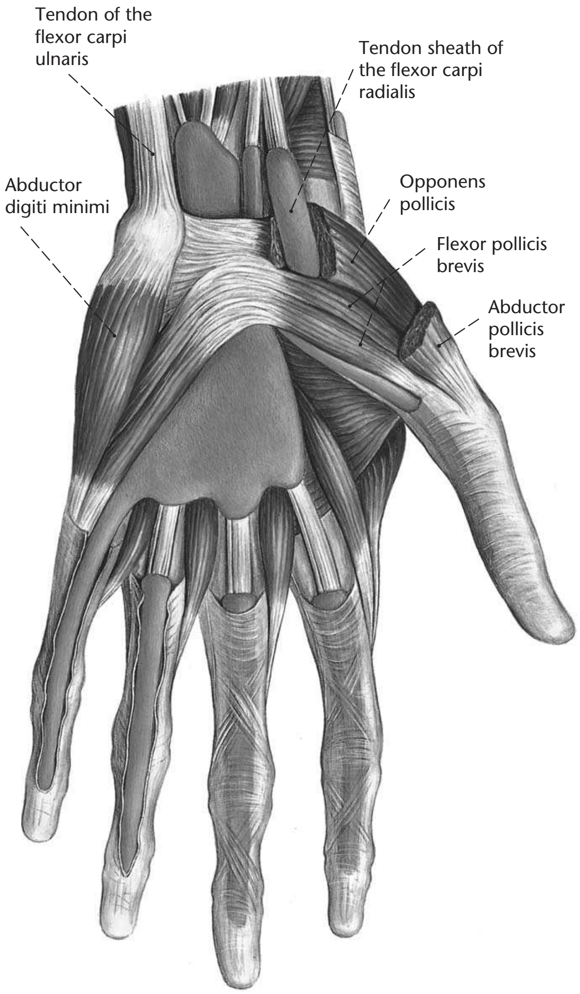

Tendon of the flexor carpi ulnaris
Tendon sheath of the flexor carpi radialis
Abductor digiti minimi
Opponens pollicis
Flexor pollicis brevis
Abductor pollicis brevis

Fig. 3.61

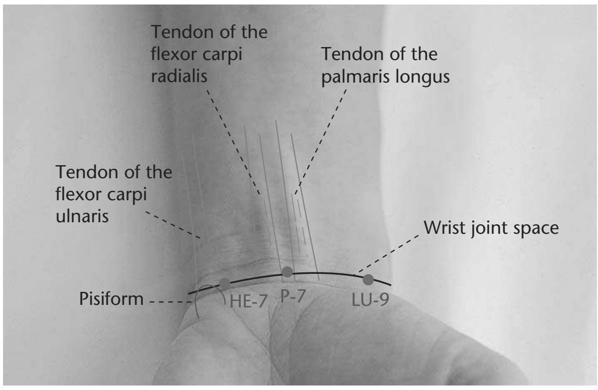

Tendon of the flexor carpi radialis
Tendon of the palmaris longus
Tendon of the flexor carpi ulnaris
Wrist joint space
Pisiform
HE-7
P-7
LU-9

Fig. 3.62

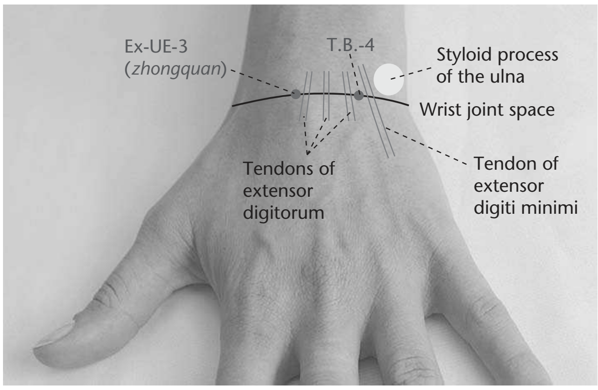

Ex-UE-3
(*zhongquan*)
T.B.-4
Styloid process
of the ulna
Wrist joint space
Tendons of
extensor
digitorum
Tendon of
extensor
digiti minimi

Fig. 3.63

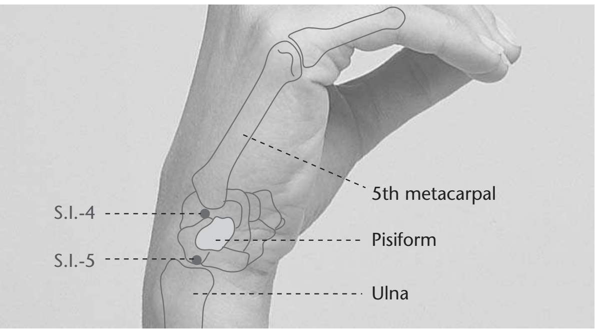

5th metacarpal
S.I.-4
Pisiform
S.I.-5
Ulna

Fig. 3.64

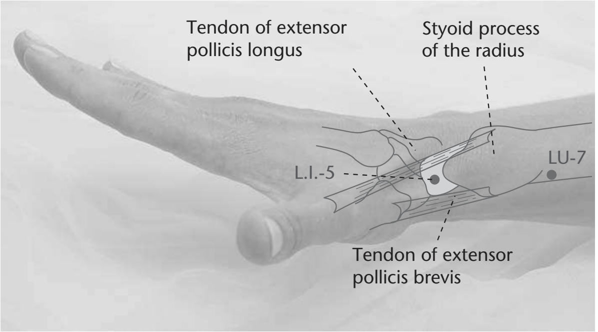

Tendon of extensor
pollicis longus
Styoid process
of the radius
LU-7
L.I.-5
Tendon of extensor
pollicis brevis

Fig. 3.65

Dorsal wrist joint space ('dorsal wrist crease') (→ Fig. 3.63)

For the location of points on the dorsal aspect of the hand and forearm, many Chinese textbooks quote the dorsal wrist crease for anatomical reference. Since this crease may vary in location, the space between the proximal row of the carpal bones and the radius/ulna should be used instead. This space can be easily palpated by gently moving the wrist joint. → **T.B.-4** and **Ex-UE-3 (*zhongquan*)** are both located here.

Pisiform bone and ulnar border of the hand (→ Fig. 3.64)

On the ulnar border of the hand, distal to the wrist joint space, the pisiform bone is again a good landmark for orientation. It can be felt as a distinct prominence between the joint space and the head of the 5th metacarpal bone, separating → **S.I.-4** (distal) and → **S.I.-5** (proximal).

Anatomical 'snuff box' (→ Fig. 3.65)

With the thumb abducted, the 'anatomical snuffbox' forms a depression at the radial aspect of the wrist joint space, which opens towards the body when the hand is held in a horizontal position. It is bordered by the tendons of the extensor pollicis longus and brevis muscles. → **L.I.-5** is located in the 'snuff box'.

3.4 Spine and Sacroiliac Region

The spinous processes of the vertebrae are in most cases good markers for anatomical orientation. The correct positioning of the patient is important in order to facilitate palpation of the spinous processes and the intervertebral spaces.

For palpation, the practitioner places his/her index and middle finger to the left and right of a previously identified vertebra, gliding smoothly with both fingers from one intervertebral space to the next. Palpating the depressions between the vertebrae allows for orientation along the spine even in heavy or obese patients whose spinous processes might not be palpable.

Note regarding the inner branch of the Bladder channel: in clinical practice the points on the inner branch of the Bladder channel are not on all sections of the spine measured at a 1.5 cun distance from the midline. Rather they are located on the highest point of the paraspinal musculature, so that the distance to the midline tends to be greater at the level of the lower thoracic and the upper lumbar spine.

Note regarding position of the patient: The position of the patient can significantly influence the level of the vertebrae in relation to other anatomical structures, such as the scapula or the pelvis (→ for more detail see sections on the thoracic and lumbar spine).

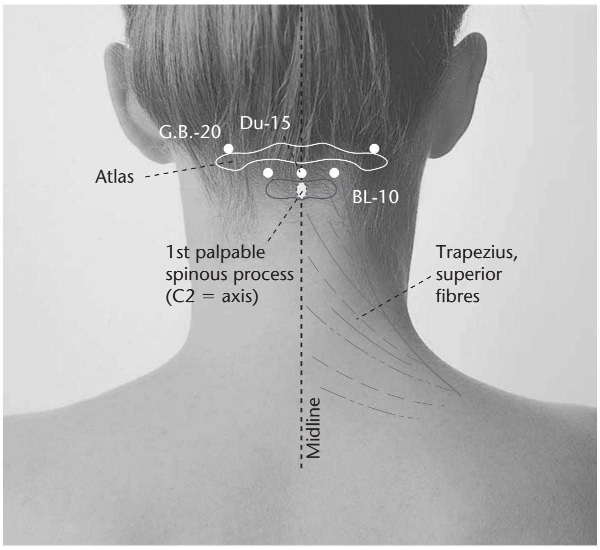

G.B.-20
Du-15
Atlas
BL-10
1st palpable spinous process (C2 = axis)
Trapezius, superior fibres
Midline

Fig. 3.66

3.4.1 Cervical Spine

For orientation on the cervical spine the patient should best be seated (or standing). The head should be in a neutral position.

Spinous process of the 2nd cervical vertebra (C2, axis) (→ Figs 3.66, 3.67)

The 1st cervical vertebra (atlas) has no spinous process, so that when palpating down the posterior midline from the occiput the 2nd cervical vertebra (axis) has the first palpable spinous process. → **Du-15** is located slightly superior to this.

The spinous processes of C3, C4 and C5 are often only indistinct or not at all palpable, while C6 can on the other hand be clearly felt (→ identification of C6 and C7).

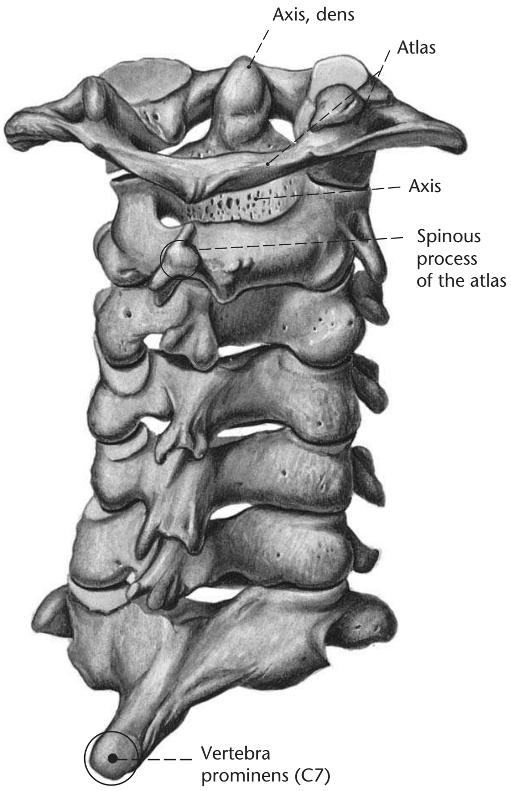

Axis, dens
Atlas
Axis
Spinous process of the atlas
Vertebra prominens (C7)

Fig. 3.67

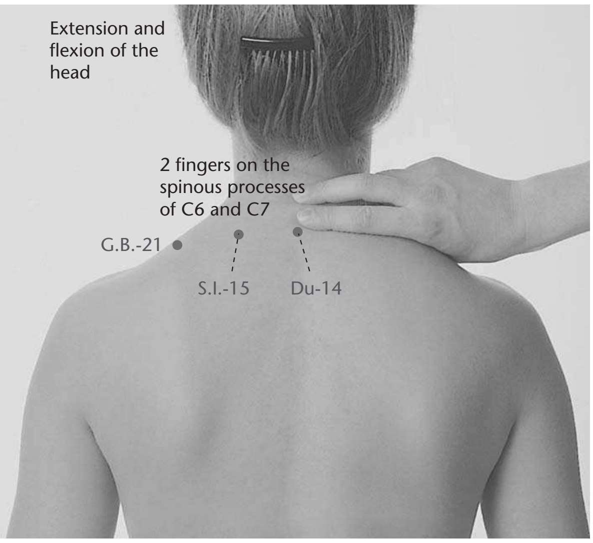

Extension and flexion of the head
2 fingers on the spinous processes of C6 and C7
G.B.-21
S.I.-15
Du-14

Fig. 3.68

Vertebra prominens (spinous process of C7) (→ Figs 3.67, 3.68)

Two fingers (for example the index and middle finger) are placed on the spinous processes assumed to belong to C6 and C7. The patient is then asked to flex and extend his/her head. With a fully functional spine, the spinous process of C6 will start to slide anteriorly with the slightest extension, while the process of C7 will remain ‘fixed’. With further extension, the process of C6 will disappear completely, while the one of C7 remains palpable. If the practitioner can feel movement under his/her upper finger as described above, the fingers are placed on the spinous process of C6 and C7. If, however, the process under the upper finger remains palpable even with stronger extension, the fingers are most likely resting on T1 and C7.

Correct identification of C6 is important, since C7 is not always the ‘vertebra prominens’. In many cases, the spinous process of T1 is equally or even more prominent than that of C7.

→ **Du-14** is located below the spinous process of C7.

3.4.2 The Thoracic Spine

A slightly kyphotic position can help with palpation and point location on the thoracic spine. Approximately from the midpoint of the thoracic spine downward, palpation can become difficult if the patient is seated or standing, so that a prone position is recommended here. Placing a pillow under the patient's abdomen can further help to widen the spaces between the spinous processes for better palpation, especially in patients with hyperlordosis of the lumbar spine.

Thoracic vertebrae (→ Figs 3.69, 3.70)

After identification of C6 and C7 (→ Lower cervical spine), the thoracic vertebrae can be counted from there, beginning with T1 (**→ Points on the BL channel and the *du mai* at the level of the thoracic spine**).

The scapula is also a helpful reference point for orientation on the thoracic spine. The patient should be seated or standing with his/her arms loosely hanging down.

- The medial aspect of the scapular spine is approximately level with the spinous process of T3.
- The inferior angle of the scapula is approximately level with T7.

Lower thoracic spine

The vertebrae of the lower thoracic spine are best located from the lumbar spine (→ Lumbar spine).

12th rib (→ Figs 3.69, 3.70)

The 12th rib marks the lower border of the posterior aspect of the thorax. By palpating its course from a medial in a lateral direction, its free end will be reached on the lateral aspect of the back, where → **G.B.-25** is located.

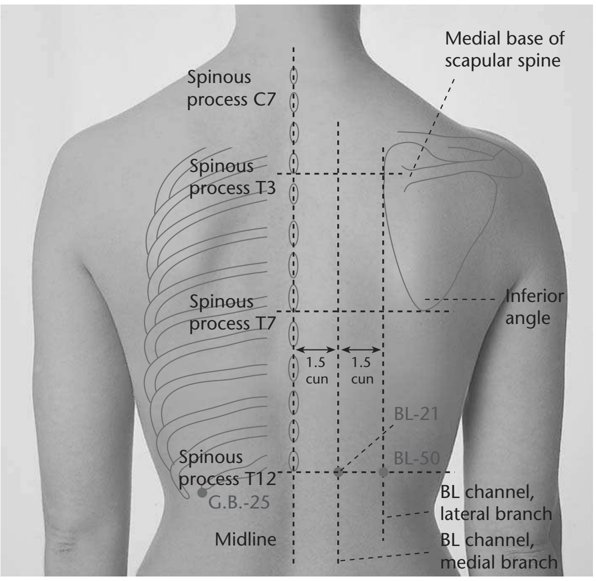

Medial base of scapular spine
Spinous process C7
Spinous process T3
Spinous process T7
Inferior angle
1.5 cun
1.5 cun
BL-21
BL-50
Spinous process T12
G.B.-25
Midline
BL channel, lateral branch
BL channel, medial branch

Fig. 3.69

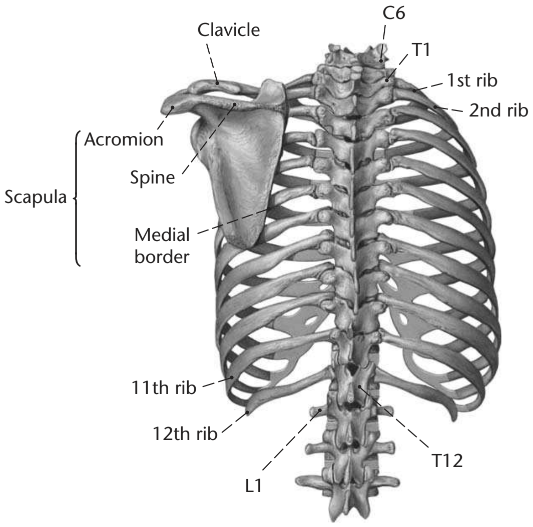

C6
Clavicle
T1
1st rib
2nd rib
Acromion
Scapula
Spine
Medial border
11th rib
12th rib
T12
L1

Fig. 3.70

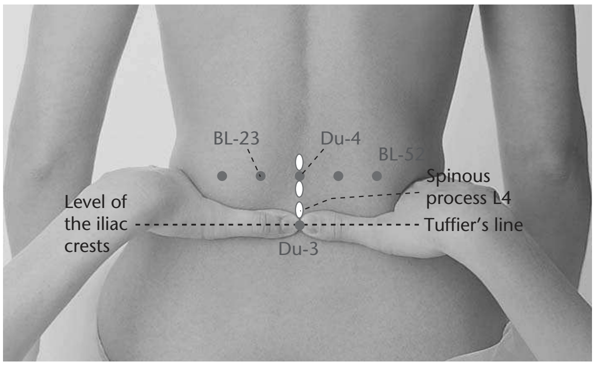


Fig. 3.71

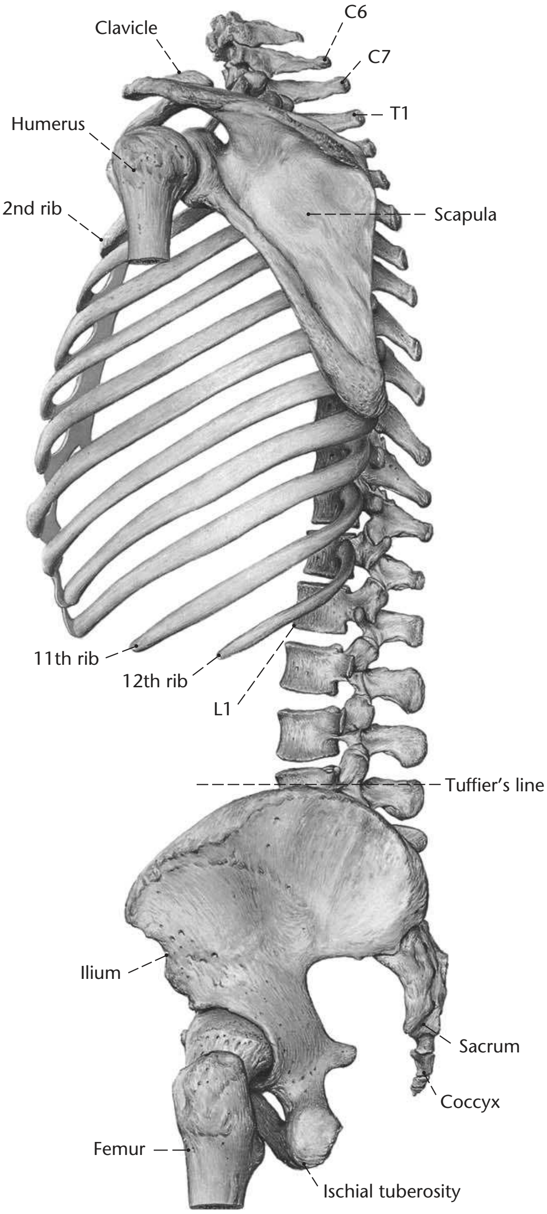


Fig. 3.72

3.4.3 Lumbar Spine

Iliac crest, Tuffier's Line (→ Figs 3.71, 3.72)

The iliac crests and the associated Tuffier's line are major reference points in the lumbar region. The Tuffier's line is located by palpating along the iliac crests from the centre in a lateral direction until their highest points are reached. The Tuffier's line is an imaginary horizontal line connecting those two points. The junction of this line with the spine generally marks the level of the spinous process of L4. For quick location in clinical practice, both hands are placed directly superiorly or laterally to the highest points of the iliac crests, then the thumbs are joined in the centre above the lumbar spine. However, it should be noted that layers of muscle and skin between the crests and the practitioner's hands may shift the Tuffier's line in a cranial direction.

Caution: The position of the patient (standing, sitting, prone), as well as the individual anatomy of the pelvis and lumbar spine, can significantly influence the level of the lumbar vertebrae in relation to the pelvis. Thus the Tuffier's line will cross the spine at varying levels depending on whether the patient is sitting or in a prone position, or if a standing patient presents with hyperlordosis of the lumbar spine and pelvic anteflexion, or with hypolordosis of the lumbar spine, pelvic retroflexion and shortened ischiocrural musculature.

Addendum: I. Hosbach (University of Bochum, Germany) investigated the effect of a prone position (as common in acupuncture treatments) on the level of the Tuffier's line in relation to the lumbar spine. It seems that in this position the line 'moves' further down the spine to the level of the upper border of L5 or the space between L4/L5. However, the low number of cases studied does not merit a conclusive evaluation.

To ensure the proper identification of L4 it is always recommended to use additional points of reference such as the space between L5 and the sacrum (→ Lumbosacral joint) etc.

Lumbosacral junction

Following orientation in the lumbar region with the help of the iliac crests (→ Iliac crest), the lumbosacral joint can be located by counting the spinous processes in an inferior direction. It can generally be felt as a marked 'kink' or depression, followed by the smaller spinous processes of the slightly convex median sacral crest directly below.

Caution: Note that (according to the literature in up to 15% of cases) there can be lumbarization of the 1st sacral vertebra or sacralization of L5. In these cases there will be either four or six lumbar vertebrae.

Posterior superior iliac spine (PSIS) (→ Figs 3.73, 3.74)

Another important landmark on the lower back is the posterior superior iliac spine (PSIS), which forms the posterior end of the iliac crest lateral to the upper sacral region. The PSIS can often be identified by two superficially visible dimples. It is best located by palpating from an inferior in a superior direction. If the dimples are not visible, they can be located by palpating 3 cun from the rima ani in a superior and lateral direction at an angle of 45°, until a marked bony ridge can be felt.

Generally, the PSIS is located at the level of the space between the 1st and 2nd sacral foramina, so that → **BL-27** is located directly medial or slightly superior and medial to the PSIS, while → **BL-28** is located just inferior and medial to the PSIS.

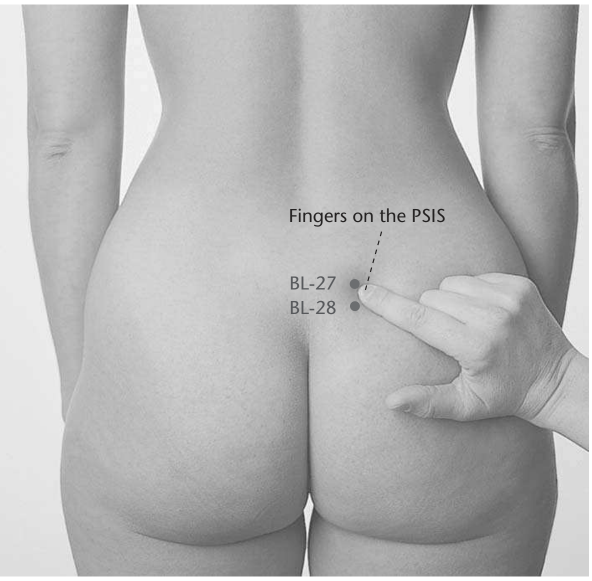


Fig. 3.73

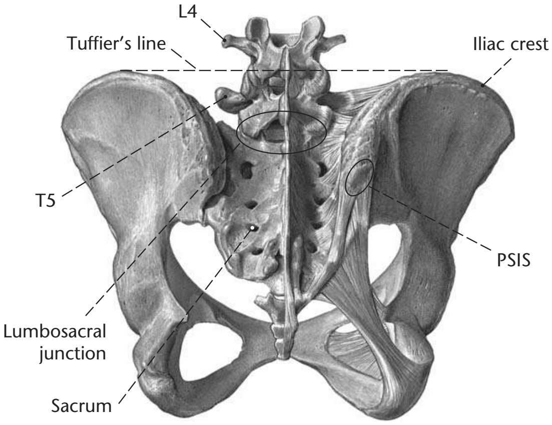


Fig. 3.74

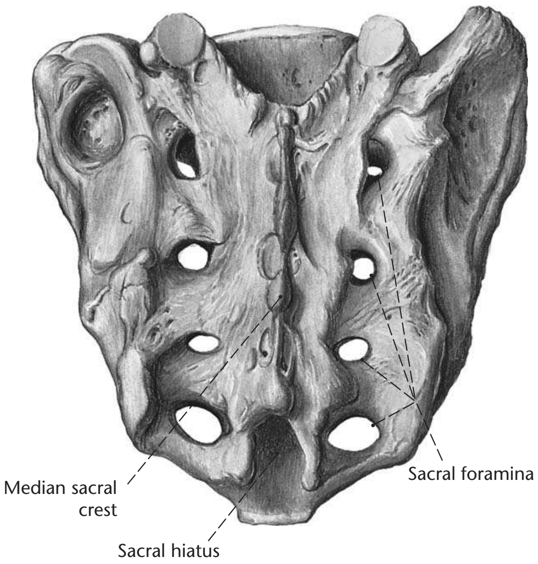

Median sacral crest
Sacral foramina
Sacral hiatus

Fig. 3.75

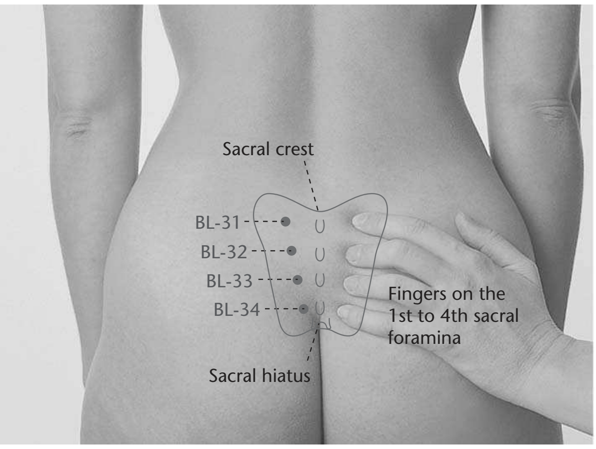

Sacral crest
BL-31
BL-32
BL-33
BL-34
Fingers on the 1st to 4th sacral foramina
Sacral hiatus

Fig. 3.76

3.4.4 Sacrum and Sacroiliac Joint

Sacrum (→ Figs 3.75, 3.76)

On the sacrum, landmarks for palpation are the median sacral crest and the sacral hiatus as well as the sacral foramina on its lateral aspects.

Sacral crest (→ Figs 3.74, 3.75)

The sacral crest is formed by the narrow, irregular spinous processes, which can be palpated on the sacral midline.

Sacral hiatus (→ Figs 3.75, 3.76)

The sacral hiatus can be palpated as a U-shaped depression at the inferior end of the sacral crest. → **Du-2** is located on the midline, just inferior to it. Both the sacral hiatus and the greater trochanter (→ Lower extremity) are reference points for locating → **G.B.-30.**

Sacral foramina (→ Figs 3.75, 3.76)

The sacral foramina are located between the lumbosacral joint and the sacral hiatus and can usually be palpated. They are in most cases evenly spaced and lie approximately 1 finger-width lateral to the midline, with the distance decreasing in a distal direction. The foramina are the location of → **BL-31–BL-34.**

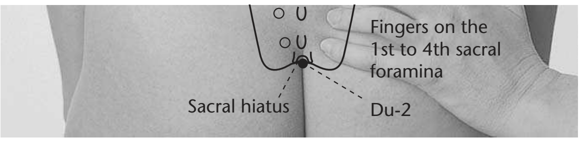

Fingers on the 1st to 4th sacral foramina
Sacral hiatus
Du-2

Fig. 3.77

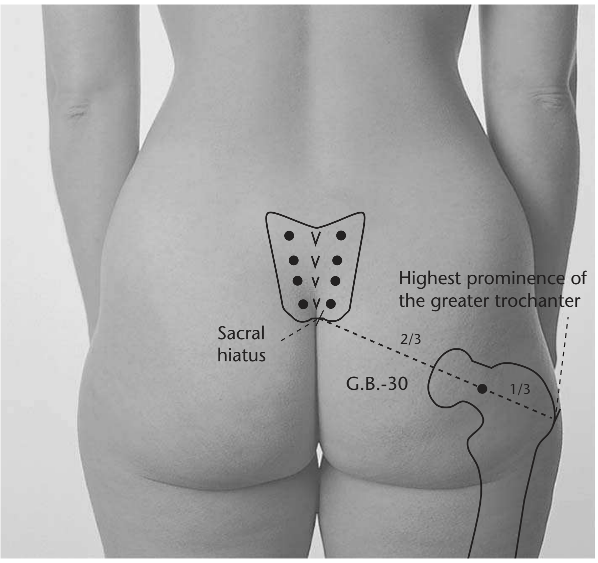

Highest prominence of the greater trochanter
Sacral hiatus
2/3
G.B.-30
1/3

Fig. 3.78

Iliosacral joint (→ Figs 3.80, 3.81)

The iliosacral joint can be palpated bilaterally as a shallow groove between the sacrum, the PSIS (see above) and more inferiorly located ilial structures. → **BL-26–BL-29** are located in this area.

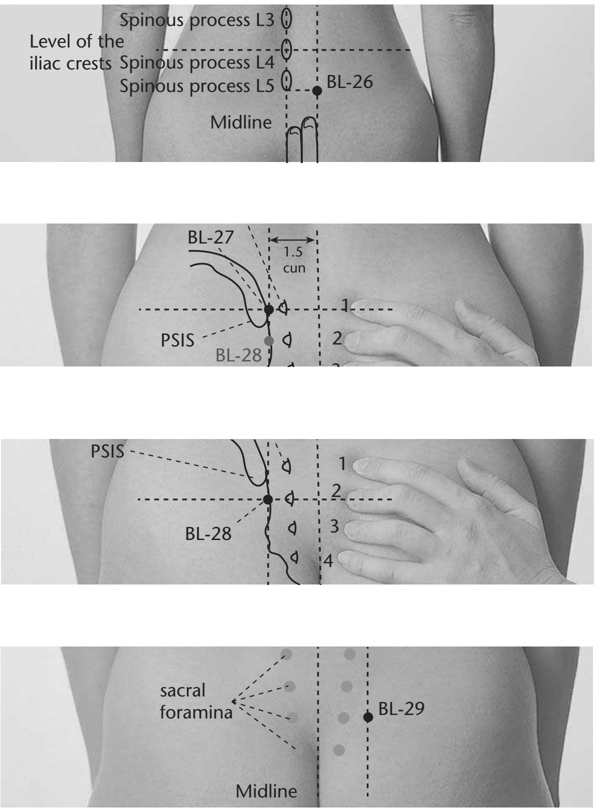

Spinous process L3
Level of the iliac crests
Spinous process L4
Spinous process L5
BL-26
Midline
BL-27
1.5 cun
1
2
PSIS
BL-28
PSIS
1
2
3
4
BL-28
sacral foramina
BL-29
Midline

Fig. 3.79

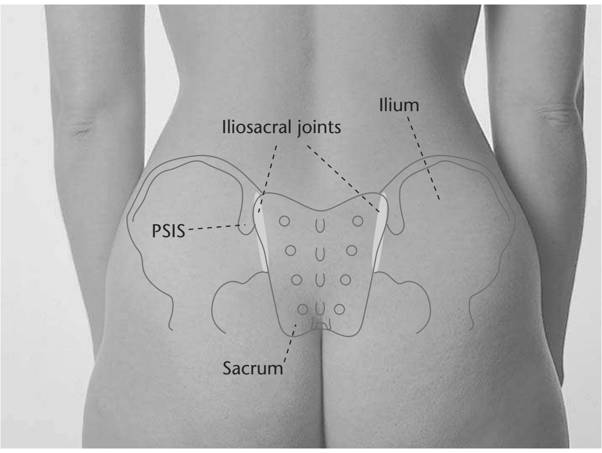

Ilium
Iliosacral joints
PSIS
Sacrum

Fig. 3.80

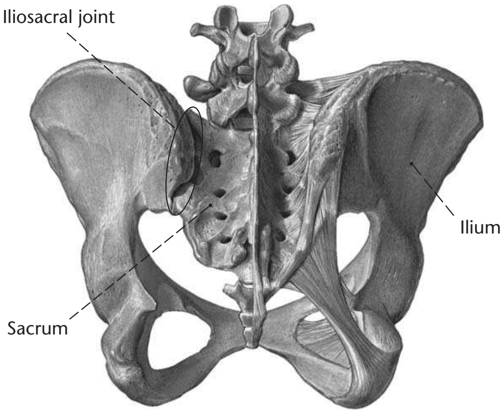

Iliosacral joint
Ilium
Sacrum

Fig. 3.81

3.5 Anterior and Lateral Aspect of the Thorax and Abdomen

Clavicle (→ Figs 3.82, 3.86)

The clavicle forms the connection between the shoulder girdle and the thorax. It separates the major and minor supraclavicular fossae with → **ST-11, ST-12** and ***jingbi*** (Ex-HN) from the ribcage. Located on the lower border of the clavicle are → **ST-13** (at its midpoint) and → **KID-27** (2 cun lateral to the midline).

Suprasternal fossa (→ Fig. 3.82)

The suprasternal fossa forms a depression superior to the sternum between the sternoclavicular joints. It is the location of → **Ren-22**.

Ribs (→ Figs 3.83, 3.86)

For anatomical orientation of the ribs, the midsection of the clavicle is a good starting point. The first rib lies directly below the clavicle, forming a narrow bow. It articulates with the manubrium just inferior to the sternoclavicular joint.

Please note the following when palpating the ribs and intercostal spaces (ICS) and locating the respective acupuncture points:

- From their articulation with the sternum, the ribs run initially horizontally or in a gentle curve in an inferior direction, while at the lateral aspect of the thorax, they assume a superior direction towards the posterior aspect of the body.
- Inferior to the 4th/5th intercostal spaces, the medial sections of the ribs merge with the costal cartilage, so that the intercostal spaces do not extend very far medially. Therefore it is necessary to palpate somewhat more laterally.

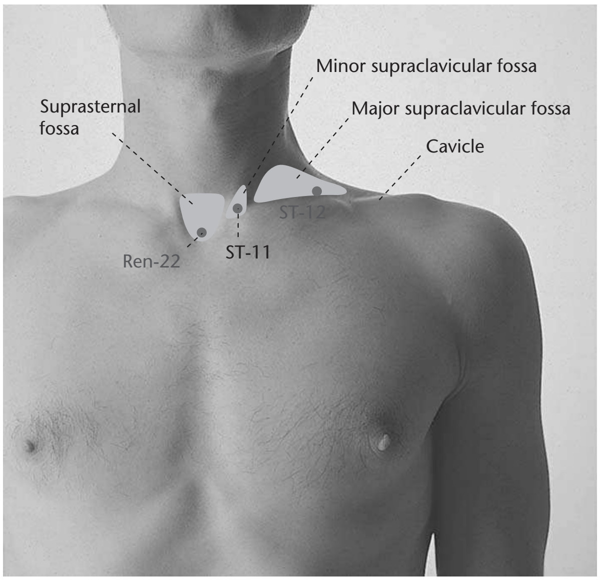

Minor supraclavicular fossa
Suprasternal fossa
Major supraclavicular fossa
Cavicle
ST-12
Ren-22
ST-11

Fig. 3.82

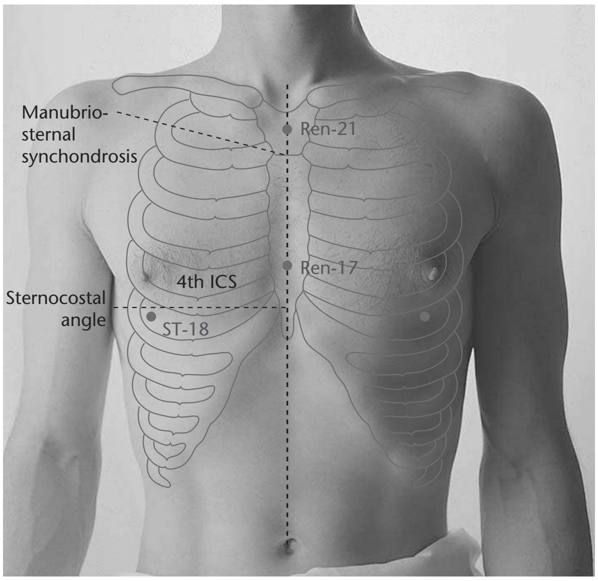

Manubrio-sternal synchondrosis
Ren-21
4th ICS
Ren-17
Sternocostal angle
ST-18

Fig. 3.83

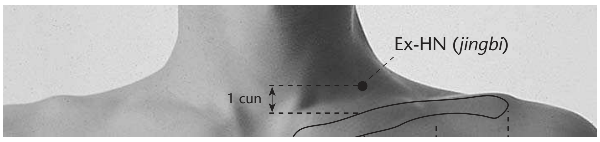

Ex-HN (*jingbi*)
1 cun

Fig. 3.84A

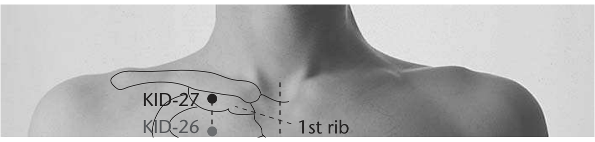

KID-27
KID-26
1st rib

Fig. 3.84C

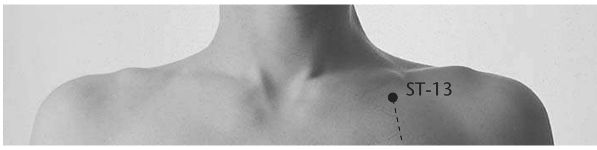


Fig. 3.84B

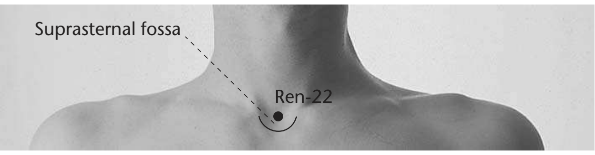

Suprasternal fossa
Ren-22

Fig. 3.84D

1st rib, 1st intercostal space (→ Fig. 3.86)

By palpating parasternally in an inferior direction, the first rib can generally be felt directly below the clavicle. Here, → **KID-27** is located 2 cun lateral to the anterior midline. Below follows the first intercostal space, then the second rib and so on. → **Ren-20** is located on the anterior midline, at the level of the first intercostal space, → **Ren-21** is located slightly superior to it.

2nd rib, manubriosternal synchondrosis (manubriosternal junction) (→ Figs 3.83, 3.86)

The synchondrosis is usually a clearly defined transverse bony structure on the superior section of the sternum, level with the articulation of the second rib. Directly below the synchondrosis is the 2nd intercostal space from where subsequent ribs and intercostal spaces can be counted by palpation.

Laterosuperior aspect of the thorax and coracoid process (→ Fig. 3.87)

The laterosuperior aspect of the thorax is bordered by the clavicle and the deltoid muscle with the coracoid process deep to the latter. The deltopectoral triangle can be located by palpating from the end of the anterior axillary fold along the border of the deltoid muscle towards the shoulder and the lower border of the clavicle. Here, in the centre of the triangle, lies → **LU-2**. Laterally, the triangle is bordered by a clearly palpable bony structure, the coracoid process. In order to distinguish the process from the lesser tubercle of the humerus, the arm is rotated externally with the elbow flexed at the same time. While the process will remain fixed, the tubercle will follow the movement. → **LU-1** is located slightly superior and lateral to → **LU-2** and medial to the lower border of the coracoid process. The contours of the deltoid muscle and the deltopectoral triangle can be emphasised through muscle flexion, for example by pressing the hands against each other in front of the chest.

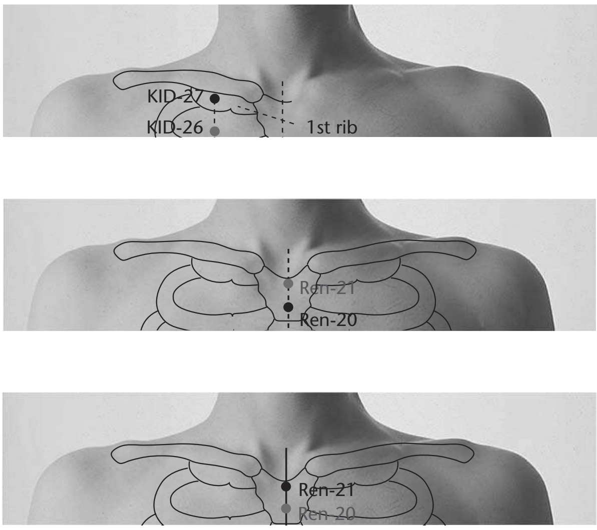

KID-27
KID-26
1st rib
Ren-21
Ren-20
Ren-21
Ren-20

Fig. 3.85

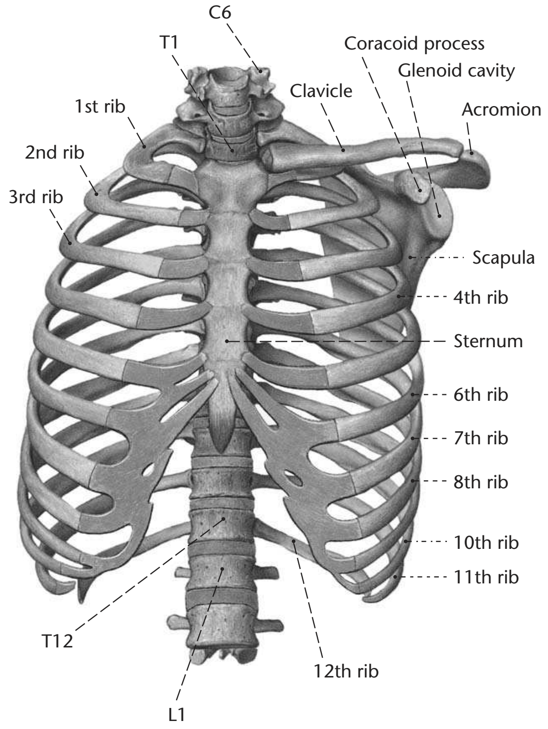

C6
T1
Coracoid process
Glenoid cavity
Clavicle
Acromion
1st rib
2nd rib
3rd rib
Scapula
4th rib
Sternum
6th rib
7th rib
8th rib
10th rib
11th rib
T12
12th rib
L1

Fig. 3.86

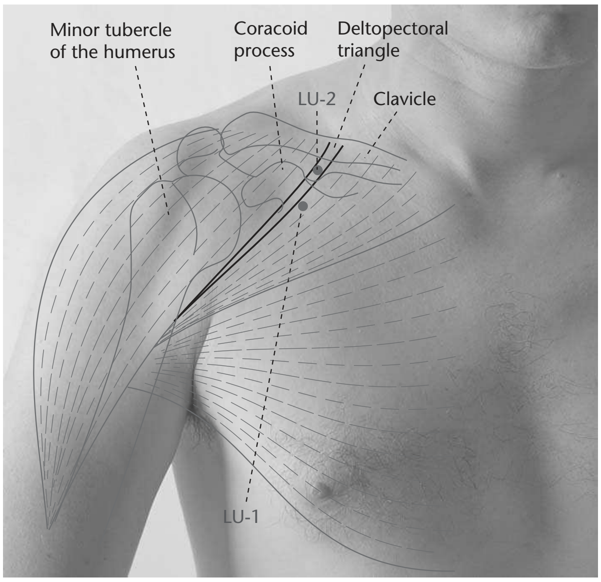

Minor tubercle of the humerus
Coracoid process
Deltopectoral triangle
LU-2
Clavicle
LU-1

Fig. 3.87

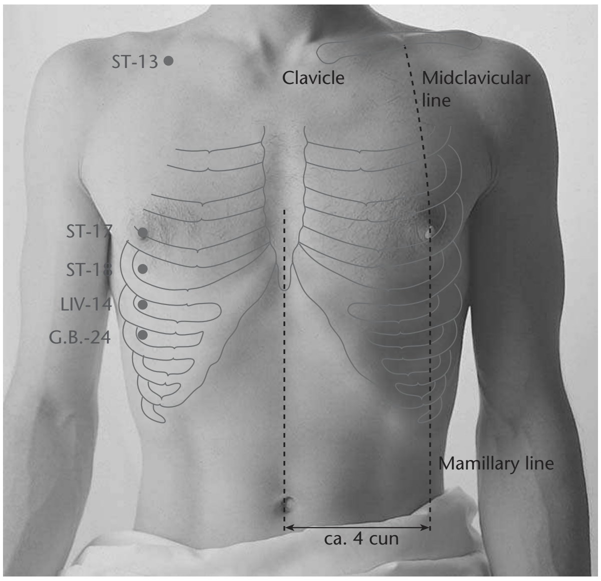


Fig. 3.88

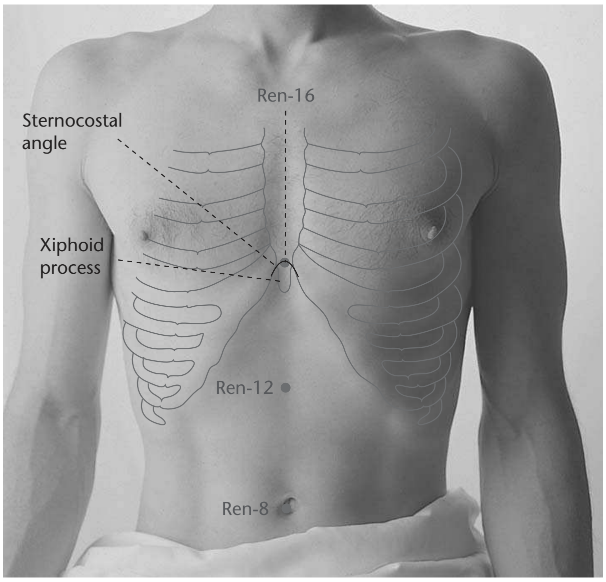


Fig. 3.89

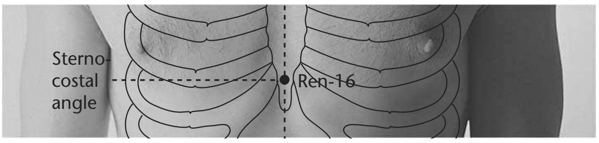


Fig. 3.90

Midclavicular line (→ Fig. 3.88)

The midclavicular line provides a further tool for reference on the upper thorax. It is an imaginary line that runs from the midpoint of the clavicle to the nipple. Since in most cases the nipple lies somewhat more laterally than the clavicular midpoint, the line tends to have a slightly oblique pathway. → **ST-13** to **ST-16** are all located on the line.

Nipple (→ Fig. 3.88)

In men, the nipple is located in the 4th intercostal space, lateral to the midline, while in women, the location can vary depending on the shape of the breast. → **ST-17** is located on the nipple.

Mamillary line (→ Fig. 3.88)

The mamillary line is an imaginary line for orientation on the mediolateral thorax and abdomen. It runs vertically from the nipple in an inferior direction. The points → **ST-18, LIV-14** and **G.B.-24** are all located on this line.

Sternocostal angle, xiphoid process and umbilicus (→ Figs 89, 3.91)

The lower borders of the ribcage unite at the lower sternal border, forming the sternocostal angle. This angle and the umbilicus are the two major anatomical landmarks for point location on the upper abdomen.

Caution: It is important not to mistake the sternocostal angle for the tip of the xiphoid process. The latter is attached to the sternum at the sternocostal angle, projecting inferiorly towards the abdomen. For definite identification, palpate along the costal cartilage in a superior direction to where it meets the sternocostal angle. This is the location of → **Ren-16**.

Axillary line (→ Fig. 3.92)

The axillary line is an imaginary line for orientation on the lateral aspect of the thorax and abdomen. It runs vertically from the middle of the axilla in an inferior direction. Both → **G.B.-22** and **SP-21** are located on this line.

Free end of the 11th rib (→ Figs 3.91, 3.92)

The free end of the 11th rib can be palpated below the costal cartilage, at the transitional zone from the thorax to the abdomen. Location tip: the patient places his/her flexed elbow (90° angle) alongside his/her thorax. The tip of the olecranon will then usually be close to the free end of the 11th rib. → **LIV-13** is located below its anterior lower border.

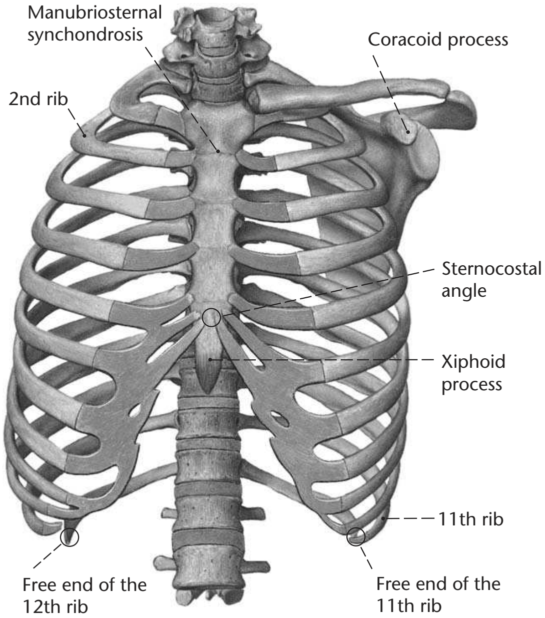

Manubriosternal synchondrosis
Coracoid process
2nd rib
Sternocostal angle
Xiphoid process
11th rib
Free end of the 12th rib
Free end of the 11th rib

Fig. 3.91

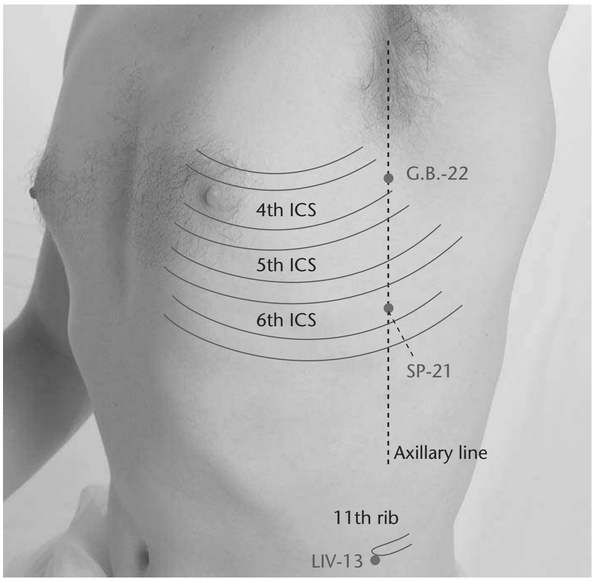

G.B.-22
4th ICS
5th ICS
6th ICS
SP-21
Axillary line
11th rib
LIV-13

Fig. 3.92

Anterior superior iliac spine (ASIS) (→ Figs 3.93–3.95)

By palpating along the iliac crest in an anterior and inferior direction, the anterior superior iliac spine (ASIS) is reached at the lateral end of the inguinal groove. The ASIS is felt as a distinct bony ridge. → **G.B.-27** is located anterior to it, while → **G.B.-28** is located slightly more inferiorly and medially.

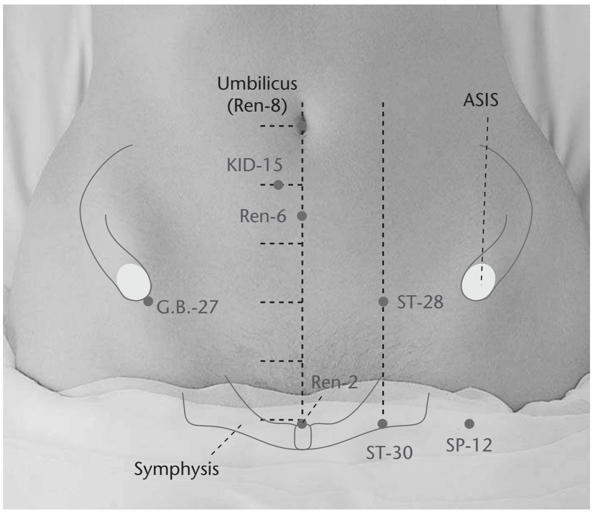

Umbilicus
(Ren-8)
ASIS
KID-15
Ren-6
G.B.-27
ST-28
Ren-2
Symphysis
ST-30
SP-12

Fig. 3.93

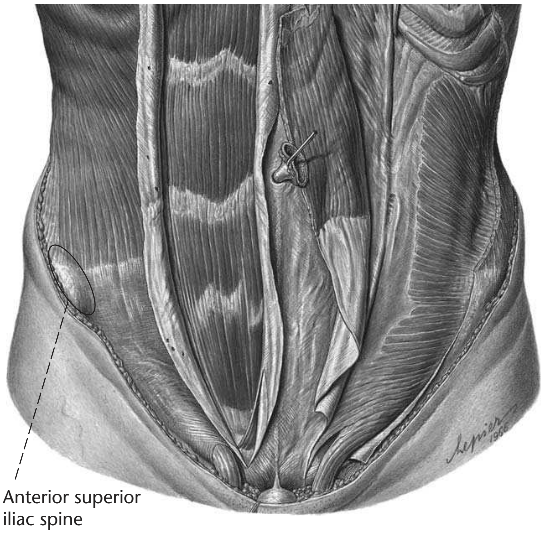

Anterior superior
iliac spine

Fig. 3.94

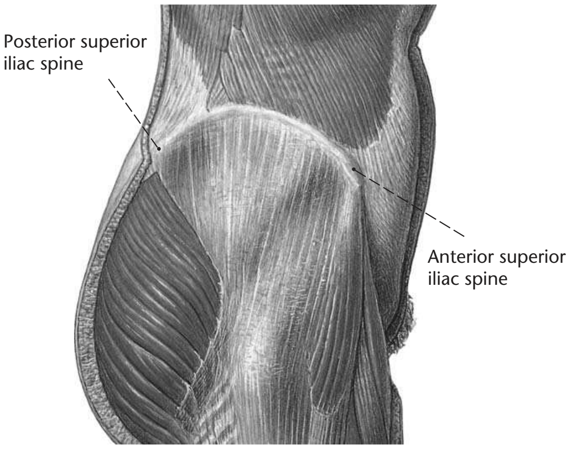

Posterior superior
iliac spine
Anterior superior
iliac spine

Fig. 3.95

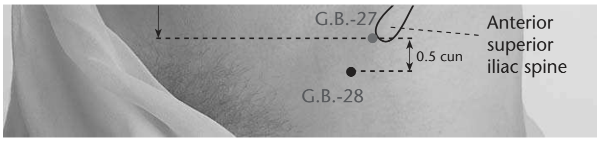

G.B.-27
Anterior
superior
iliac spine
0.5 cun
G.B.-28

Fig. 3.96

Pubic symphysis, umbilicus (→ Fig. 3.98)

The upper border of the pubic symphysis is an important orientation point for point location on the lower abdomen. The distance between the centre of the umbilicus and the upper border of the symphysis can be divided into 5 proportional cun, which can differ significantly from the patient's finger cun (→ Chapter 2). → **Ren-2** is located on the anterior midline and on the upper border of the pubic symphysis.

3.6 Lower Extremity

Greater trochanter (→ Fig. 3.99)

The greater trochanter forms a distinct, projecting bony structure on the hip area. It is one of the endpoints on an imaginary line connecting it with the sacral hiatus. Located on this line is → **G.B.-30**, a third of the distance from the greater trochanter. Another line connecting the greater trochanter and the anterior superior iliac spine (ASIS) is used for locating → **G.B.-29**.

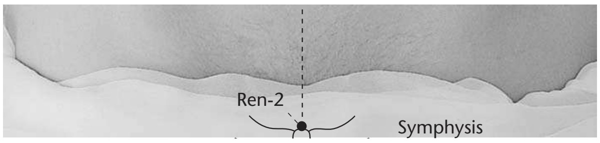

Ren-2
Symphysis

Fig. 3.97

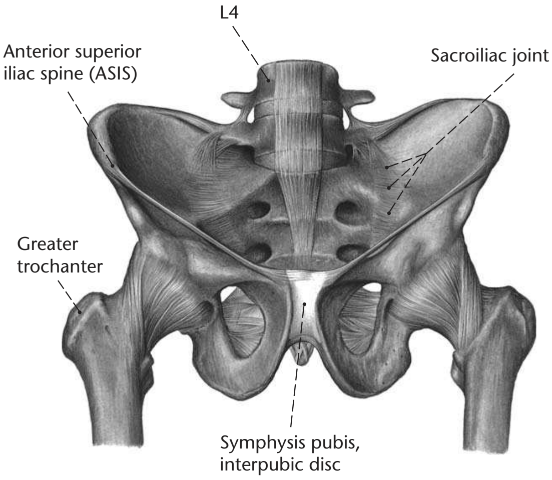

L4
Anterior superior iliac spine (ASIS)
Sacroiliac joint
Greater trochanter
Symphysis pubis, interpubic disc

Fig. 3.98

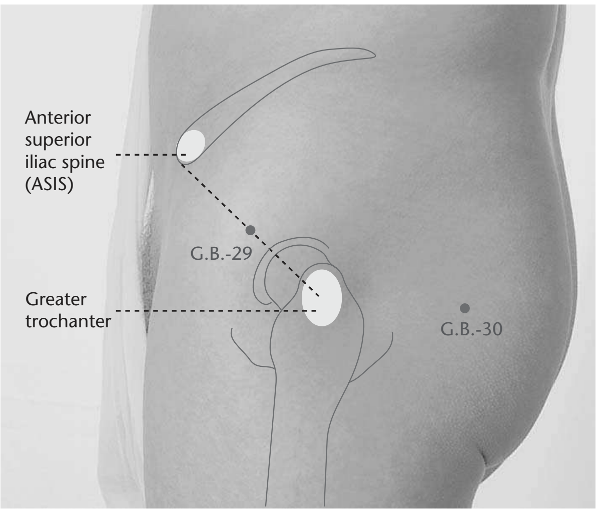

Anterior superior iliac spine (ASIS)
G.B.-29
Greater trochanter
G.B.-30

Fig. 3.99

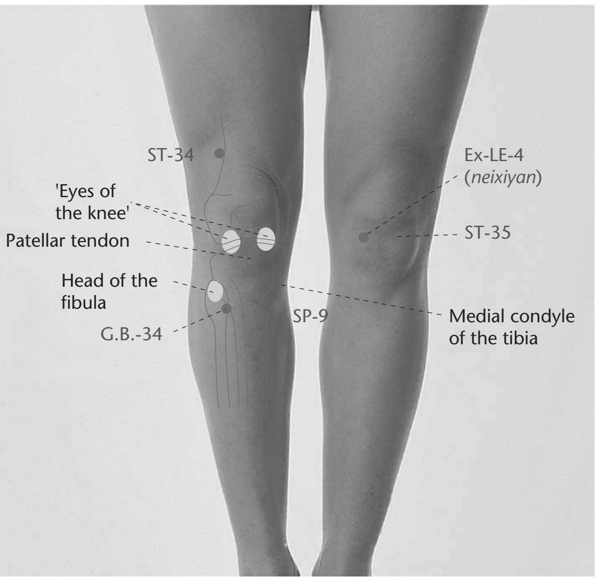

ST-34
'Eyes of the knee'
Patellar tendon
Head of the fibula
G.B.-34
SP-9
Ex-LE-4 (neixiyan)
ST-35
Medial condyle of the tibia

Fig. 3.100

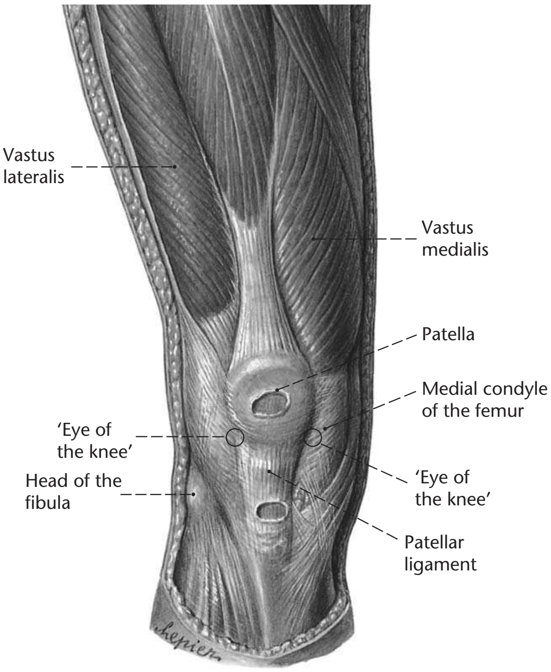

Vastus lateralis
Vastus medialis
Patella
Medial condyle of the femur
'Eye of the knee'
Head of the fibula
'Eye of the knee'
Patellar ligament

Fig. 3.101

3.6.1 Knee Region

For locating and needling points in the knee region, the patient should be in a relaxed supine position, with the knees slightly flexed and supported by pillows. This opens up the knee joint and allows for better palpation of the eyes of the knees. A prone position with a support below the feet and ankles is recommended for treating points in the popliteal crease.

Patella (→ Figs 3.100, 3.101)

The upper patellar border marks the location of → **SP-10** as well as of → **ST-32** to **ST-34**.

Eyes of the knee (→ Figs 3.100, 3.101)

The eyes of the knee are formed by the depressions on either side of the patellar tendon at the level of the lower patellar border. The lateral eye corresponds to the location of → **ST-35**, the medial eye is the location of the extra point → **Ex-LE-4** (*neixiyan*).

Head of the fibula (→ Figs 3.100, 3.101)

The head of the fibula forms a further important reference point inferior to the lateral aspect of the knee joint. For locating → **G.B.-34**, find the head of the fibula (approximately where the seam of a pair of trousers would be) and hold it with two fingers. By sliding downward, the anterior finger will 'drop' into the depression anterior and inferior to the head of the fibula, which marks the location of → **G.B.-34**.

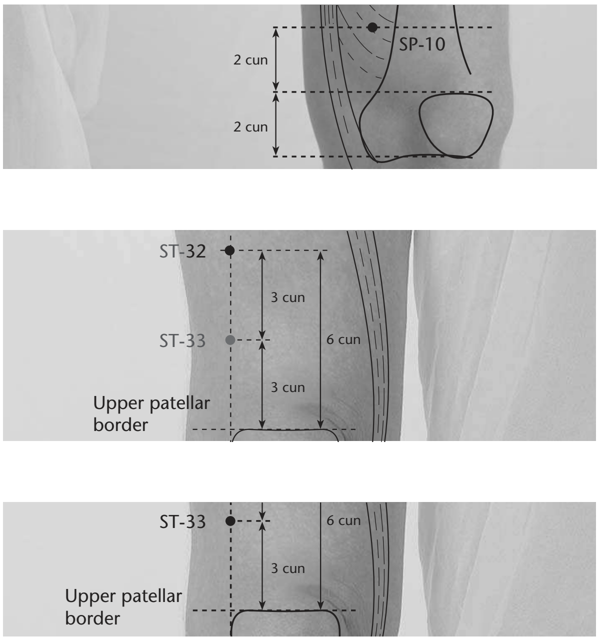

2 cun
SP-10
2 cun
ST-32
3 cun
6 cun
ST-33
3 cun
Upper patellar border
ST-33
6 cun
3 cun
Upper patellar border

Fig. 3.102

Tibial shaft and medial condyle of the tibia (➞ Fig. 3.103)

Below the medial aspect of the knee joint, the transition from the medial condyle of the tibia to the tibial shaft marks the location of ➞ **SP-9**. This transition is best located by palpating in a superior direction along the posterior border of the medial aspect of the tibia. When using a knee roll, be aware that the soft tissue around this area may be pushed anteriorly, hindering palpation.

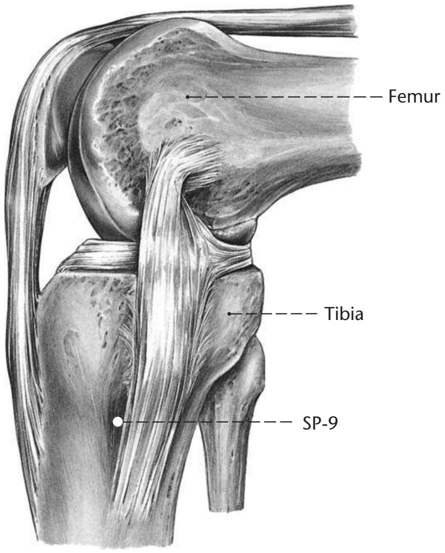
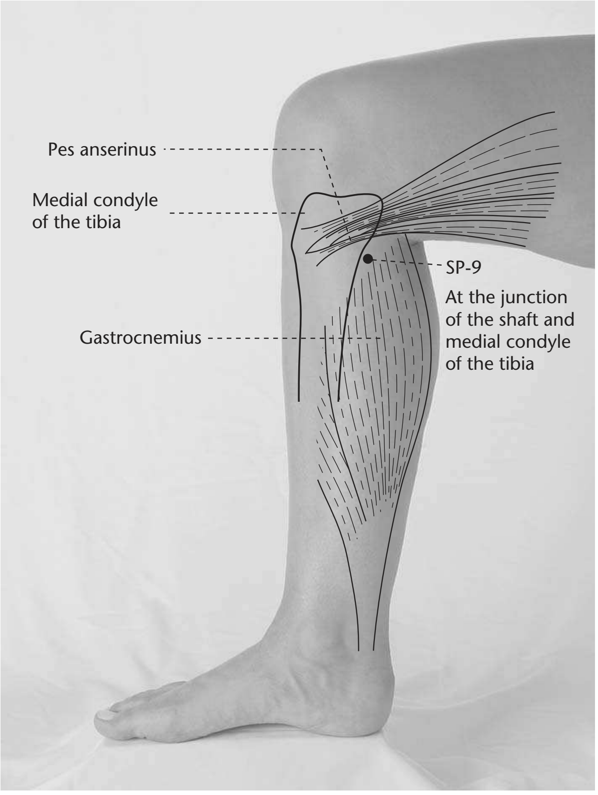

Femur
Tibia
SP-9

Fig. 3.103


Pes anserinus
Medial condyle of the tibia
Gastrocnemius
SP-9

At the junction of the shaft and medial condyle of the tibia

Fig. 3.104

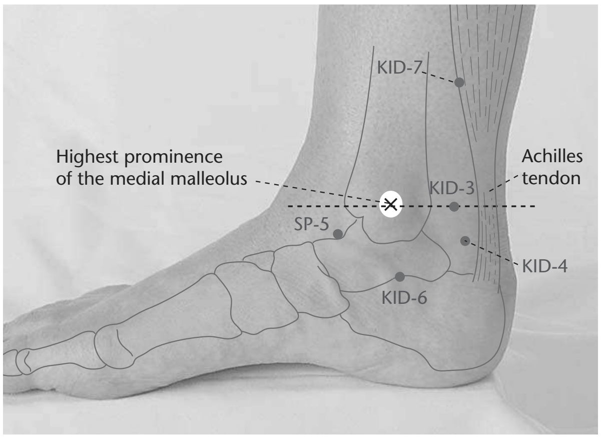

KID-7
Highest prominence
of the medial malleolus
Achilles
tendon
KID-3
SP-5
KID-4
KID-6

Fig. 3.105

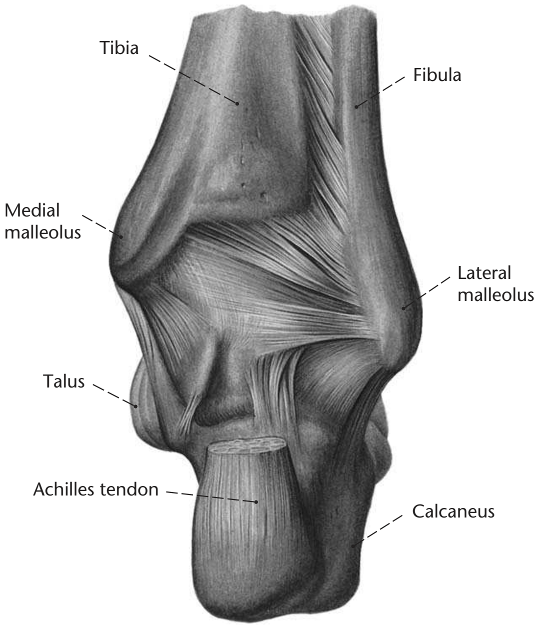

Tibia
Fibula
Medial
malleolus
Lateral
malleolus
Talus
Achilles tendon
Calcaneus

Fig. 3.106

3.6.2 Ankle and Foot

Highest prominence of the medial/lateral malleolus (→ Figs 3.105, 3.106)

Please note: The highest prominence of the malleolus does not refer to its lower border, but literally to its most protruding tip. The prominences are important reference points for the lower leg and ankle. → **Ex-LE-8** (*neihuajian*) is located on the highest prominence of the lateral malleolus, while → **Ex-LE-9** (*waihuajian*) is its medial counterpart.

Please also note: Contrary to some textbooks, the lateral and medial prominences are anatomically not located at the same level. There is approximately a 1 cun (→ Chapter 1, Fig. 1.2) difference in level. Thus, → **BL-60** and → **KID-3** are not located directly opposite each other, but rather occupy a comparable position.

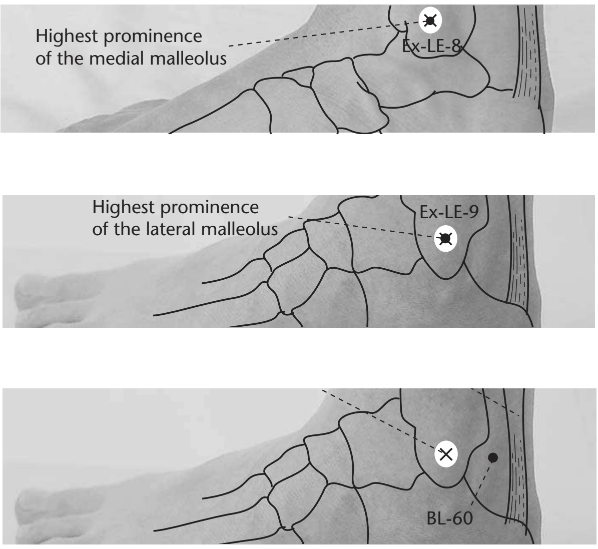

Highest prominence
of the medial malleolus
Ex-LE-8
Highest prominence
of the lateral malleolus
Ex-LE-9
BL-60

Fig. 3.107

Joint space on the anterior ankle (→ Figs 3.108, 3.109)

The joint space on the anterior aspect of the ankle (between the malleoli) is best palpated by passively flexing and extending the foot. → **LIV-4** and → **ST-41** are both located here.

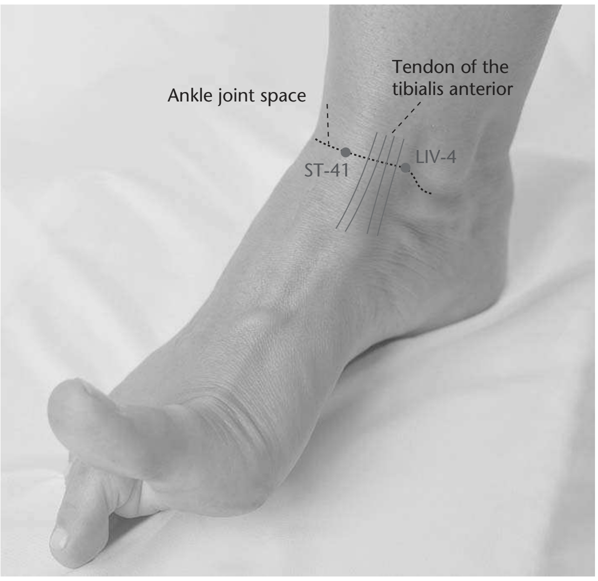

Tendon of the tibialis anterior
Ankle joint space
ST-41
LIV-4

Fig. 3.108

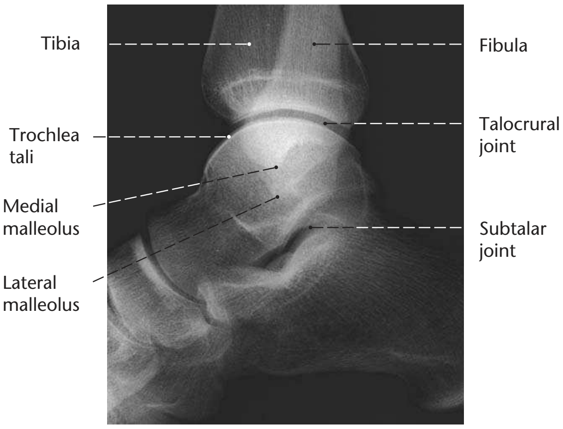

Tibia
Fibula
Trochlea tali
Talocrural joint
Medial malleolus
Subtalar joint
Lateral malleolus

Fig. 3.109

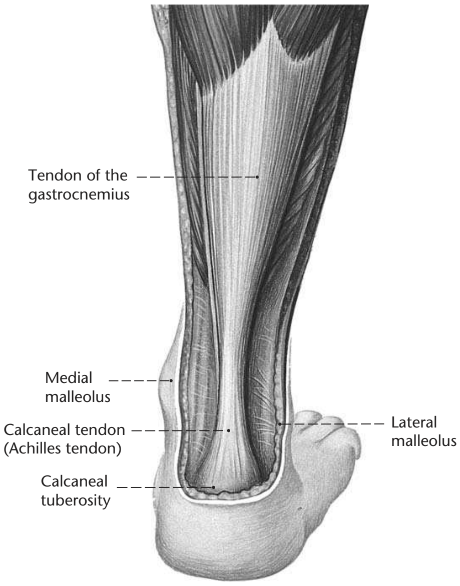

Tendon of the gastrocnemius
Medial malleolus
Calcaneal tendon (Achilles tendon)
Calcaneal tuberosity
Lateral malleolus

Fig. 3.110

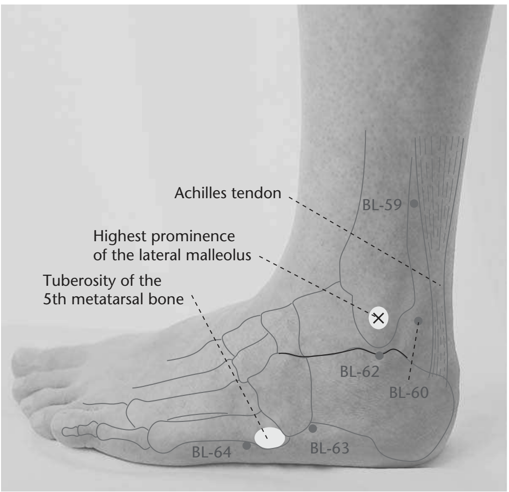

Achilles tendon
Highest prominence of the lateral malleolus
Tuberosity of the 5th metatarsal bone
BL-59
BL-62
BL-60
BL-64
BL-63

Fig. 3.111

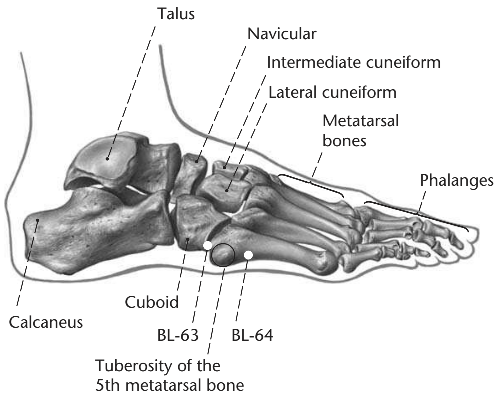

Talus
Navicular
Intermediate cuneiform
Lateral cuneiform
Metatarsal bones
Phalanges
Calcaneus
Cuboid
BL-63
BL-64
Tuberosity of the 5th metatarsal bone

Fig. 3.112

Achilles tendon (→ Fig. 3.110)

On the distal aspect of the lower leg and on the heel, the Achilles tendon defines the location of → **KID-3, KID-4**, and **KID-7** on its medial aspect and of → **BL-59** and **BL-60** on its lateral aspect.

Tuberosity of the 5th metatarsal bone (→ Figs 3.111, 3.112)

The tuberosity at the proximal end of the 5th metatarsal bone is the most palpable orientation point on the lateral aspect of the midfoot. → **BL-63** is located in the depression proximal to the tuberosity, while → **BL-64** is located in the depression distal to it, at the junction of the head and the shaft.

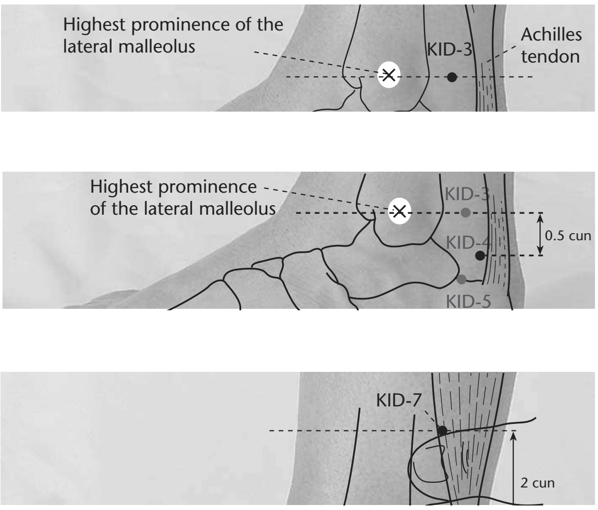

Highest prominence of the lateral malleolus
KID-3
Achilles tendon
Highest prominence of the lateral malleolus
KID-3
KID-4
0.5 cun
KID-5
KID-7
2 cun

Fig. 3.113

Base of the 1st metatarsal bone (→ Figs 3.114, 3.115)

When palpating along the medial aspect of the midfoot in a proximal direction, the proximal end (base) of the 1st metatarsal bone forms the first distinct prominence. → **SP-4** is located distal to this bony orientation point, at the junction of the shaft and the base.

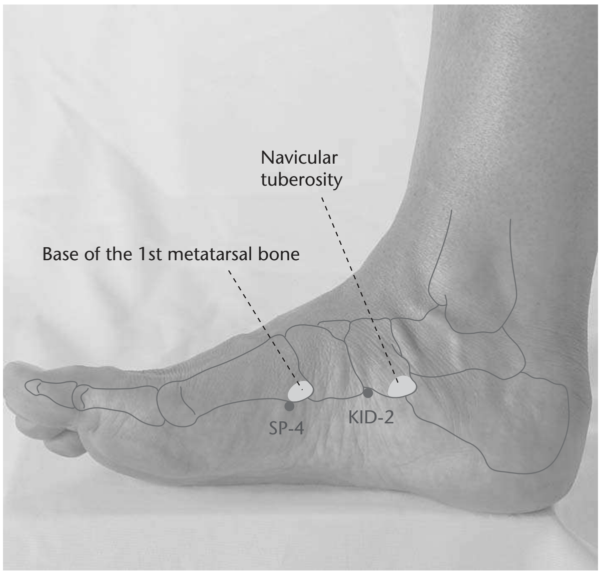

Navicular tuberosity
Base of the 1st metatarsal bone
SP-4
KID-2

Fig. 3.114

Navicular tuberosity (→ Fig. 3.115)

When palpating along the medial side of the foot, past → **SP-4** and the base of the 1st metatarsal bone, a further bony structure can be clearly felt. This is the navicular tuberosity, where → **KID-2** is located.

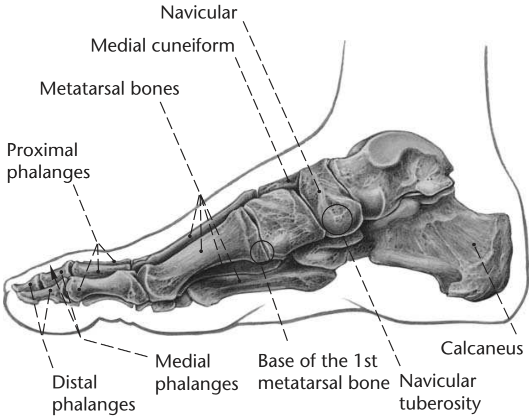

Navicular
Medial cuneiform
Metatarsal bones
Proximal phalanges
Distal phalanges
Medial phalanges
Base of the 1st metatarsal bone
Navicular tuberosity
Calcaneus

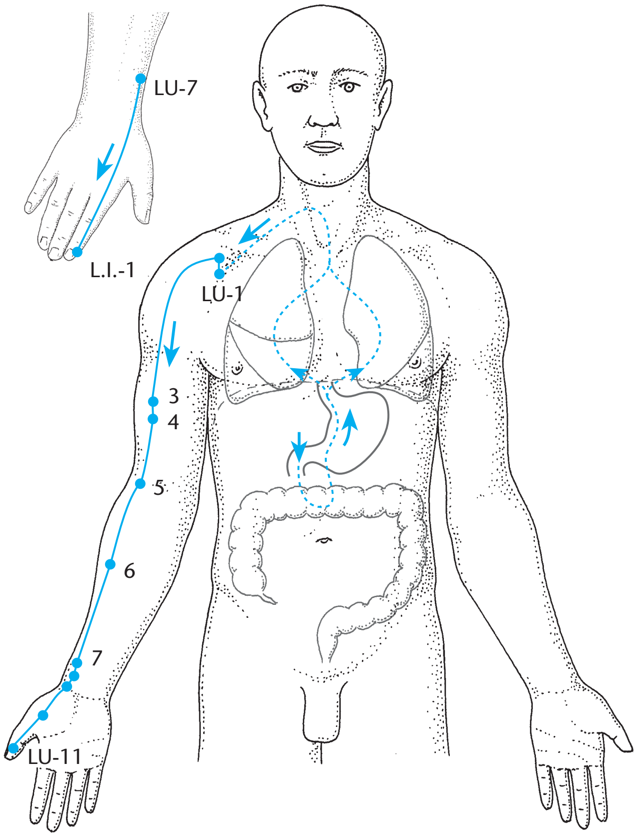
Fig. 3.115

4 Acupuncture Points of the Twelve Primary Channels

Claudia Focks, Ulrich März

4.1 The Lung Channel System – Hand-*taiyin* (*shou tai yin jing luo*)

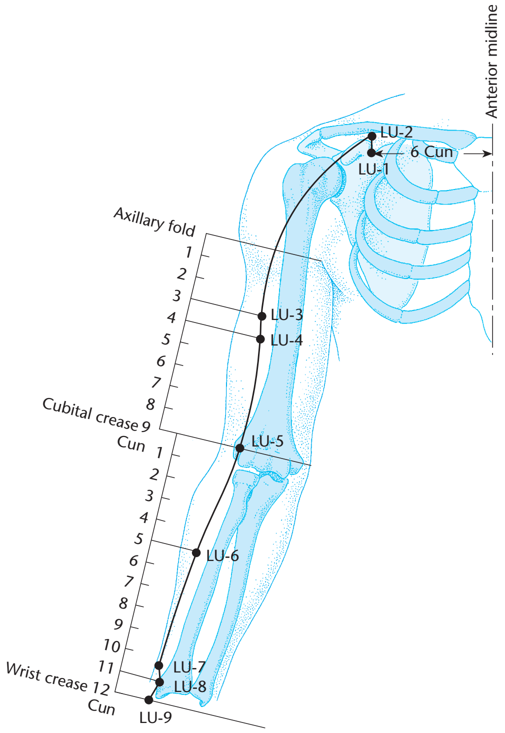
4.1.1 The Lung Primary Channel (*shou tai yin jing*)

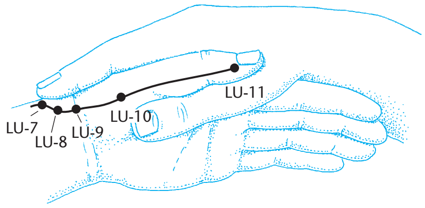

LU-7
L.I.-1
LU-1
3
4
5
6
7
LU-11

Pathway

The internal section of the Lung primary channel originates in the Middle Burner in the region of the Stomach (*wei*)

- ➡ descends to connect with the Large Intestine (*dachang*), its paired *fu*-Organ
- ➡ curves upwards again to the Stomach (*wei*)
- ➡ penetrates the diaphragm
- ➡ enters the Lung (*fei*), its pertaining *zang*-Organ
- ➡ ascends to the throat region
- ➡ and curves towards the lateral thoracic region.


Anterior midline
LU-2
6 Cun
LU-1
Axillary fold
1
2
3
4
5
6
7
8
Cubital crease 9
Cun 1
2
3
4
5
6
7
8
9
10
11
Wrist crease 12
Cun
LU-3
LU-4
LU-5
LU-6
LU-7
LU-8
LU-9


LU-11
LU-10
LU-7
LU-8
LU-9

The Lung primary channel emerges at LU-1 (*zhongfu*) on the lateral thoracic wall at the level of the first intercostal space

- ➡ travels along the anterolateral aspect of the upper arm and forearm
- ➡ ends at LU-11 (*shaoshang*) on the thumb, at the radial aspect of the corner of the nail.

A branch separates from the primary channel at LU-7 (at the styloid process of the radius) and travels along the radial side of the index finger to its tip, where it connects with → **L.I.-1** (*shangyang*) (hand Yin–Yang connection of the first great circuit).

Clinical importance (→ 1.2)

Exterior (***biao***) signs and symptoms: Fever, aversion to cold, nasal blockage, headache, pain in the region of the thorax, shoulder and back, pain with cold sensations along the channel
Interior (***li***) or *zangfu*-Organ signs and symptoms: Cough, asthma, wheezing, dyspnoea, shortness of breath, fullness and tightness of the chest, expectoration of phlegm, dry throat, changed colour of the urine, irritability, heat sensation in the palms, abdominal fullness and distension, diarrhoea
Excess (***shi***): Shoulder and back pain, Wind-Cold attack with spontaneous sweating, frequent urination, yawning
Deficiency (***xu***): Shoulder and back pain with aversion to cold, shortness of breath, changed colour of urine

Connections of the Lung primary channel (→ 1.2)

Connections with other channels

Large Intestine primary channel (*shou yang ming jing*)

Connection: Hand Yin–Yang connection of the first great circuit
Location: LU-7 → L.I.-1 (on the hand). A branch of the Lung primary channel separates at **LU-7** (*lieque*) and connects with the Large Intestine primary channel at **L.I.-1** (*shangyang*), according to some authors also with → **L.I.-4** (*hegu*).
Circulation: Circadian (according to the Organ clock)
Importance: Interior–Exterior relationship

Spleen primary channel (*zu tai yin jing*)

Connection: Paired according to the six channel theory (hand–foot pairing): *tai yin* (Yin axes of the first great circuit)
Location: SP-20 → LU-1 (on the thorax). A branch of the Spleen primary channel separates at → **SP-20** (*zhourong*) and connects with the Lung primary channel at → **LU-1** (*zhongfu*).
Circulation: Non-circadian (not according to the Organ clock)
Importance: Above–below relationship

Liver primary channel (*zu jue yin jing*)

Connection: Deep Yin–Yin connection
Location: LIV → LU (on the thorax). An internal branch of the Liver primary channel emerges at the Liver, passes the diaphragm and spreads inside the Lung (*fei*), forming a network with the Lung primary channel.
Circulation: Circadian (according to the Organ clock)
Importance: Closes the circle of the first great circuit of the Nutritive Qi (*ying qi*, → 1.1.4)

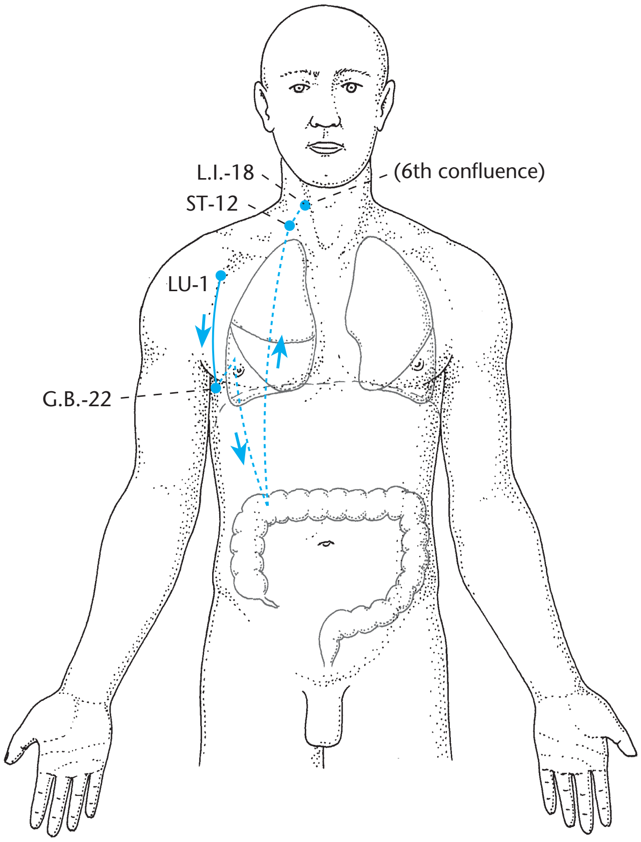
Ren mai

Connection: *Ren mai* → Lung primary channel
Importance: Closes the circle of the second circuit of the Nutritive Qi (*ying qi*, → 1.1.4). The Lung primary channel as well as the great circuit (circulation through the 12 primary channels) receives Qi from the small circuit (*ren mai* – *du mai*).

Connections to the *zangfu*-Organ systems

Lung (***fei***), **Large Intestine** (***dachang***), Stomach (*wei*)

4.1.2 The Lung Divergent Channel (*shou tai yin jing bie*)



Pathway

The Lung divergent channel separates from the Lung primary channel in the axillary region

- ➡ travels anteriorly to → **G.B.-22** (*yuanye*) on the midaxillary line, 3 cun inferior to the axilla
- ➡ enters the thoracic region
- ➡ disperses in the Lung (*fei*), its pertaining *zang*-Organ
- ➡ descends to the Large Intestine (*dachang*), its paired *fu*-Organ
- ➡ ascends again and emerges in the region of the supraclavicular fossa at → **ST-12** (*quepen*)
- ➡ traverses the neck in a cranial direction and connects with the Large Intestine primary channel at → **L.I.-18** (*futu*) at one of the six *he*-confluences* (L.I./LU as 6th confluence. → 1.3).

There exist variations regarding the channel pathway due to differing interpretations of the *Ling Shu* (→ Solinas et al. 1998).

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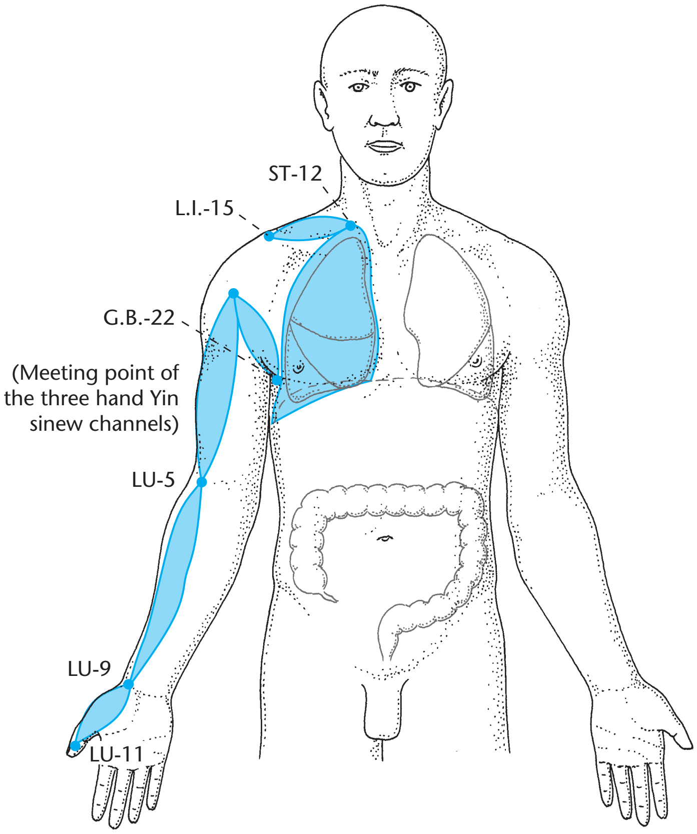
* According to some authors the 6th confluence is localised at → **ST-12** (*quepen*).

Clinical importance

- Strengthens the connection between the Lung and the Large Intestine (*zangfu*-Organ systems). Points on the Large Intestine primary channel can therefore be used for disorders of the Lung, and vice versa points on the Lung primary channel can treat disorders of the Large Intestine.
- Creates a network between the Lung primary channel and the neck region at the confluent point → **L.I.-18**: thus LU points such as → **LU-10** or → **LU-11** may be used to treat the neck region.

4.1.3 The Lung Sinew Channel (*shou tai yin jing jin*)



Pathway

The Lung sinew channel

➡ begins on the thumb at **LU-11** (*shaoshang*), at the radial aspect of the corner of the nail

➡ spreads along the radial aspect of the thumb and the 1st metacarpal bone as well as the thenar eminence

➡ meets **LU-9** (*taiyuan*) and binds (*jie*) at the radial wrist joint space

➡ travels proximally along the anterolateral aspect of the forearm

➡ reaches the elbow at **LU-5** (*chize*) and binds (*jie*) at the biceps tendon

➡ follows the biceps brachii muscle and the lateral portion of the deltoid muscle

➡ binds (*jie*) at the anterior shoulder region near the acromioclavicular joint

➡ continues to the axilla and meets the other hand Yin sinew channels (P, HE) at → **G.B.-22** (*yuanye*) and binds (*jie*) there

➡ continues deep to the pectoralis major muscle and enters the supraclavicular fossa at → **ST-12** (*quepen*)

➡ courses to → **L.I.-15** (*jianyu*) and returns to → **ST-12** (*quepen*)

➡ penetrates the supraclavicular fossa and disperses in the thoracic and hypochondriac region and the diaphragm (→ Fig.)

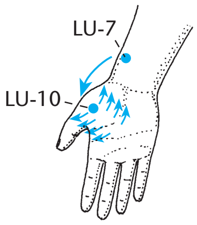
Clinical importance

Pathology: Stiffness, cramps and pain along the sinew channel. *Xi fen*: spasms and pain in the thorax and hypochondriac region. In severe cases formation of nodules below the right lateral costal region and distension along the lateral costal region.

Indication: Mainly for *bi*-syndromes (painful obstruction syndrome) along the LU channel.

The area covered by the Lung sinew channel is larger than that covered by the Lung primary channel. This explains why the indications of points on the Lung primary channel include disorders and diseases of the thoracic and hypochondriac region.

4.1.4 The Lung *luo*-Connecting Vessel System (*shou tai yin luo mai*)



Pathway

The Lung *luo*-connecting channel system separates from the Lung primary channel at **LU-7** (*lieque*) (→ 8.1.2) and forms a three-dimensional reticular network, dividing into multiple branches and sub-branches (*sun luo*, *fu luo*, *xue luo* → 1.5) within the surrounding tissue.

➡ Horizontal divisions course to the Interiorly–Exteriorly paired Large Intestine primary channel; according to some schools (for example Van Nghi, → Appendix) they travel as a transverse Lung *luo* vessel to the *yuan*-source point → **L.I.-4** (*hegu*).

➡ A longitudinally orientated division spreads on the palm and thenar eminence.

Clinical importance (→ 8.1.2)

Pathology

- **Excess (*shi*)**: Hot and burning sensations in the palms and the wrist joints
- **Deficiency (*xu*)**: Yawning, shortness of breath, frequent urination, enuresis

4.1.5 Cutaneous Region (*tai yin pi bu*)

See description and figures → 1.6.

4.1.6 Points of the Lung Primary Channel (Overview)

Specific points according to function

- ***Yuan*-source point (→ 8.1.1): LU-9** (*taiyuan*) 🟦🟦
- ***Luo*-connecting point (→ 8.1.2.): LU-7** (*lieque*) 🟦🟦
- ***Xi*-cleft point (→ 8.1.3): LU-6** (*kongzui*)
- **Pertaining Back-*shu* point (→ 8.1.4): BL-13** (*feishu*) 🟦⬛
- **Pertaining Front-*mu* point (→ 8.1.5): LU-1** (*zhongfu*) 🟦⬛
- **Five *shu*-transporting points (→ 8.1.6):**
  jing-well point (Wood): **LU-11** (*shaoshang*) 🟦⬛
  ying-spring point (Fire): **LU-10** (*yuji*)
  shu-stream point (Earth), tonification point: **LU-9** (*taiyuan*) 🟦🟦
  jing-river point (Metal), *ben* point: **LU-8** (*jingqu*) 🟦⬛
  he-sea point (Water), sedation point: **LU-5** (*chize*) 🟦⬛
- **Influential *hui*-meeting point (→ 8.1.7) of the vessels: LU-9** (*taiyuan*) 🟦🟦
- **Opening point (→ 8.1.8) of the *ren mai*: LU-7** (*lieque*) 🟦🟦
- ***Jiaohui*-meeting points (→ 8.1.10):**
  - with the SP primary channel: **LU-1** (*zhongfu*) 🟦⬛
  - of other channels with the LU channel: –
- **Gao Wu Command point (→ 8.1.11) for the occiput and nape: LU-7** (*lieque*) 🟦🟦
- **Window of Heaven point (→ 8.1.12): LU-3** (*tianfu*)
- **Ma Dan Yang Heavenly Star points (→ 8.1.14): LU-7** (*lieque*) 🟦🟦
- **Sun Si Miao Ghost point (→ 8.1.15): LU-11** (*shaoshang*) 🟦⬛

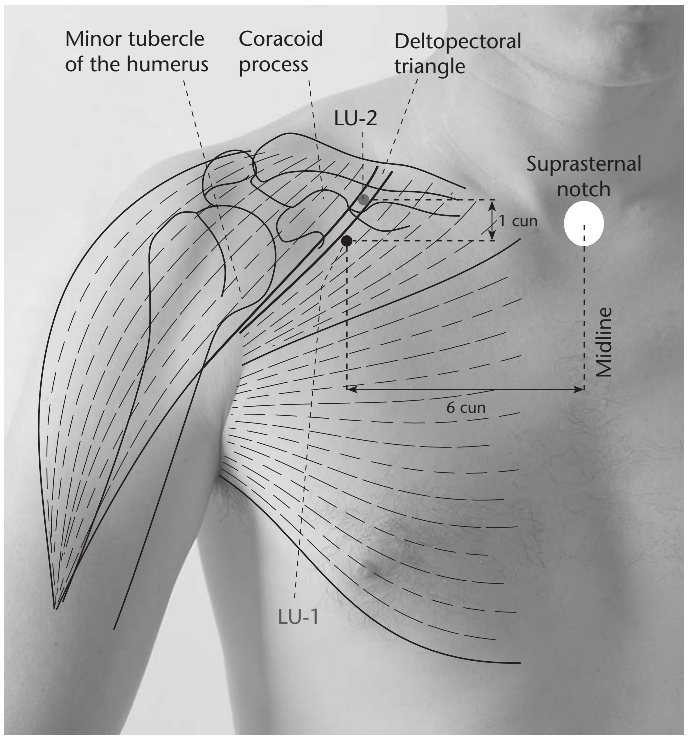
Points according to region

- **Local points (→ 8.2.1):** Lung – **LU-1** (*zhongfu*) 🟦⬛; elbow – **LU-5** (*chize*) 🟦⬛; wrist – **LU-7** (*lieque*) 🟦🟦
- **Adjacent points (→ 8.2.1):** hands – **LU-7** (*lieque*) 🟦🟦
- **Distal points (→ 8.2.1):** occiput – **LU-7** (*lieque* 🟦🟦); throat – **LU-10** (*yuji*) – **LU-11** (*shaoshang*); Lung – **LU-5** (*chize*) 🟦⬛, **LU-7** (*lieque*) 🟦🟦; shoulder – **LU-7** (*lieque*) 🟦🟦

Specific points according to the course of the channel (in numeric order)

- **LU-1** (*zhongfu* 🟦⬛): associated Front-*mu* point (→ 8.1.5), *jiaohui*-meeting point with the SP channel (→ 8.1.10)
- **LU-3** (*tianfu*): Window of Heaven point (→ 8.1.2)
- **LU-5** (*chize*) 🟦⬛: *he*-sea point (Water) (→ 8.1.6); sedation point; distal point of the Lung (→ 8.2.1)
- **LU-6** (*kongzui*): *xi*-cleft point (→ 8.13)
- **LU-7** (*lieque*) 🟦🟦: *luo*-connecting point (→ 8.1.2); opening point (→ 8.1.8) of the *ren mai*; Gao Wu Command point (→ 8.1.11) of the nape and occiput; Ma Dan Yang Heavenly Star point (→ 8.1.14); distal point for the occiput, shoulder and Lungs (→ 8.2.1); adjacent point for the hands (→ 8.2.1)
- **LU-8** (*jingqu*): *jing*-river point (Metal) (→ 8.1.6); *ben* point (Five Phase point)
- **LU-9** (*taiyuan*) 🟦🟦: *yuan*-source point (→ 8.1.1), hui-meeting point (→ 8.1.7) of the vessels; *shu*-stream point (Earth) (→ 8.1.6); tonification point
- **LU-10** (*yuji*): *ying*-spring point (Fire) (→ 8.1.6); distal point for the neck (→ 8.2.1)
- **LU-11** (*shaoshang*) 🟦⬛: Sun Si Miao Ghost point (→ 8.1.15); *jing*-well point (Wood) (→ 8.1.6); distal point for the neck

Central Residence ZHONGFU **LU-1**

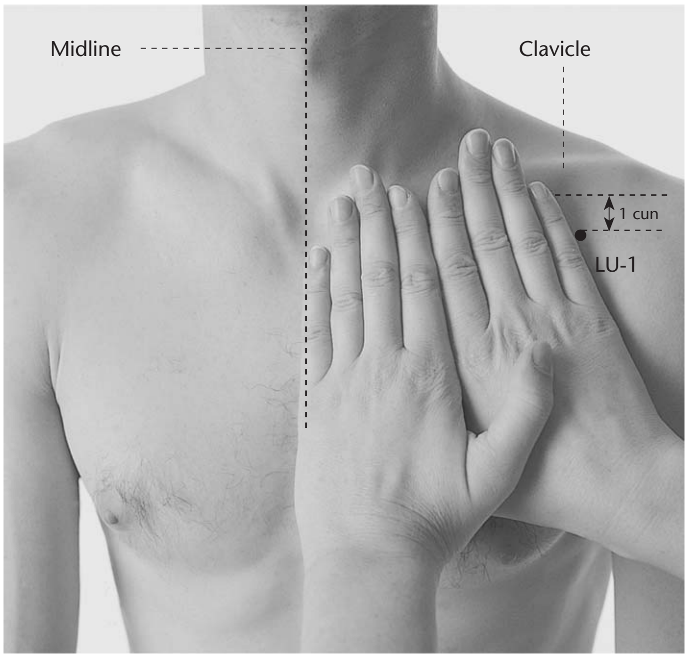

Minor tubercle of the humerus
Coracoid process
Deltopectoral triangle
LU-2
Suprasternal notch
1 cun
Midline
6 cun
LU-1

Location

6 cun lateral of the anterior midline and approximately 1 cun below ➞ **LU-2,** slightly medial to the lower border of the coracoid process.

How to find

First, locate ➞ **LU-2** in the deltopectoral triangle, which is bordered superiorly by the clavicle and laterally by the coracoid process (within the deltoid muscle). From there, palpate along the border of the deltoid for 1 cun and there locate **LU-1** slightly medial to the lower border of the deltoid on the thoracic wall, approximately 6 cun lateral to the midline. For orientation: when externally rotating the arm with the elbow flexed at the same time, the coracoid process will remain static, while the minor tuberculum of the humerus will follow the movement. ➞ **SP-20** is also located 6 cun lateral to the midline on the level of the 2nd intercostal space. Located approximately on the same level are ➞ **Ren-20,** ➞ **KID-26** and ➞ **ST-14**.


Midline
Clavicle
1 cun
LU-1

Needling

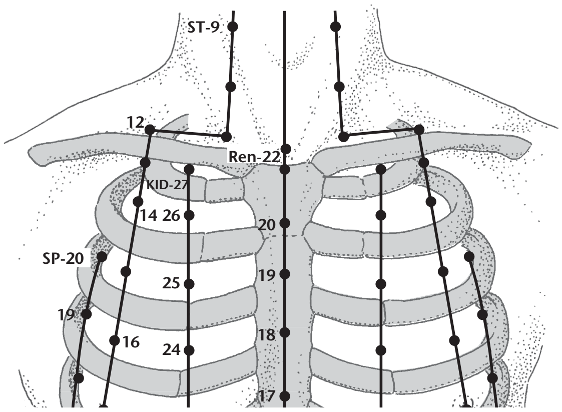
0.5–1 cun obliquely in a cranial (approximately 45°) and lateral direction towards the coracoid process.

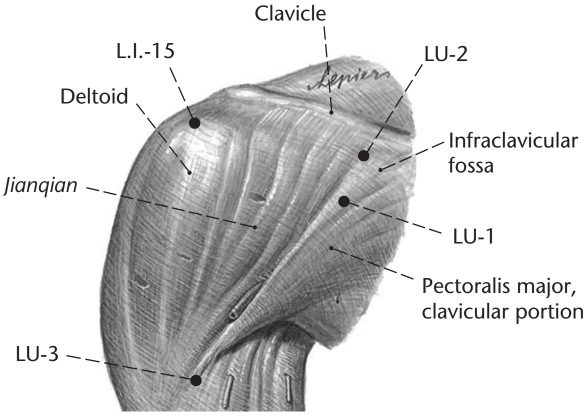
Actions/Indications

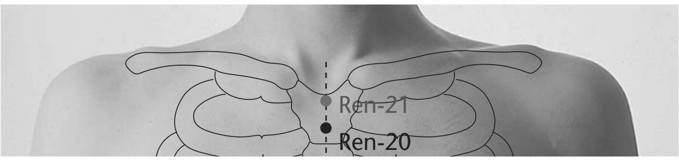
- Regulates and descends the Lung Qi
- Clears Heat in the Upper Burner, transforms Phlegm
- Regulates the water passages
- Moves Qi locally and in the sinew channel

Special features

Front-*mu* point of the Lung, meeting point with the Spleen channel, entry point. Important point for disorders of the Lung.


ST-9
12
Ren-22
KID-27
14
26
20
SP-20
25
19
19
16
24
18
17


Clavicle
L.I.-15
LU-2
Deltoid
Infraclavicular fossa
Jianqian
LU-1
Pectoralis major, clavicular portion
LU-3


Ren-21
Ren-20

LU-2 *Cloud Gate* YUNMEN

Location

6 cun lateral to the anterior midline, below the clavicle, in the centre of the deltopectoral triangle.

How to find

Find the angle formed by the lateral lower border of the clavicle and the coracoid process (within the deltoid muscle). Locate **LU-2** at the junction of the clavicular insertions of the deltoid and pectoralis muscles (deltopectoral triangle), in the centre of a clearly palpable depression in the thoracic wall, 6 cun lateral to the anterior midline.

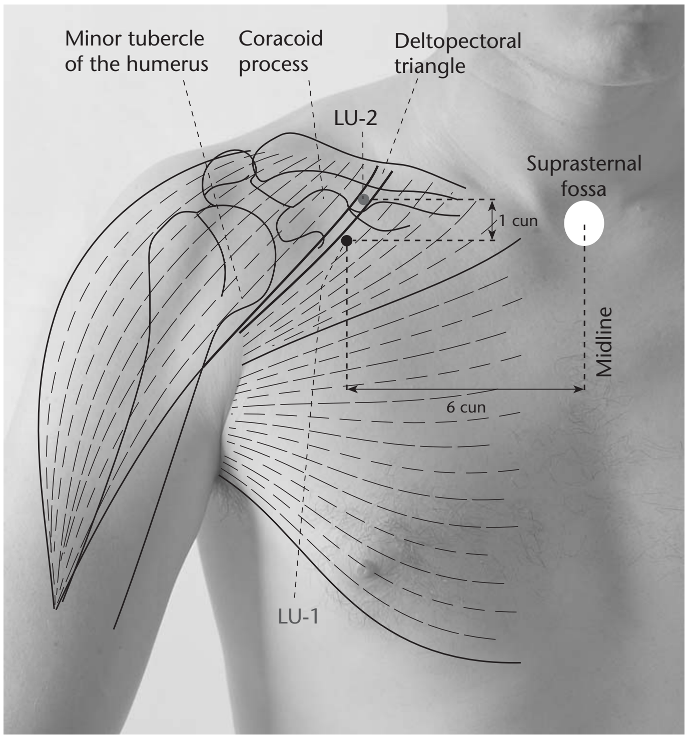
→ **ST-13** is also located at the lower border of the clavicle, 4 cun lateral to the anterior midline or at the midpoint of the clavicle. Also located on approximately the same level are → **KID-27** (2 cun lateral to the midline) and → **Ren-21** (on the midline). → **LU-1** is located 1 cun below and in most cases slightly lateral to **LU-2**.

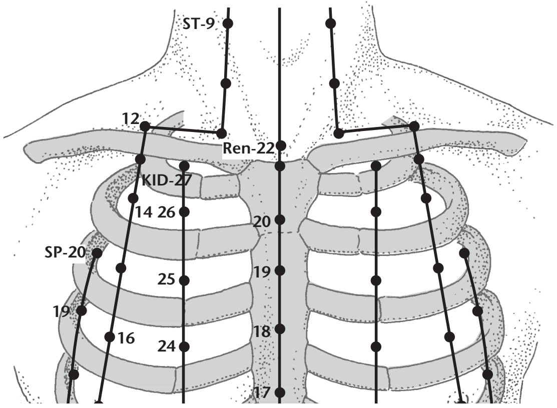
Needling

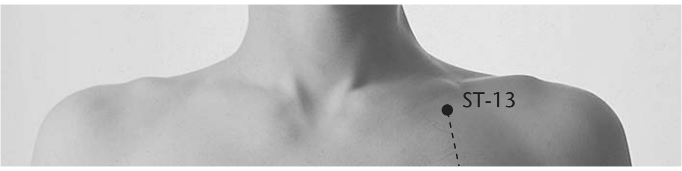
Obliquely to a maximal depth of 0.8 cun. No needling in a medial direction! Risk of pneumothorax!

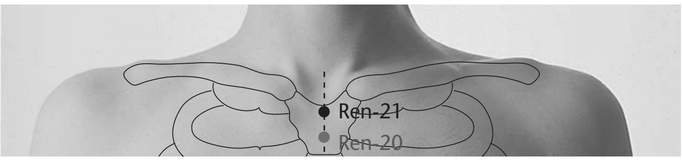
Actions/Indications

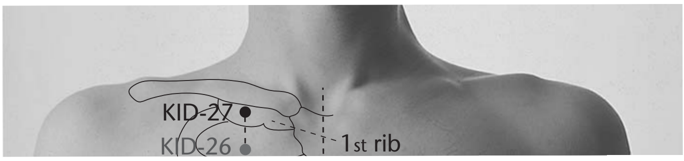
- Clears Lung Heat, decends the Lung Qi
- Opens the channel and sinew channel
- Clears Heat from the extremities

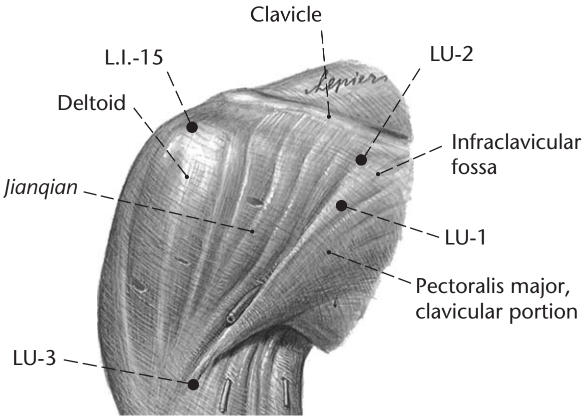

Minor tubercle of the humerus
Coracoid process
Deltopectoral triangle
LU-2
Suprasternal fossa
1 cun
Midline
6 cun
LU-1


ST-9
12
Ren-22
KID-27
14 26
20
SP-20
25
19
19
16
24
18
17

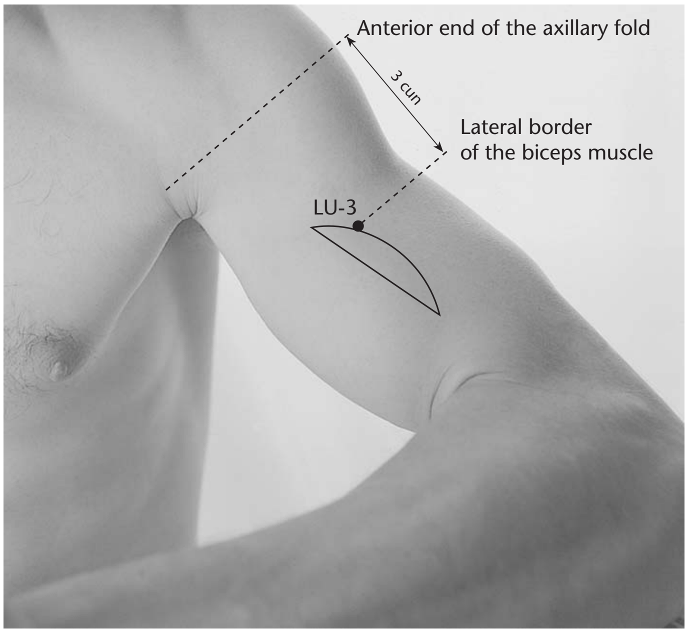


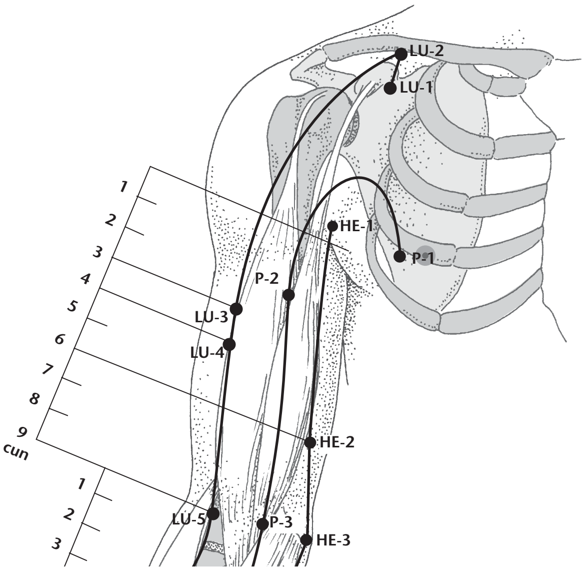

Ren-21
Ren-20

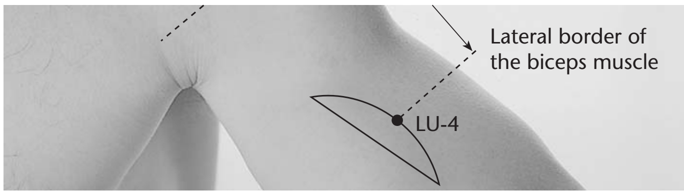

KID-27
KID-26
1st rib

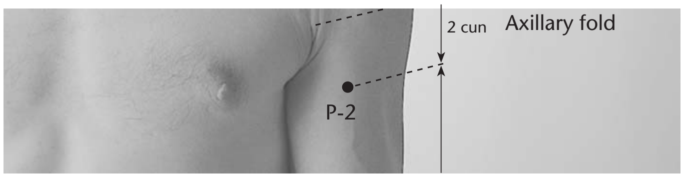

Clavicle
L.I.-15
LU-2
Deltoid
Infraclavicular fossa
Jianqian
LU-1
Pectoralis major, clavicular portion
LU-3

Heavenly Residence TIANFU LU-3


Anterior end of the axillary fold
3 cun
Lateral border of the biceps muscle
LU-3


LU-2
LU-1
HE-1
P-1
P-2
LU-3
LU-4
HE-2
LU-5
P-3
HE-3
1
2
3
4
5
6
7
8
9
cun
1
2
3


Lateral border of the biceps muscle
LU-4


2 cun
Axillary fold
P-2

Location

On the medial aspect of the upper arm, 3 cun distal to the end of the anterior axillary fold, in the groove on the lateral border of biceps brachii.

How to find

Ask the patient to flex the biceps muscle against resistance. Locate **LU-3** 3 cun below the anterior end of the axillary fold (→ 2.2) in a groove on the lateral border of biceps brachii. Sometimes, you can feel the pulse of the brachial artery here. **Or:** Divide the distance of 9 cun (→ 2.2) between the end of the axillary fold and the cubital crease (→ **LU-5**) into thirds and locate **LU-3** a third of the distance from the axillary fold.

→ **LU-4** is located in the sulcus, 1 cun distal to **LU-3**. → **P-2** is located 2 cun below the axillary fold, between the two heads of the biceps brachii muscle.

Needling

Vertically 0.5–1 cun. Moxibustion is contraindicated according to some classics.

Actions/Indications

- Regulates and descends the Lung Qi
- Clears Lung Heat
- Cools the Blood and stops bleeding
- Calms the *po* (corporeal soul)
- Opens the channel and alleviates pain

Special features

Window of Heaven point

LU-4 *Clasping the White* XIABAI

Location

On the medial aspect of the upper arm, 4 cun distal to the end of the anterior axillary fold, in the depression on the lateral border of sulcus bicipitalis lateralis.

How to find

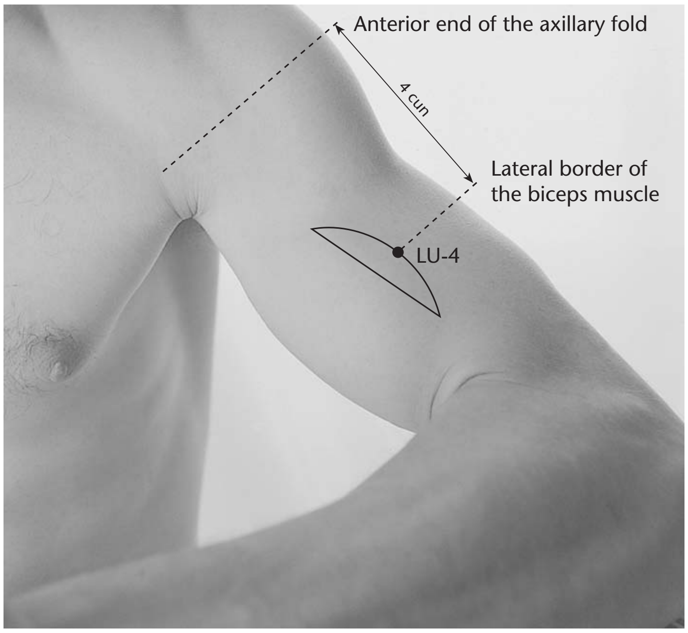
Ask the patient to flex their biceps muscle against resistance. Locate **LU-4** 4 cun below the anterior end of the axillary fold (→ 2.2) in the depression on the lateral border of the sulcus bicipitalis muscle. Sometimes you can feel the pulse of the brachial artery here. **Or quick method:** Spreading hands technique (→ 2.3.3): place the little fingers on the axillary fold and the cubital crease (at → **LU-5**) respectively (this distance corresponds to 9 proportional cun → 2.2) and determine the midpoint of this distance by joining the thumbs. Locate **LU-4** 0.5 proximal to the midpoint in the sulcus on the lateral border of the biceps muscle. → **LU-3** is also located in the sulcus, 1 cun proximal to **LU-4**.

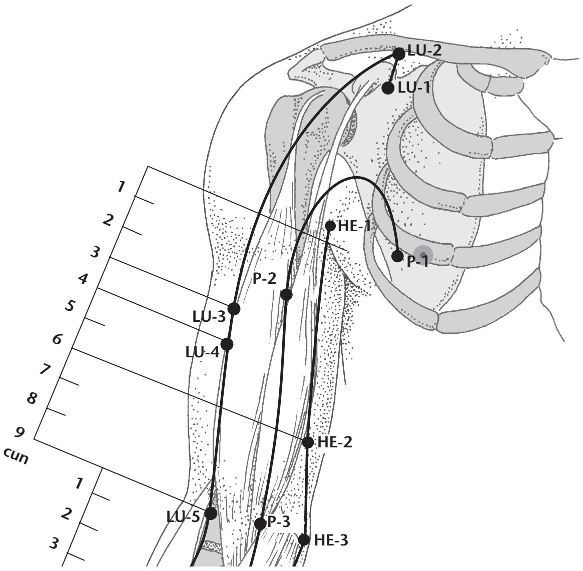
Needling

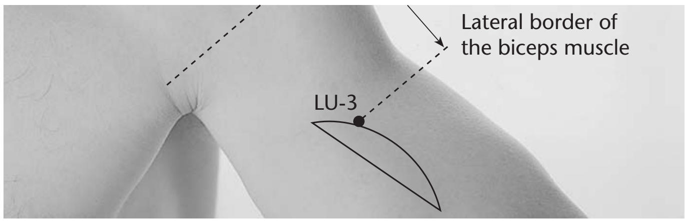
Vertically 0.5–1 cun

Actions/Indications

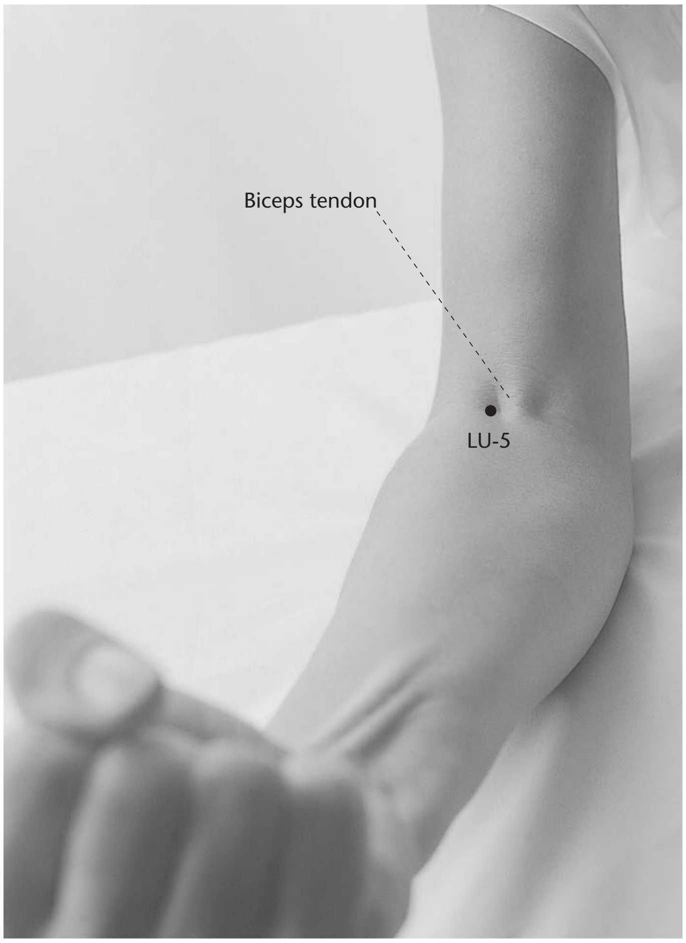
- Regulates and moves Qi and Blood in the chest
- Descends the Lung Qi
- Opens the channel and alleviates pain


Anterior end of the axillary fold
4 cun
Lateral border of the biceps muscle
LU-4


LU-2
LU-1
1
2
3
4
5
6
7
8
9
cun
HE-1
P-1
P-2
LU-3
LU-4
HE-2
1
2
3
LU-5
P-3
HE-3


Lateral border of the biceps muscle
LU-3

Cubit Marsh CHIZE LU-5


Biceps tendon
LU-5

Right arm

Location

In the cubital crease, on the radial aspect of the tendon of the biceps.

How to find

By slightly flexing the forearm, the biceps tendon becomes more visible. **LU-5** is located on its radial aspect in the cubital crease. Also located in the area of the cubital crease are → **P-3** (ulnar to the tendon), → **HE-3** (at the ulnar end of the cubital crease) and → **L.I.-11** (between the radial end of the cubital crease and the lateral epicondyle).

Needling

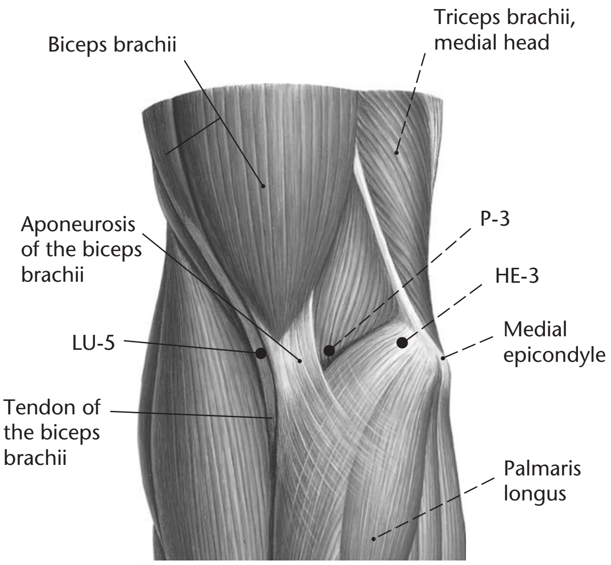
Vertically 0.5–1 cun. Needle with the arm slightly flexed. Use bloodletting for Heat disorders. Caution: Avoid cubital vein.

Actions/Indications

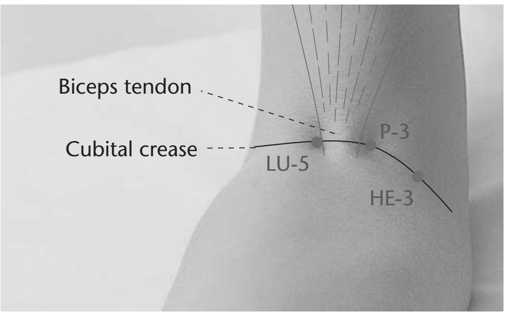
- Clears Heat in the Upper Burner
- Descends the Lung Qi
- Regulates the water passages
- Opens the channel and *luo*-connecting vessels, alleviates pain

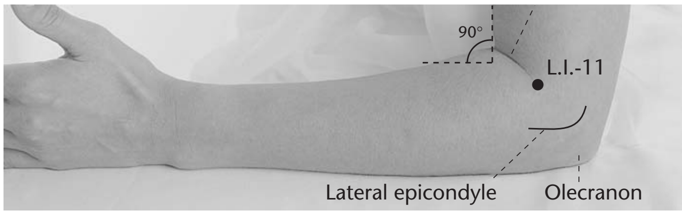
Special features

He-sea point, Water point, sedation point, distal point for the Lung, local point for the elbow. Use bloodletting for disorders of the skin and Lung due to excess and/or Heat.


Biceps brachii
Triceps brachii, medial head
Aponeurosis of the biceps brachii
P-3
HE-3
LU-5
Medial epicondyle
Tendon of the biceps brachii
Palmaris longus

Left arm, anterior aspect


Biceps tendon
P-3
Cubital crease
LU-5
HE-3


90°
L.I.-11
Lateral epicondyle
Olecranon

LU-6 *Biggest Hole* KONGZUI

Location

On the line connecting → **LU-5** (in the cubital crease) and → **LU-9** (on the wrist crease/joint space), 5 cun distal to → **LU-5** or 7 cun proximal to → **LU-9**.

How to find

The biceps tendon becomes more visible with the arm flexed. First, locate → **LU-5** radial to the biceps tendon in the cubital crease and → **LU-9** radial to the radial artery on the wrist joint space (→ 3.3.3) between the proximal row of carpals and the radius/ulna. By moving the hand, the joint space becomes more easily palpable. Next, find the midpoint of the distance between → **LU-5** and → **LU-9** using the spreading hands technique (→ 2.3.3). **LU-6** is located 1 cun proximal to the midpoint of this distance.

→ **P-4** is located more medially (between the tendons) and distally (1 cun distal to the midpoint of the distance).

Needling

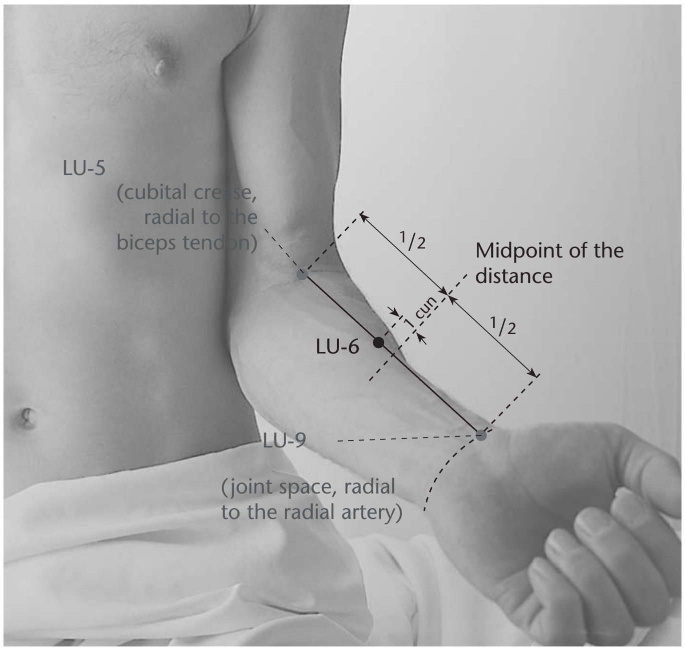
Vertically 0.5–1 cun

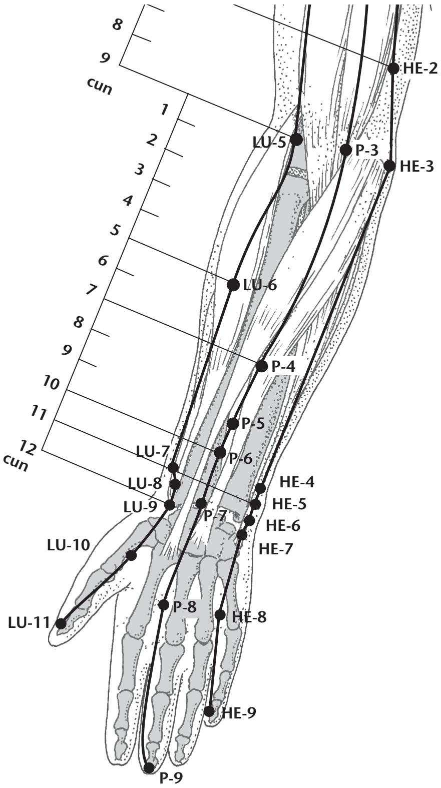
Actions/Indications

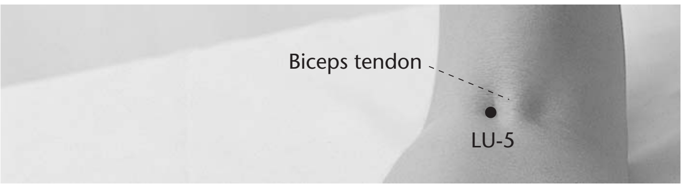
- Descends the Lung Qi
- Clears Lung Heat
- Cools Blood Heat, stops bleeding
- Expels Exterior pathogenic factors
- Opens the channel

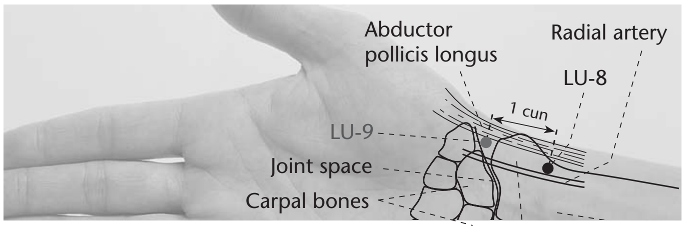
Special features

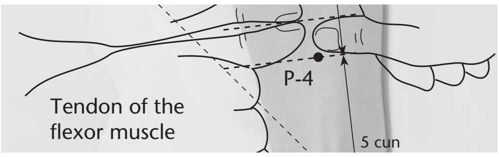
Xi-cleft point


LU-5
(cubital crease, radial to the biceps tendon)
1/2
Midpoint of the distance
1 cun
1/2
LU-6
LU-9
(joint space, radial to the radial artery)

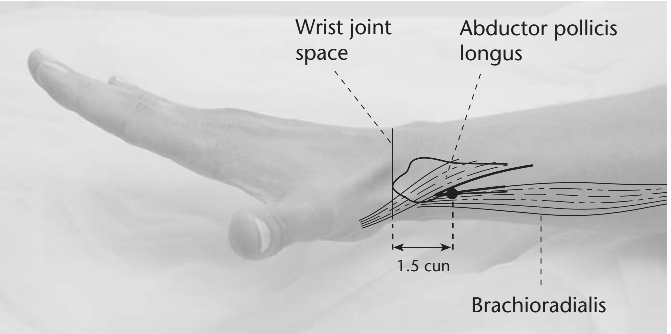

8
9
cun
1
2
3
4
5
6
7
8
9
10
11
12
cun
HE-2
LU-5
P-3
HE-3
LU-6
P-4
P-5
LU-7
P-6
LU-8
LU-9
P-7
HE-4
HE-5
HE-6
HE-7
LU-10
LU-11
P-8
HE-8
HE-9
P-9

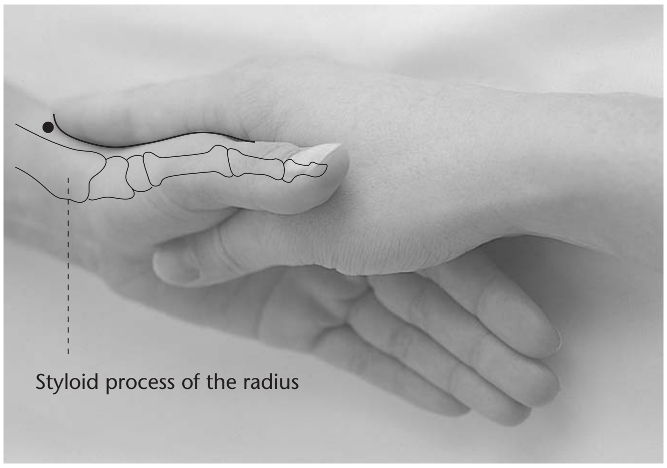

Biceps tendon
LU-5

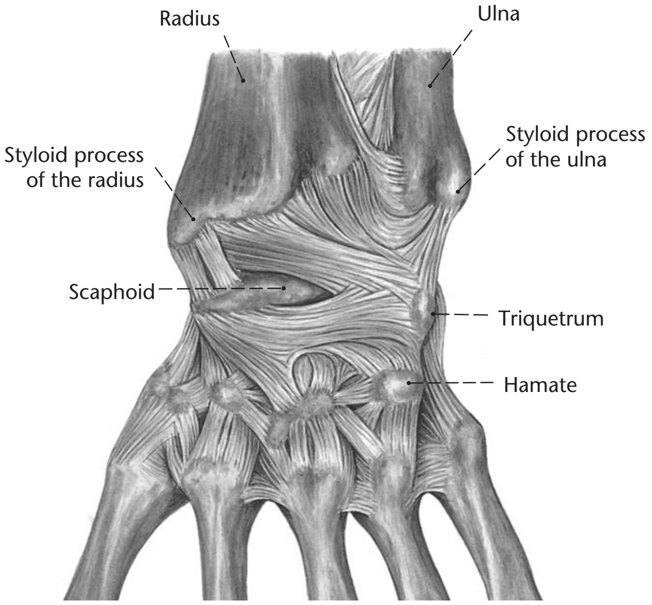

Abductor pollicis longus
Radial artery
LU-8
1 cun
LU-9
Joint space
Carpal bones


P-4
Tendon of the flexor muscle
5 cun

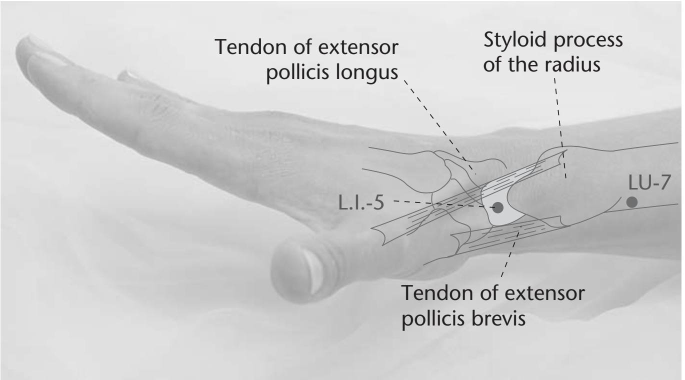
Broken Sequence **LIEQUE** **LU-7**


Wrist joint space
Abductor pollicis longus
1.5 cun
Brachioradialis


Styloid process of the radius


Radius
Ulna
Styloid process of the radius
Styloid process of the ulna
Scaphoid
Triquetrum
Hamate

Left hand, dorsal aspect


Tendon of extensor pollicis longus
Styloid process of the radius
L.I.-5
LU-7
Tendon of extensor pollicis brevis

Location

On the radial aspect of the forearm, directly above the styloid process of the radius, approximately 1.5 cun proximal to the wrist joint space (wrist crease) in a V-shaped groove.

How to find

Place the palpating forefinger on the anatomical snuffbox (→ **L.I.-5**). From there, glide proximally over the styloid process of the radius and locate **LU-7** where the finger can palpate a cleft between two tendons (brachioradialis/abductor pollicis longus). **Or:** 'Tiger mouth grip' (→ Fig. 2.6): spread the thumb and forefinger of both hands, crossing them so that the forefinger of one hand comes to rest on the styloid process of the other, but avoiding bending the wrist. **LU-7** is located directly below the tip of the forefinger in a V-shaped groove

Needling

Lift the skin above the styloid process by pinching it. Insert the needle 0.5–1 cun obliquely and proximally (reducing) or distally (tonifying). Caution: Cephalic vein.

Actions/Indications

- Supports the occiput and head
- Releases the Exterior, expels Wind, descends the Lung Qi
- Opens and regulates the *ren mai*
- Regulates the water passages
- Opens the channel and *luo*-connecting channel, alleviates pain

Special features

Luo-connecting point, opening point of the *ren mai*, Ma Dan Yang Heavenly Star point, Gao Wu command point of the occiput, exit point.

LU-8 Channel Gutter JINGQU

Location

Lateral to the radial artery, 1 cun proximal to the ventral wrist joint space (most distal wrist crease).

How to find

As the location of the wrist crease varies, use the joint space (→ 3.3.3) between the proximal row of carpals and the radius/ulna for orientation. By loosely moving the hand, the joint space is easily palpable. This is the level for palpating the radial pulse (using the finger tips, not the finger pads). → **LU-9** is located on the radial side of the artery, while **LU-8** is located 1 cun proximal to → **LU-9**.

→ **L.I.-5** is located close to **LU-8**, but on the dorsal aspect of the wrist joint in the anatomical snuffbox.

Needling

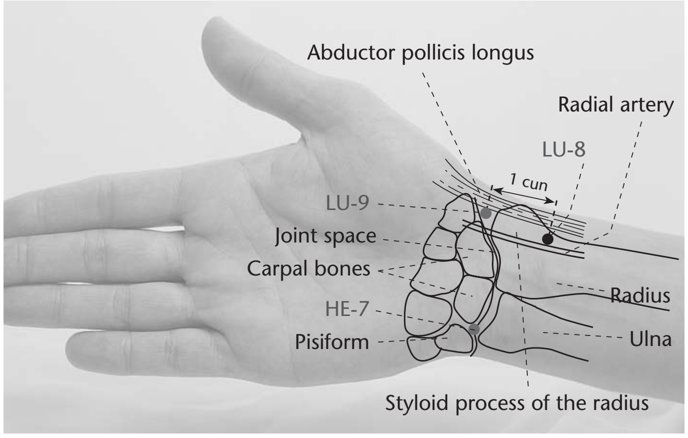
0.3–0.5 cun proximally or vertically. Avoid the radial artery by gently pushing it to the side when palpating for the point. Moxibustion is contraindicated according to some classics.

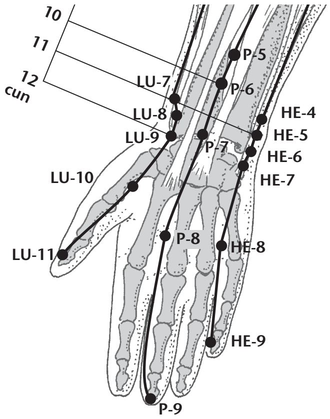
Actions/Indications

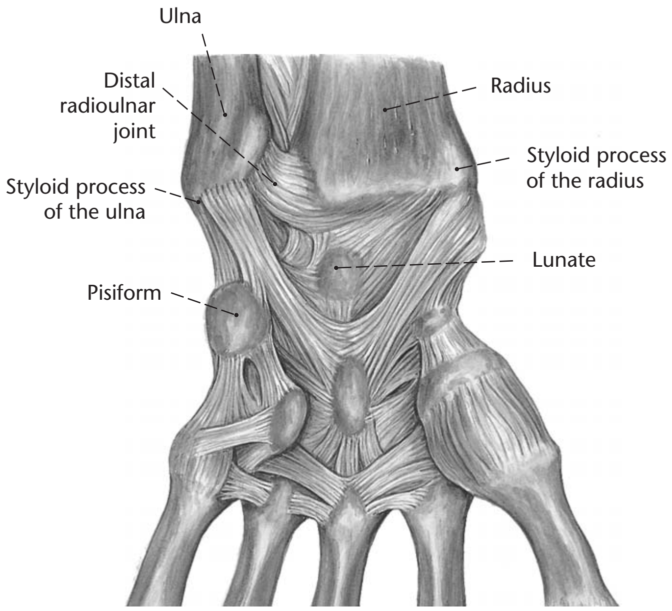
- Descends the Lung Qi, alleviates cough and wheezing
- Opens the pores and expels Wind in particular
- Opens the channel, especially locally

Special features

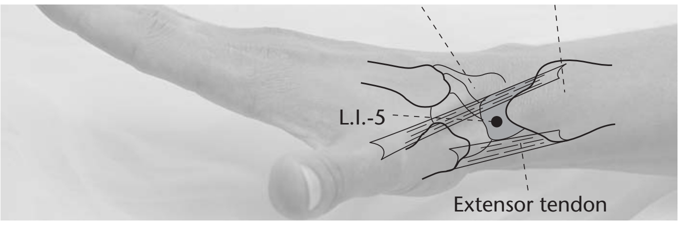
Jing-river point, Metal point, *ben* point (Five Phases).


Abductor pollicis longus
Radial artery
LU-8
1 cun
LU-9
Joint space
Carpal bones
HE-7
Pisiform
Radius
Ulna
Styloid process of the radius

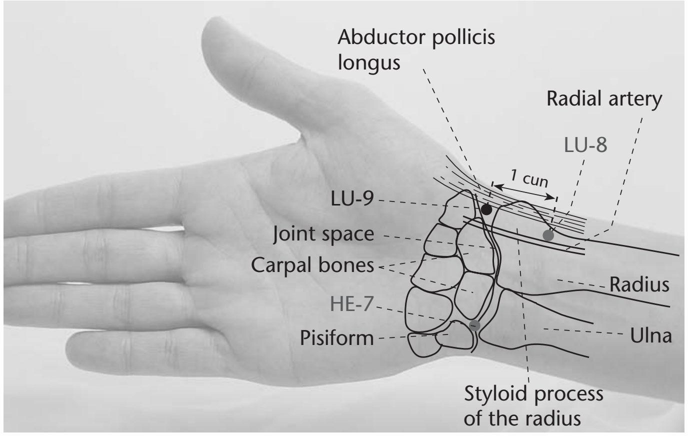

10
11
12
cun
LU-7
LU-8
LU-9
LU-10
LU-11
P-5
P-6
P-7
P-8
P-9
HE-4
HE-5
HE-6
HE-7
HE-8
HE-9

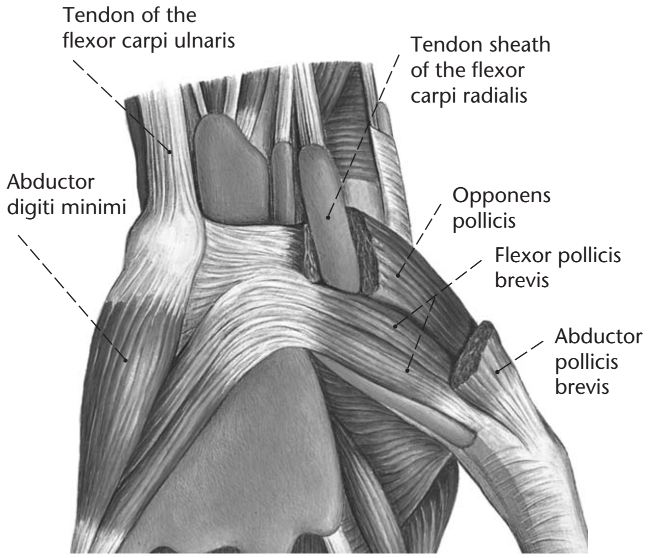

Ulna
Distal radioulnar joint
Radius
Styloid process of the radius
Styloid process of the ulna
Lunate
Pisiform

Left hand, palmar aspect

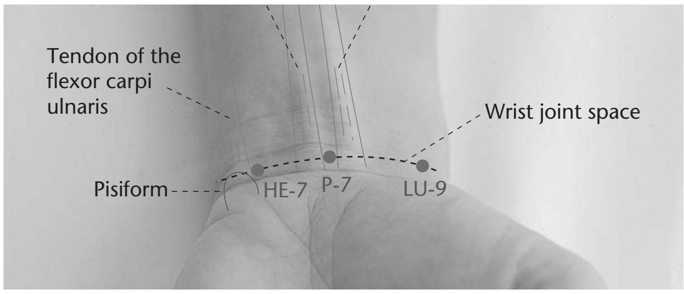

L.I.-5
Extensor tendon

Supreme Abyss TAIYUAN **LU-9**


Abductor pollicis longus
Radial artery
LU-8
1 cun
LU-9
Joint space
Carpal bones
Radius
HE-7
Ulna
Pisiform
Styloid process of the radius


Tendon of the flexor carpi ulnaris
Tendon sheath of the flexor carpi radialis
Abductor digiti minimi
Opponens pollicis
Flexor pollicis brevis
Abductor pollicis brevis

Left hand, palmar aspect


Tendon of the flexor carpi ulnaris
Wrist joint space
Pisiform
HE-7
P-7
LU-9

Location

On the ventral aspect of the wrist, at the level of the wrist joint space (most distal wrist crease), on the radial aspect of the radial artery and ulnar to the tendon of the abductor pollicis longus muscle.

How to find

As the location of the wrist crease varies, the ventral joint space (→ 3.3.3) between the proximal row of carpals and the radius/ulna is a more reliable landmark for orientation. By loosely moving the hand, the joint space is easily palpable. Palpate the radial artery (pulsation) on the radial side and locate **LU-9** on its radial aspect. Located on the same level are → **P-7** (between two tendons) and → **HE-7** (radial to the insertion of the tendon of the flexor carpi ulnaris on the pisiform bone).

Needling

Vertically 0.2–0.5 cun. Caution: Avoid radial artery. If the needle is pulsating (desired effect), no additional stimulation!

Actions/Indications

- Strengthens the Lung, transforms Phlegm, descends the Lung Qi
- Regulates and harmonises the vessels (relationship between *zong qi* and Blood circulation)
- Opens the channel, alleviates pain

Special features

Yuan-source point, *shu*-stream point, Earth point, tonification point, *hui*-meeting point of the vessels. Important point for tonifying the Lung Qi and Yin, especially with chronic disorders.

LU-10 *Fish Border* YUJI

Location

At the midpoint of the palmar border of the 1st metacarpal bone.

How to find

With the thumb relaxed, palpate the 'belly' of the thenar eminence from palmar to lateral (radial), then palpate the first metacarpal bone. **LU-10** is located at the midpoint of its palmar 'border'.

→ **L.I.-4** is located on the dorsal aspect of the hand, close to the 2nd metacarpal bone.

Needling

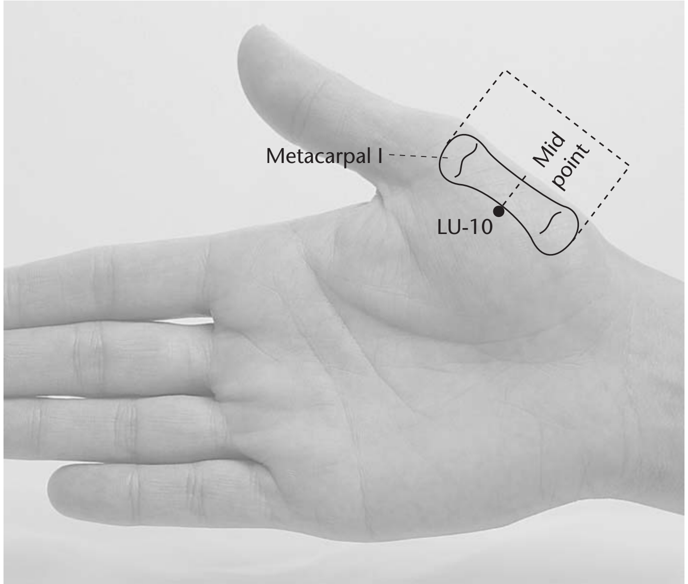
Vertically 0.5–1 cun. Caution: Painful!

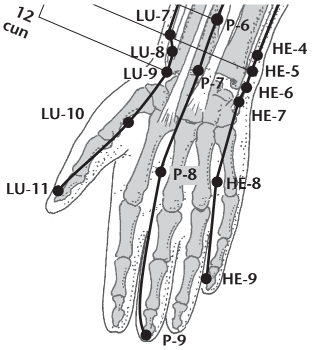
Actions/Indications

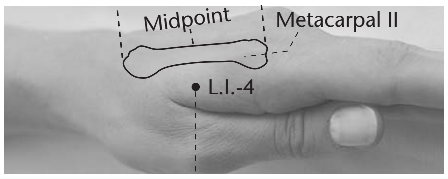
- Regulates the Lung Qi
- Cools Blood Heat
- Expels pathogenic factors from the throat
- Descends rebellious Qi
- Harmonises the Stomach and Heart

Special features

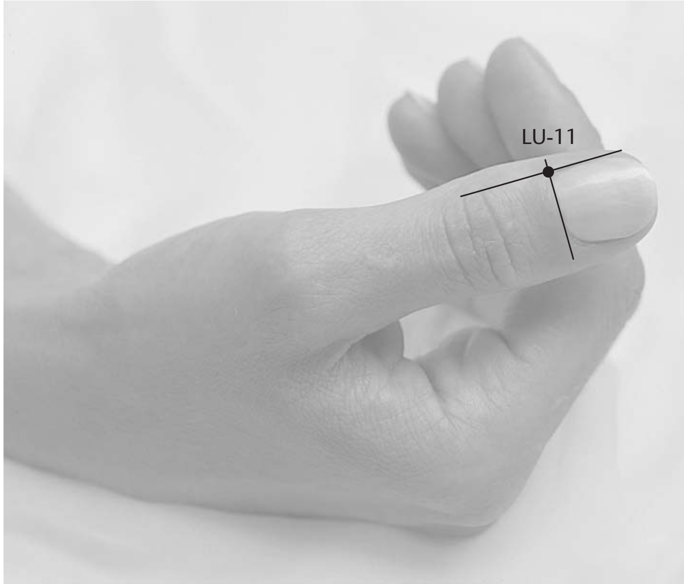
Ying-spring point, Fire point, important distal point for sore throat caused by Wind-Heat.


Metacarpal I
Mid point
LU-10


12 cun
LU-7
P-6
LU-8
HE-4
LU-9
HE-5
P-7
HE-6
LU-10
HE-7
P-8
LU-11
HE-8
HE-9
P-9


Midpoint
Metacarpal II
L.I.-4

Lesser Shang SHAOSHANG LU-11



Location

On the thumb, 0.1 cun from the radial corner of the nail.

How to find

The point is located at the junction of two tangents running along the proximal and radial border of the thumb nail, approximately 0.1 cun from the actual border of the nail.

Needling

0.1–0.2 cun vertically or obliquely in a proximal direction or prick to bleed. Avoid needling the perionychium.

Actions/Indications

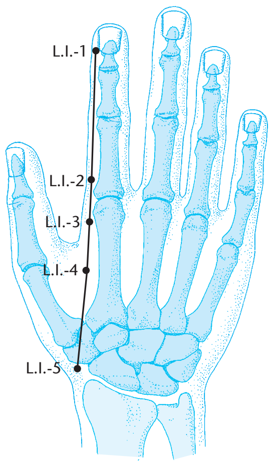
- Frees the senses
- Regulates the Lung Qi
- Clears Heat (especially from the throat)
- Opens the channel

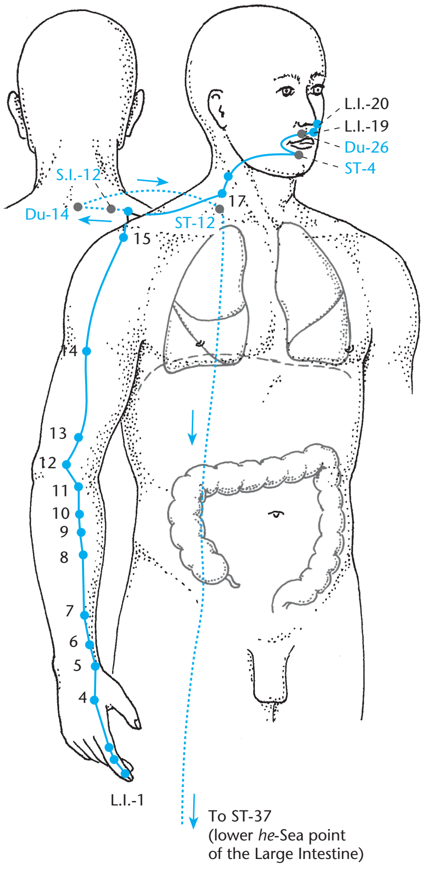
Special features

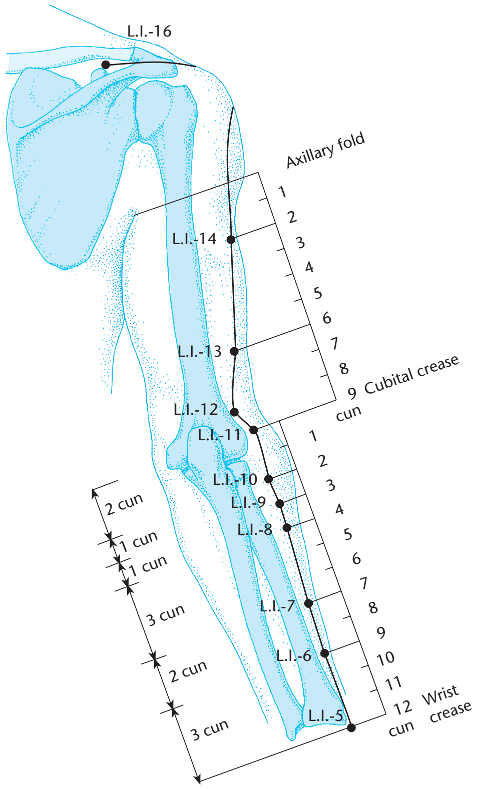
Jing-well point, Wood point, Sun Si Miao Ghost point, important distal point for sore throat caused by Wind-Heat.

4.2 The Large Intestine Channel System – Hand *yangming* (*shou yang ming jing luo*)

4.2.1 The Large Intestine Primary Channel (*shou yang ming jing*)


L.I.-1
L.I.-2
L.I.-3
L.I.-4
L.I.-5


L.I.-20
L.I.-19
Du-26
ST-4
S.I.-12
Du-14
ST-12
17
15
14
13
12
11
10
9
8
7
6
5
4
L.I.-1
To ST-37
(lower *he*-Sea point
of the Large Intestine)

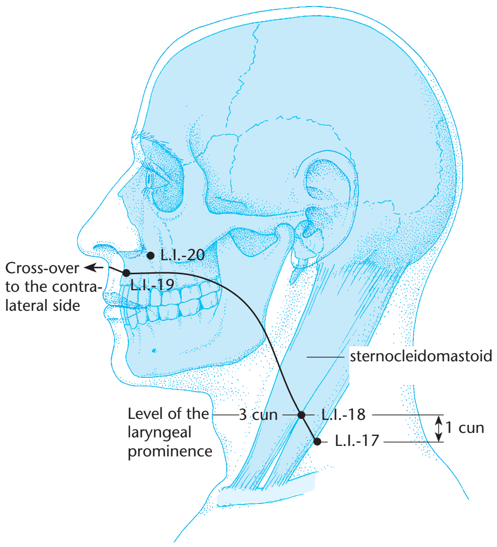

L.I.-16
Axillary fold
1
2
3
4
5
6
7
8
9 cun
Cubital crease
L.I.-14
L.I.-13
L.I.-12
L.I.-11
L.I.-10
L.I.-9
L.I.-8
L.I.-7
L.I.-6
L.I.-5
1
2
3
4
5
6
7
8
9
10
11
12 cun
Wrist crease
2 cun
1 cun
1 cun
3 cun
2 cun
3 cun

Pathway

The **external** part of the Large Intestine primary channel begins on the index finger at → **L.I.-1** (*shangyang*, at the radial aspect of the corner of the nail). This point is reached by a branch which separates from the Lung primary channel at → **LU-7** (*lieque*; hand Yin–Yang connection of the first great circuit). The Large Intestine primary channel runs between the first and second metacarpal bones,

- then runs proximally along the radial aspect of the forearm towards the lateral aspect of the elbow
- travels in a proximal direction along the lateral aspect of the upper arm towards the shoulder
- crosses the Small Intestine primary channel at → **S.I.-12** (*bingfeng*) in the centre of the suprascapular fossa
- continues to → **Du-14** (*dazhui*) inferior to the spinous process of the 7th cervical vertebra, where it meets with the other five Yang primary channels
- crosses the neck and enters the supraclavicular fossa at → **ST-12** (*quepen*).

Here the **internal** pathway branches off and connects with the Lung (*fei*), its paired *zang*-Organ, penetrates the diaphragm and enters the Large Intestine (*dachang*), its pertaining *fu*-Organ. From the Large Intestine (according to some authors: the Large Intestine primary channel) an **internal** branch runs in an inferior direction to → **ST-37** (*shangjuxu*) on the lateral aspect of the lower leg, the lower *he*-sea point of the Large Intestine.


L.I.-20
Cross-over to the contra-lateral side
L.I.-19
sternocleidomastoid
Level of the laryngeal prominence
3 cun
L.I.-18
L.I.-17
1 cun

The **external** branch ascends from the supraclavicular fossa, travels along the lateral aspect of the neck and traverses the cheek.

➡ From here another **internal** branch enters the lower gums, where it extends further.

➡ The **external** course of the primary channel passes → **ST-4** (*dicang*) and curves around the mouth to the upper lip, crossing to the contralateral side of the body at → **Du-26** (*renzhong*), located at the philtrum. On the contralateral side of the body, it reaches → **L.I.-19** (*kouheliao*) and terminates **contralaterally** at → **L.I.-20** (*yingxiang*) on the side of the nose.

Note: Deadman et al. (1998) mention → **Ren-24** (*chengjiang*) as additional meeting point (variant → figure). They also mention → **G.B.-5** (*xuanlu*), → **G.B.-6** (*xuanli*) and → **G.B.-14** (*yangbai*) as classic meeting points with the Large Intestine channel but these are not normally shown in illustrations of the channel.

Clinical importance (→ 1.2)

Exterior (*biao*) signs and symptoms: Fever, dryness of the mouth, thirst, a sore and swollen throat, nosebleed, toothache, red, painful eyes, stiff fingers, painful cold or painful hot swellings of the upper arm and shoulder

Interior (*li*) or *zangfu*-Organ signs and symptoms: Pain in the lower abdomen, borborygmus, diarrhoea or yellow stools with mucus, shortness of breath, dyspnoea

Excess (*shi*): Heat sensations along the channel

Deficiency (*xu*): Cold sensations and chills along the channel

Connections of the Large Intestine primary channel (→ 1.2)

With other channels

Lung primary channel (*shou tai yin jing*)

Connection: Hand Yin–Yang connection of the first great circuit
Location: LU-7 → L.I.-1 (on the hand). A branch of the Lung primary channel connects with the Large Intestine primary channel at **L.I.-1** (*shangyang*)
Circulation: Circadian (according to the Organ clock)
Importance: Exterior–Interior relationship

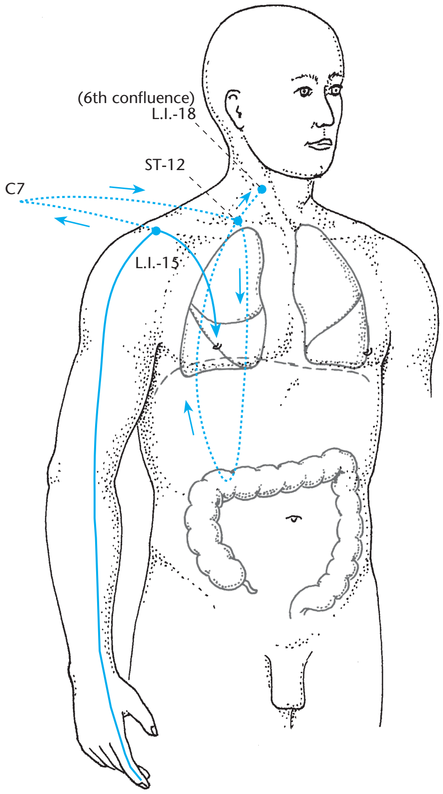
Stomach primary channel (*zu yang ming jing*)

Connection: Paired according to the six channel theory (hand–foot pairing): *yangming* (Yang axes of the first great circuit)
Location: L.I.-20 → (BL-1) → ST-1 (on the head)
Circulation: Circadian (according to the Organ clock)
Importance: Above–below relationship

With the *zangfu*-Organ systems

Lung (*fei*), **Large Intestine (*dachang*)**, Stomach (*wei*)

4.2.2 The Large Intestine Divergent Channel (*shou yang ming jing bie*)



Pathway

The Large Intestine divergent channel separates from the Large Intestine primary channel on the hand,

- ➡ travels along the arm to the shoulder to ➞ **L.I.-15** (*jianyu*)
- ➡ from **L.I.-15** a **branch** runs to the thorax and branches out into the breasts
- ➡ **another branch** runs to the cervical spine at the 7th cervical vertebra, returns from there to the supraclavicular fossa, descends to the Large Intestine (*dachang*), ascends to the Lung (*fei*) and **emerges** to the Exterior at ➞ **ST-12** (*quepen*).*

It then travels along the anterolateral aspect of the neck and connects with the Large Intestine primary channel and the Lung divergent channel at ➞ **L.I.-18** (*futu*) at one of the six *he*-confluences[†] (here: L.I./LU as 6th confluence ➞ 1.3).

Clinical importance

- Strengthens the connection between the Lung and the Large Intestine (*zangfu*-Organs). Points on the Large Intestine primary channel can therefore be used for disorders of the Lung, and vice versa points on the Lung primary channel can treat disorders of the Large Intestine.
- A branch of the Large Intestine divergent channel spreads (from ➞ **L.I.-15**) across the thorax and the breasts, thus extending the actions of the points on the Large Intestine primary channel to these regions, for example for the treatment of mastitis, myalgias and thoracic pain.

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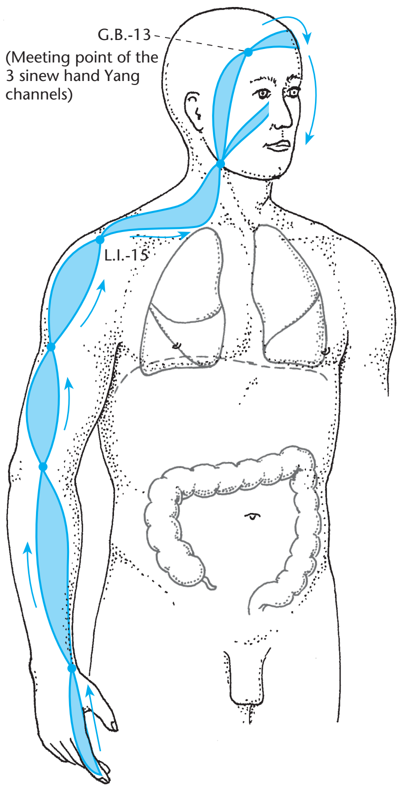
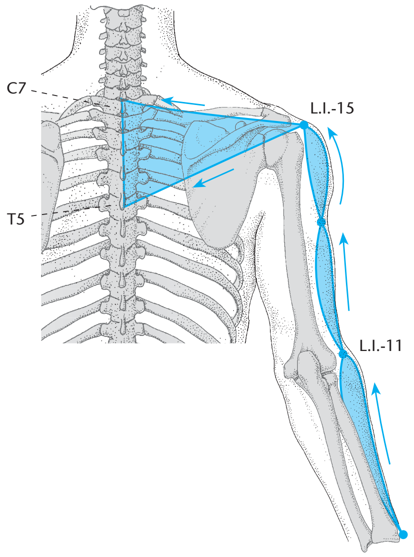
* Some authors describe the divergent channel as travelling directly from the spine to the Large Intestine, without meeting ➞ **ST-12** (variant ➞ Fig.).

[†] According to some authors the 6th *he*-Confluence is located at ➞ **ST-12** (*quepen*).

4.2.3 The Large Intestine Sinew Channel (*shou yang ming jing jin*)





Pathway

The Large Intestine sinew channel

- begins on the index finger at → **L.I.-1** (*shangyang*)
- runs along the index finger and the 2nd metacarpal bone towards the wrist, where it binds (*jie*) at → **L.I.-5** (*yangxi*)
- travels along the posterolateral aspect of the forearm
- reaches the elbow and binds (*jie*) at → **L.I.-11** (*quchi*)
- continues along the lateral aspect of the upper arm and the deltoid muscle to the shoulder, where it binds (*jie*) again at → **L.I.-15** (*jianyu*)
- from **L.I.-15** a branch spreads across the scapula and then attaches to the spine between the 7th cervical vertebra and the 5th thoracic vertebra (or between → **Du-14** (*dazhui*) and → **Du-11** (*shendao*).
- The **main branch** ascends from **L.I.-15**, crosses the supraclavicular fossa and continues from there along the lateral aspect of the neck towards the angle of the jaw where it binds (*jie*).

Here it forks into two branches:

- **One branch** runs across the zygomatic bone towards the lateral side of the nose
- **The other branch** ascends the lateral aspect of the face and anterior to the Small Intestine sinew channel, connects at → **G.B.-13** (*benshen*) with the other sinew Yang channels, crosses over the head and ends at the lower jaw on the opposite side.

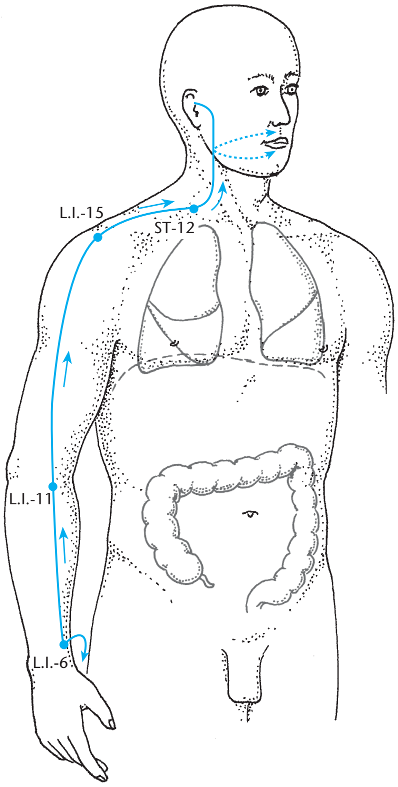
Note: According to some schools of thought, the sinew channel only ends at → **L.I.-17** (*tianding*; Solinas et al. 1998).

Clinical importance

Pathology: cramps, pain, tension and stiffness along the Large Intestine sinew channel. Limited range of motion of the upper limbs and shoulders. Occipital pain, stiffness and limited range of motion.

Indication: Mainly for *bi*-syndrome (painful obstruction syndrome) along the Large Intestine channel. The area covered by the Large Intestine sinew channel is larger than that covered by the Large Intestine primary channel. This explains why the indications of points on the Large Intestine primary channel include disorders and diseases of the upper neck and thoracic region as well as of the whole face (for example frontal and temporal headaches).

4.2.4 The Large Intestine *luo*-Connecting Vessel System (*shou yang ming luo mai*)



Pathway

The **Large Intestine** *luo*-connecting channel system begins at the *luo*-connecting point → **L.I.-6** (*pianli*) (→ 8.1.2), where it branches off from the primary channel and forms a three-dimensional reticular network, dividing into numerous branches and sub-branches (*sun luo*, *fu luo*, *xue luo* → 1.5) within the surrounding tissue.

➡ Horizontal divisions course to the Interiorly–Exteriorly paired Lung primary channel; according to some schools (for example, Van Nghi → Appendix) they travel as a **transverse** LU *luo*-connecting vessel to the *yuan*-source point → **LU-9** (*taiyuan*).

➡ A **longitudinally** orientated division follows the Large Intestine primary channel to **L.I.-15** (*jianyu*), continues via the supraclavicular fossa to → **ST-12** (*quepen*) and along the neck to the mandibular angle, where it spreads. One branch runs to the teeth; another branch reaches the ear, where it communicates with all channels reaching the ear.

Clinical importance (→ 8.1.2)

Pathology

- **Excess (*shi*):** Disorders of the teeth and gums, disorders of the ears
- **Deficiency (*xu*):** Sensitive teeth and gums (such as sensitivity to cold), sensation of tightness in the chest and diaphragm

4.2.5 Cutaneous Region (*yang ming pi bu*)

See description and figures → 1.6

4.2.6 Points of the Large Intestine Primary Channel (Overview)

Specific points according to their function

- ***Yuan*-source point (→ 8.1.1): L.I.-4** (*hegu*) 🟦🟦
- ***Luo*-Connecting point (→ 8.1.2.): L.I.-6** (*pianli*) 🟦■
- ***Xi*-cleft point (→ 8.1.3): L.I.-7** (*wenliu*)
- **Associated Back-*shu* point (→ 8.1.4): BL-25** (*dachangshu*) 🟦■
- **Associated Front-*mu* point (→ 8.1.5): ST-25** (*tianshu*)
- **Five *shu*-transport point (→ 8.1.6):**
  jing-well point (Metal), *ben* point:. **L.-I.1** (*shangyang*)
  ying-spring point (Water), sedation point: **L.I.-2** (*erjian*)
  shu-stream point (Wood): **L.I.-3** (*sanjian*)
  jing-river point (Fire): **L.I.-5** (*yangxi*)
  he-sea point (Earth), tonification point: **L.I.-11** (*quchi*) 🟦🟦
- ***Hui*-meeting point (→ 8.1.7): –**
- **Opening point (→ 8.1.8): –**
- **Lower *he*-sea point (→ 8.1.9): –**
- ***Jiaohui*-meeting points (→ 8.1.10):**
  - with the Small Intestine primary and BL channel, *yang wei mai*: **L.I.-14** (*binao*)*
  - with the *yang qiao mai*: **L.I.-15** (*jianyu*) 🟦■, **L.I.-16** (*jugu*)
  - with the primary ST channel: **L.I.-20** (*yingjiang*) 🟦■
  - of other channels with the L.I. channel: **ST-4, ST-12, S.I.-12, Du-14, Du-26, Ren-24***; according to some classics: **G.B.-5, G.B.-6, G.B.-14**
- **Gao Wu command point (→ 8.1.11) for the face and mouth: L.I.-4** (*hegu*) 🟦🟦
- **Window of Heaven point (→ 8.1.12): L.I.-18** (*futu*)
- **Point of the Four Seas (→ 8.1.13): –**
- **Ma Dan Yang Heavenly Star points (→ 8.1.14): L.I.-4** (*hegu*) 🟦🟦, **L.I.-11** (*quchi*) 🟦🟦
- **Sun Si Miao Ghost point (→ 8.1.15): L.I.-11** (*quchi*) 🟦🟦

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* Mentioned by only some authors

Points according to region

- **Local points (→ 8.2.1):** nose – **L.I.-20** (*yingxiang*) 🟦■; shoulder – **L.I.-15** (*jianyu*) 🟦■; elbow – **L.I.-11** (*quchi*) 🟦🟦; hand – **L.I.-5** (*yangxi*); hand and fingers – **L.I.-4** (*hegu*) 🟦🟦; fingers (numbness and pain) – **L.I.-3** (*sanjian*)
- **Regional points (→ 8.2.1):** elbow – **L.I.-10** (*shousanli*), **L.I.-13** (*shouwuli*); shoulder and elbow – **L.I.-14** (*binao*)
- **Distal points (→ 8.2.1):** forehead, eyes, mouth/teeth – **L.I.-4** (*hegu*) 🟦🟦; nose – **L.I.-3** (*sanjian*), **L.I.-4** (*hegu*) 🟦🟦; neck – **L.I.-4** (*hegu*) 🟦🟦, **L.I.-11** (*quchi*) 🟦🟦; mouth/teeth – **L.I.-2** (*erjian*), **L.I.-4** (*hegu*) 🟦🟦; shoulder, elbow, hand, fingers – **L.I.-4** (*hegu*) 🟦🟦, **L.I.-1** (*shangyang*); knee and foot – **L.I.-5** (*yangxi*); foot – **L.I.-2** (*erjian*), **L.I.-3** (*sanjian*); toes – **L.I.-4** (*hegu*) 🟦🟦

Specific points according to the course of the channel (in numerical order)

- **L.I.-1** (*shangyang*): *jing*-well point (Metal) (→ 8.1.6); *ben* point (Five Phase point); distal point for the elbow and the hand (→ 8.2.1)
- **L.I.-2** (*erjian*): *ying*-spring point (Water) (→ 8.1.6); sedation point; distal point for the mouth/teeth (→ 8.2.1); distal point for the foot (→ 8.2.1)
- **L.I.-3** (*sanjian*): *shu*-stream point (Wood) (→ 8.1.6); local point for the fingers (numbness and pain) (→ 8.2.1); distal point for the nose (→ 8.2.1); distal point for the feet (→ 8.2.1)
- **L.I.-4** (*hegu*) 🟦🟦: *yuan*-source point (→ 8.1.1); Ma Dan Yang Heavenly Star point (→ 8.1.14); Gao Wu command point (→ 8.1.11) for the face and mouth; important point for acupuncture anaesthesia; distal point for the forehead, eyes, nose, mouth/teeth, jaw, shoulder, elbow, hand, fingers (→ 8.2.1); local point for the hand and fingers (stiffness) (→ 8.2.1)
- **L.I.-5** (*yangxi*): *shu*-stream point (Fire) (→ 8.1.6); local point for the hand (→ 8.2.1); distal point for the knees and feet (→ 8.2.1)
- **L.I.-6** (*pianli*): *luo*-connecting point (→ 8.1.2)
- **L.I.-7** (*wenliu*): *xi*-cleft point (→ 8.1.3)
- **L.I.-10** (*shousanli*): adjacent point for the elbow (→ 8.2.1)
- **L.I.-11** (*qichi*) 🟦🟦: Sun Si Miao Ghost point (→ 8.1.15); *he*-sea point (Earth) (→ 8.1.6); tonification point; Ma Dan Yang Heavenly Star point; distal point for the neck (→ 8.2.1); local point for the elbow (→ 8.2.1)
- **L.I.-13** (*shouwuli*): regional point for the elbow (→ 8.2.1)
- **L.I.-14** (*binao*)*: *jiaohui*-meeting point with the S.I. and BL channel and the *yang wei mai** (→ 8.1.10); regional point for the shoulder and elbow (→ 8.2.1)
- **L.I.-15** (*jianyu*) 🟦■: *jiaohui*-meeting point with the *yang qiao mai* (→ 8.1.10); local point for the shoulder (→ 8.2.1)
- **L.I.-16** (*jugu*): *jiaohui*-meeting point with the *yang qiao mai* (→ 8.1.10)
- **L.I.-18** (*futu*): Window of Heaven point (→ 8.1.12)
- **L.I.-20** (*yingxiang*) 🟦■: local point for disorders of the nose (→ 8.2.1); *jiaohui*-meeting point with the ST channel (→ 8.1.10)

General location help

- The course of the line connecting **L.I.-5** and **L.I.-11** (12 cun) changes depending on whether the forearm is in a supinated or a pronated position. For location purposes the forearm should be in a midposition with the elbow slightly flexed.
- Since the L.I. channel crosses to the opposite side of the body at **Du-26** (nasolabial groove), locate **L.I.-19** and **L.I.-20** contralaterally.

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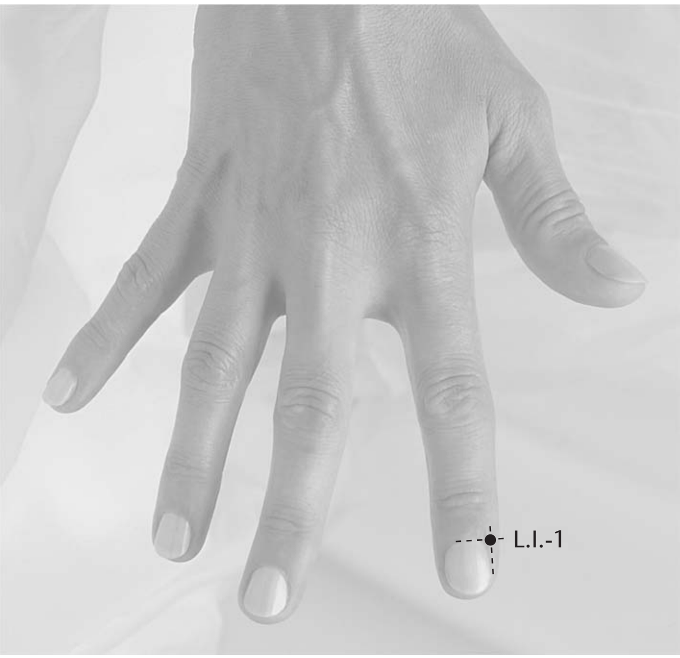
* Mentioned by only a few authors

Shang Yang SHANGYANG **L.I.-1**



Location

On the index finger, 0.1 cun from the radial corner of the nail.

How to find

This point is located where two tangents bordering the nail of the index finger medially and proximally cross, approximately 0.1 cun from the corner of the nail.

Needling

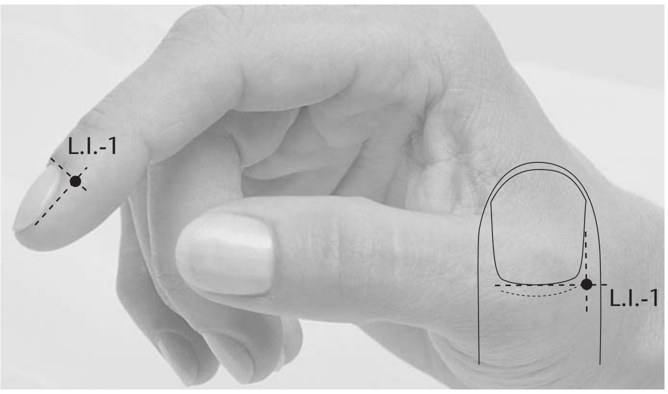
0.2–0.3 cun vertically or obliquely in a proximal direction. Avoid needling the perionychium. For acute disorders (pain, inflammation), prick to bleed with needle, lancet or three-edged needle.

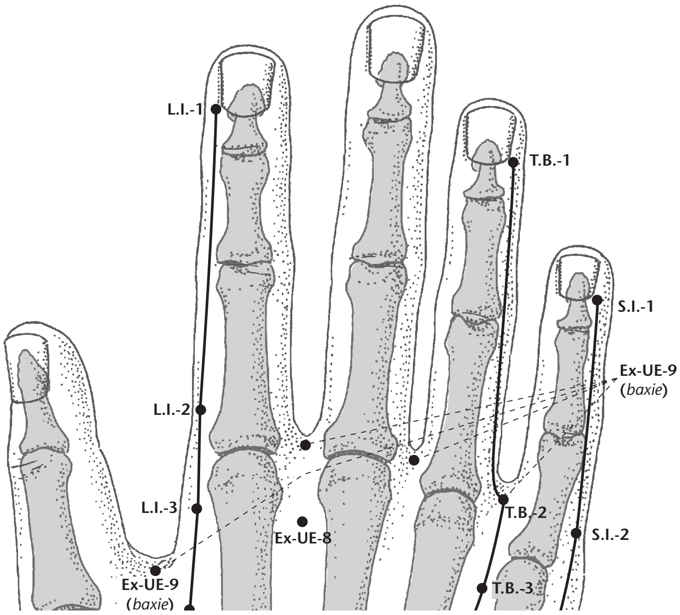
Actions/Indications

- Expels pathogenic factors and opens the channel
- Frees the senses

Special features

Jing-well point, Metal point, *ben* point (Five Phases), entry point according to some authors.





L.I.-2 *Second Space* ERJIAN

Location

On the radial aspect of the index finger, distal to the metacarpo-phalangeal joint, at the junction of the shaft and the basis of the proximal phalanx.

How to find

With the hand relaxed, palpate the border between the 'red to white' skin along the shaft of the second proximal phalangeal bone towards the metacarpo-phalangeal joint until the angle between the base and the shaft of the bone can be clearly felt. **L.I.-2** is located at the junction of the shaft and the base and slightly below (palmar to) the most external curvature of the bone.
→ **S.I.-2** is located in a similar position at the proximal phalanx of the little finger.

Needling

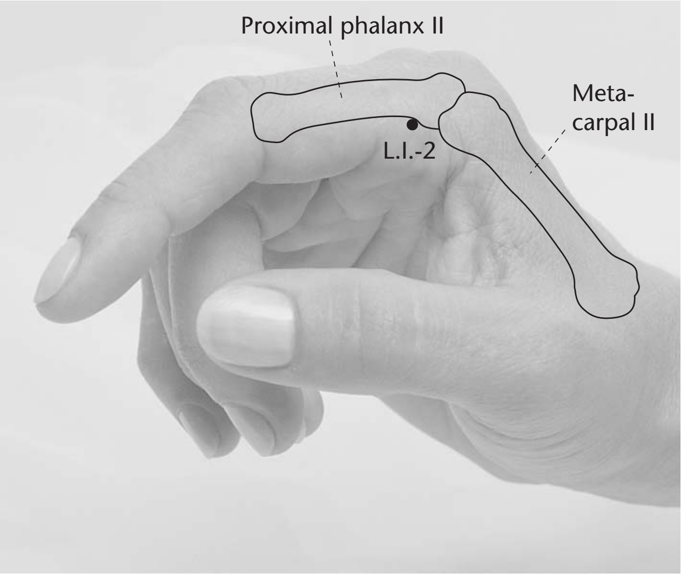
0.2–0.5 cun obliquely in a proximal direction or distal in a slightly palmar direction.

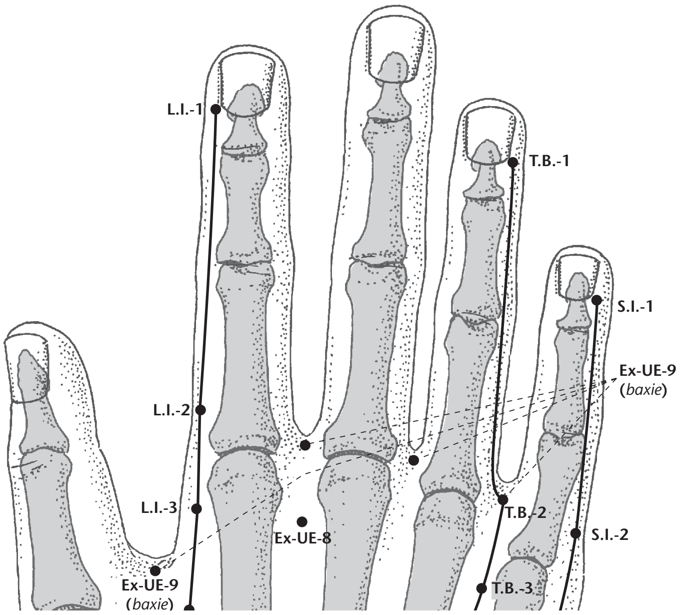
Actions/Indications

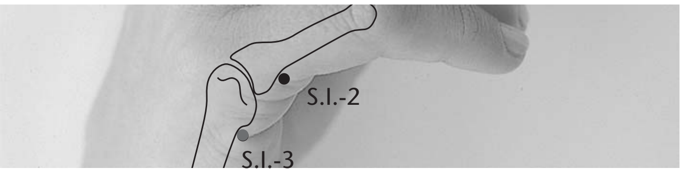
- Clears Heat and expels Wind

Special features

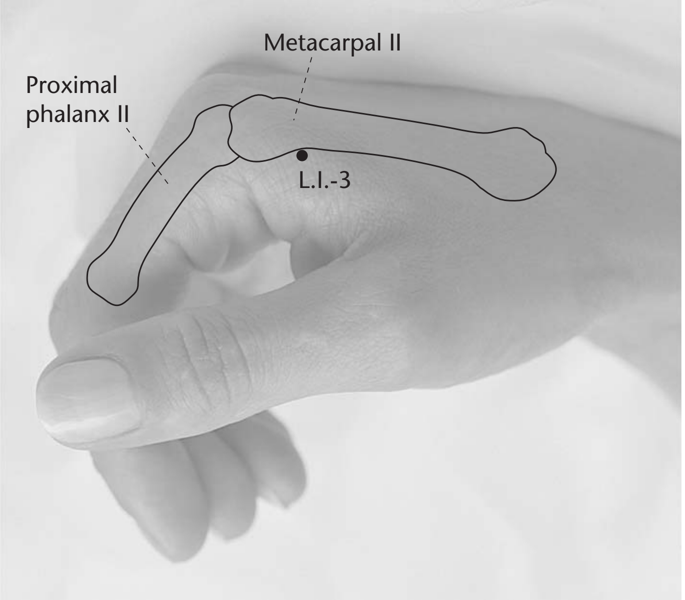
Ying-spring point, Water point, sedation point, distal point for the mouth and teeth

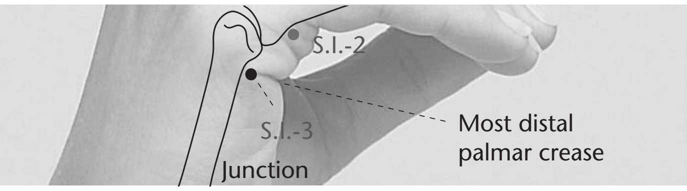

Proximal phalanx II
Meta-
carpal II
L.I.-2


L.I.-1
T.B.-1
S.I.-1
Ex-UE-9
(*baxie*)
L.I.-2
L.I.-3
T.B.-2
S.I.-2
Ex-UE-8
Ex-UE-9
(*baxie*)
T.B.-3



Third Space SANJIAN **L.I.-3**


Metacarpal II
Proximal phalanx II
L.I.-3


S.I.-2
S.I.-3
Junction
Most distal palmar crease

Location

On the radial aspect of the index finger, proximal to the metacarpo-phalangeal joint, at the junction of the shaft and the head of the 2nd metacarpal bone.

How to find

With the hand relaxed, palpate along the radial aspect of the 2nd metacarpal bone in a distal direction until the angle formed between the head and the shaft can be clearly felt. **L.I-3** is located at the junction of the shaft and the head and slightly below (palmar to) its most external curvature. → **S.I.-3** is located in a comparable position on the ulnar aspect of the 5th metacarpal bone (on the ulnar border of the hand). Located in a comparable location on the feet are → **SP-3** and → **BL-65**.

Needling

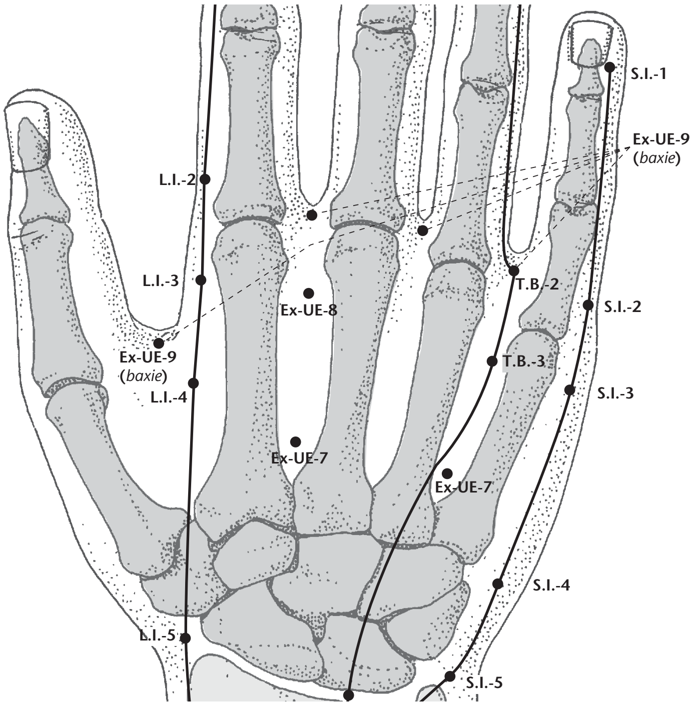
With the hand relaxed, 0.3–1 cun vertically directly below the lower border of the metacarpal bone towards → **S.I.-3**.

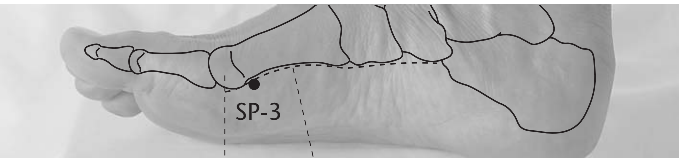
Actions/Indications

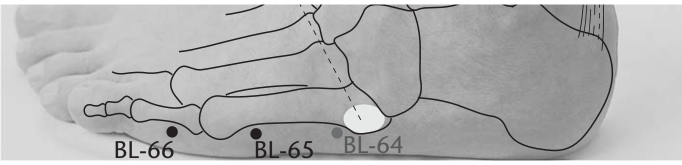
- Clears Heat and expels Wind
- Benefits the throat and teeth
- Alleviates pain

Special features

Shu-stream point, Wood point. Important point for pain in the fingers and the metacarpus.


S.I.-1
Ex-UE-9
(*baxie*)
L.I.-2
L.I.-3
Ex-UE-8
T.B.-2
S.I.-2
Ex-UE-9
(*baxie*)
L.I.-4
T.B.-3
S.I.-3
Ex-UE-7
Ex-UE-7
S.I.-4
L.I.-5
S.I.-5

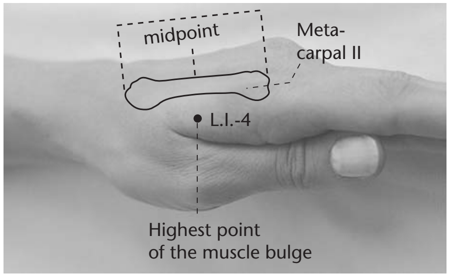


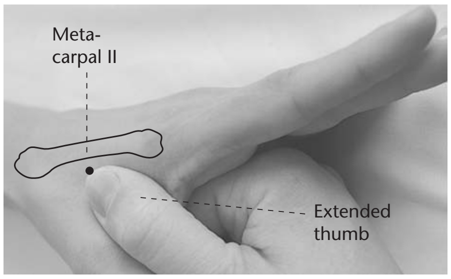

BL-66
BL-65
BL-64

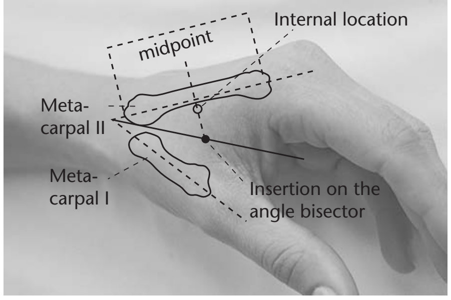
L.I.-4 *Joining Valley* HEGU

Location

On the radial aspect of the hand, between the 1st and 2nd metacarpal bones, closer to the 2nd metacarpal bone and approximately at its midpoint.


midpoint
Meta-
carpal II
L.I.-4
Highest point
of the muscle bulge


Meta-
carpal II
Extended
thumb


Internal location
midpoint
Meta-
carpal II
Meta-
carpal I
Insertion on the
angle bisector

How to find

When pressing the thumb and index finger together, the adductor pollicis and the interosseus dorsalis muscles will form a bulge. Needle **L.I.-4** at the highest point of the bulge and push it further towards the inferior aspect of the second metacarpal bone. **Or**: Spread the thumb and forefinger and place the distal phalanx of the thumb of the other hand on the webbed border. When flexing the thumb, its tip will point to **L.I.-4. Or**: Insertion on the angle bisector between the 1st and 2nd metacarpal bones, needling in the direction of the midpoint of the second metacarpal bone.

Needling

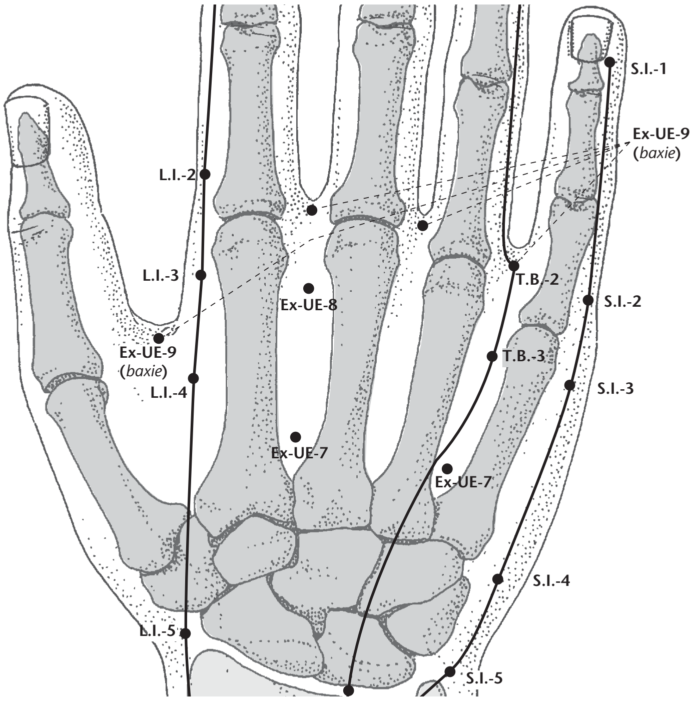
0.5–1 cun vertically or slightly obliquely towards the palmar aspect of the hand. Caution: Reducing needle techniques are contraindicated during pregnancy; exception: to induce labour.

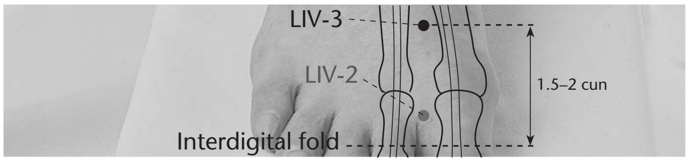
Actions/Indications

- Releases the Exterior (main point!)
- Regulates the face and head
- Regulates the Defensive Qi (*wei qi*) and sweating
- Opens the channel and *luo*-connecting vessels
- Alleviates pain
- Promotes labour

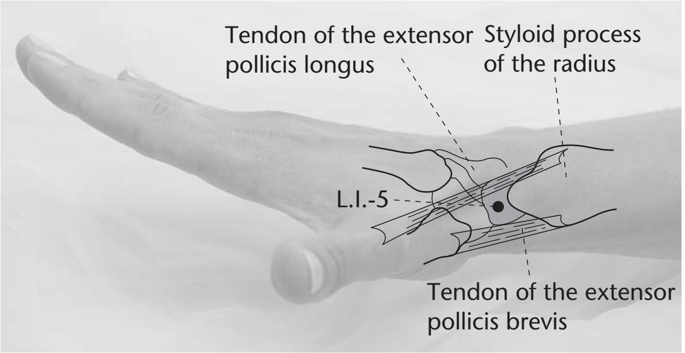
Special features

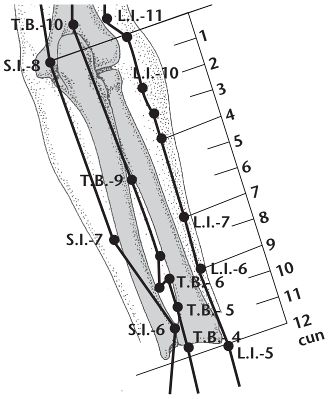
Yuan-source point, Gao Wu command point for the head and mouth, Ma Dan Yang Heavenly Star point, entry point according to some authors. Most important analgesic point for the whole body. Most important single distal point for disorders of the face and sensory organs. It is the most commonly used point in clinical practice. The combined bilateral needling of **L.I.-4** and → **LIV-3** (between the 2nd and 3rd metatarsal bones) is known as *si guan* (Four Gates): they strongly regulate the Qi and Blood, stop pain and relieve spasms.

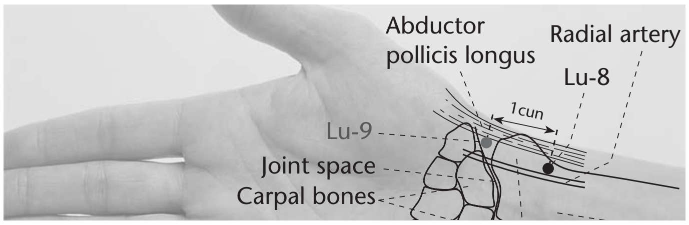

S.I.-1
Ex-UE-9
(*baxie*)
L.I.-2
L.I.-3
T.B.-2
S.I.-2
Ex-UE-8
Ex-UE-9
(*baxie*)
T.B.-3
L.I.-4
S.I.-3
Ex-UE-7
Ex-UE-7
S.I.-4
L.I.-5
S.I.-5


LIV-3
LIV-2
1.5–2 cun
Interdigital fold

Yang Stream YANGXI L.I.-5


Tendon of the extensor pollicis longus
Styloid process of the radius
L.I.-5
Tendon of the extensor pollicis brevis


T.B.-10
L.I.-11
S.I.-8
L.I.-10
1
2
3
4
5
6
7
8
9
10
11
12
cun
T.B.-9
S.I.-7
L.I.-7
L.I.-6
T.B.-6
T.B.-5
S.I.-6
T.B.-4
L.I.-5


Abductor pollicis longus
Radial artery
Lu-8
1cun
Lu-9
Joint space
Carpal bones

Location

With the thumb abducted, in a depression between the tendons of the extensor pollicis longus and brevis muscles (‘anatomical snuffbox’), on the radial aspect of the wrist.

How to find

The anatomical snuffbox is a depression on the radial aspect of the wrist formed when abducting the thumb. Holding the hand in a horizontal position, it opens towards the body. **L.I.-5** is located on the wrist joint space, which becomes palpable by moving the wrist. → **LU-9** is also located on the wrist joint space and can be found by moving anteriorly from **L.I.-5** across the short tendon of the extensor pollicis muscle.

Needling

Vertically 0.5–1 cun. Caution: Avoid the superficial cephalic vein.

Actions/Indications

- Supports the wrist joint
- Clears Fire and expels Wind
- Clears Fire from the *yangming* (L.I., ST) and calms the *shen*

Special features

Jing-river point, Fire point. Important local point for disorders of the wrist, together with **T.B.-4, S.I.-5, HE-7, P-7** and **LU-9**.

L.I.-6 *Veering Passage* PIANLI

Location

3 cun proximal to → **L.I.-5** (in the centre of the anatomical snuffbox), on the line connecting → **L.I.-5** and → **L.I.-11**, between the abductor pollicis longus and the extensor pollicis brevis muscles, at the level of the junction between the tendon and the muscle.

How to find

Please note: The course of the line connecting → **L.I.-5** and → **L.I.-11** depends on the position of the forearm. For location purposes, a midposition of the forearm with flexed elbow is recommended. To locate **L.I.-6**, measure 3 cun (1 handsbreath) from → **L.I.-5** (centre of the anatomical snuffbox) on the connecting line. **Or**: 'Tiger mouth grip' (→ Fig. 2.6): Spread thumb and index finger of both hands, crossing them so that the forefinger of one hand comes to rest on the styloid process of the other, but avoiding bending the wrist. Place the middle finger against the forefinger: **L.I.-6** is located directly below the tip of the middle finger.

Located at the same level (3 cun proximal to the wrist joint space) on the dorsal side of the forearm are → **T.B.-6** (in the depression between the radius and the muscle) and → **T.B.-7** (in the depression between the ulna and the muscle) as well as → **P-5** (on the ventral side of the forearm between the tendons).

Needling

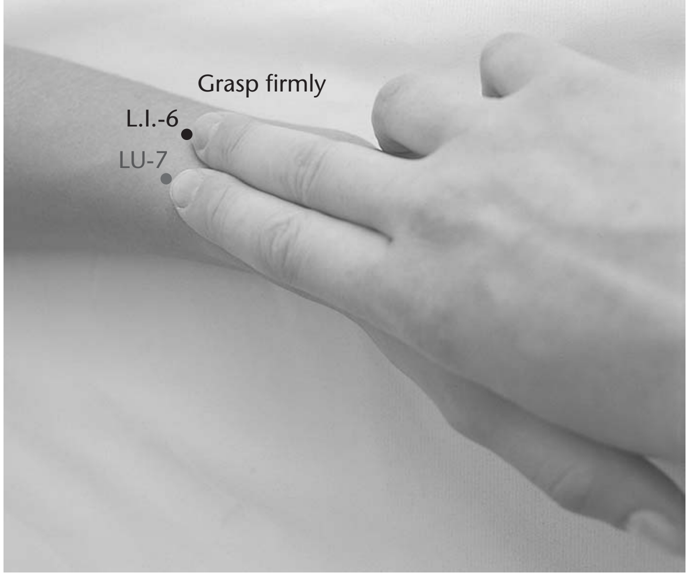
Obliquely or transversely (subcutaneously) 0.5–1 cun

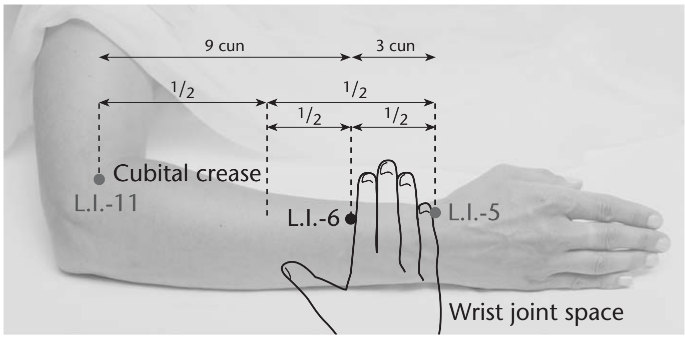
Actions/Indications

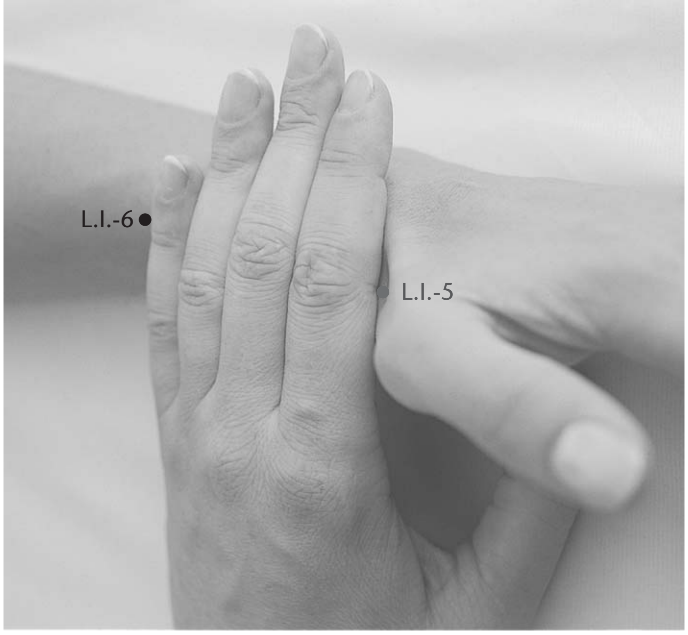
- Expels Wind, clears Heat
- Regulates and opens the water passages
- Opens the channel and *luo* vessels

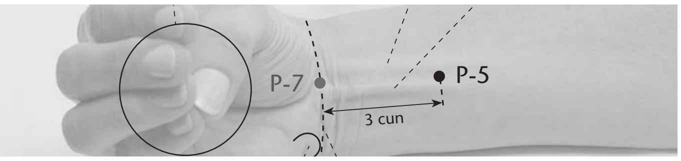
Special features

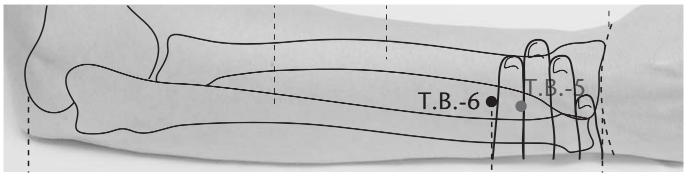
Luo-connecting point. Major point of the L.I. channel for regulating the water passages.



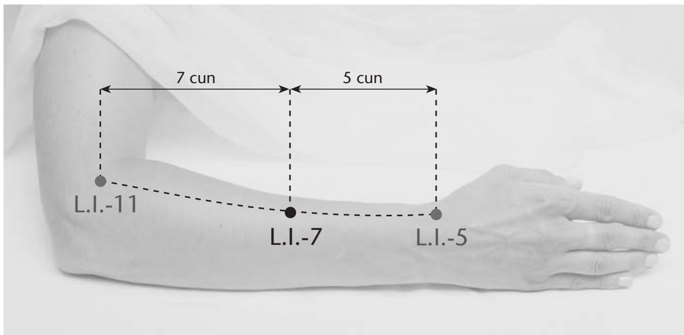


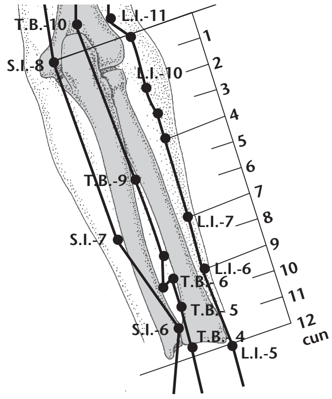


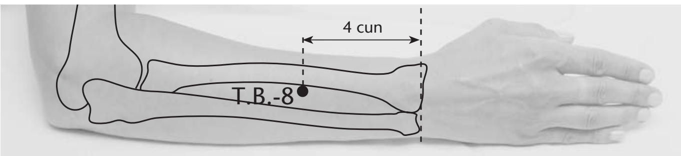


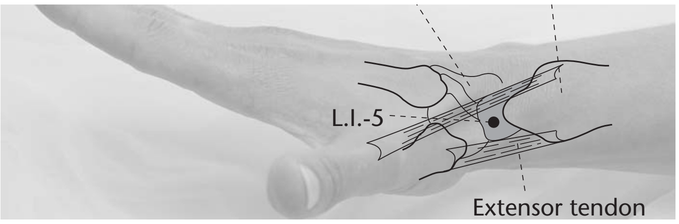


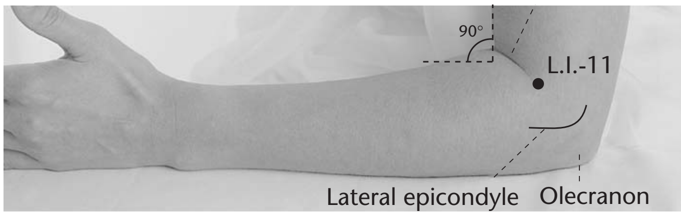
Warm Flow WENLIU L.I.-7


7 cun
5 cun
L.I.-11
L.I.-7
L.I.-5


T.B.-10
L.I.-11
S.I.-8
L.I.-10
T.B.-9
L.I.-7
S.I.-7
L.I.-6
T.B.-6
T.B.-5
S.I.-6
T.B.-4
L.I.-5
1
2
3
4
5
6
7
8
9
10
11
12
cun




L.I.-5
Extensor tendon


90°
L.I.-11
Lateral epicondyle
Olecranon

Location

5 cun proximal to the anatomical snuffbox in the direction of the lateral end of the elbow crease or 1 cun distal to the midpoint of the line connecting → **L.I.-5** and → **L.I.-11**.

How to find

Please note: With the hand supinated, the line connecting → **L.I.-5** and → **L.I.-11** runs alongside the radial margin of the forearm. However, with the arm pronated, it transverses the forearm. **L.I.-7** lies on the dorso-lateral aspect of the radius and is best located with the forearm in midposition and the elbow flexed. Spreading hands technique: Place the little fingers on → **L.I.-5** and → **L.I.-11** and span the hands evenly so that the thumbs join at the midpoint of the line. From there, measure 1 cun distally. → **T.B.-8** is located 4 cun proximal to the wrist crease between the radius and the ulna in the centre of the dorsal forearm or 1 cun distal to **L.I.-7**.

Needling

Vertically 0.5–1 cun

Actions/Indications

- Treats acute disorders
- Clears Heat and toxic Heat
- Regulates the Stomach and Large Intestine

Special features

Xi-cleft point

L.I.-8 *Lower Angle* XIALIAN

Location

4 cun distal to the lateral end of the elbow crease in the direction of the anatomical snuffbox and on a line connecting → **L.I.-5** and → **L.I.-11**.

How to find

Please note: In supination, the line connecting → **L.I.-5** and → **L.I.-11** runs along the radial margin of the forearm; in pronation, it transverses the forearm. **L.I.-8** lies on the dorsal aspect of the radius and is best located with the forearm in mid-position and the elbow flexed. **L.I.-8** can be found either 4 cun distal to → **L.I.-11** or 2 cun proximal to the midpoint of the line connecting → **L.I.-5** and → **L.I.-11** (spreading hands technique, → 2.3.3).

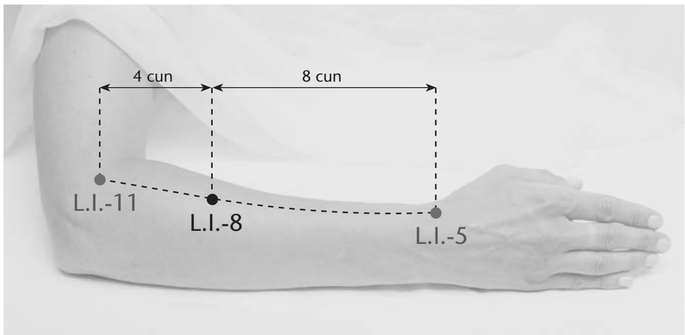
→ **T.B.-9** is 5 cun distal to the olecranon between the radius and the ulna, about 1 cun distal to **L.I.-8** in the middle of the dorsal forearm.

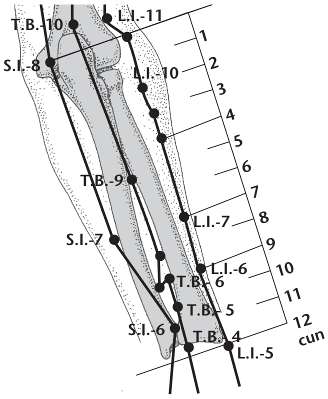
Needling

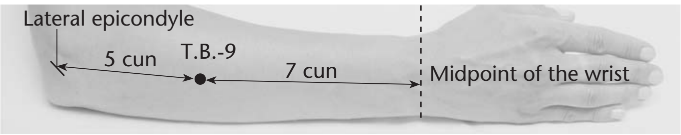
Vertically or obliquely 0.5–1 cun

Actions/Indications:

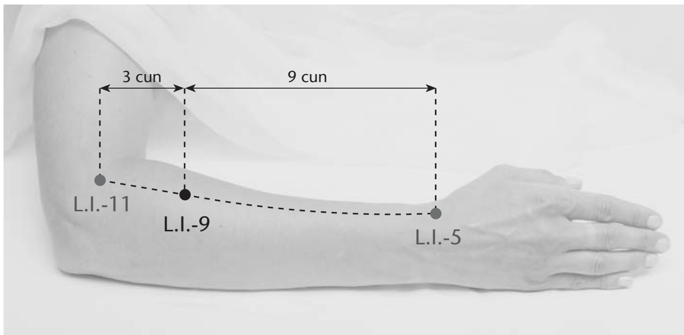
- Opens the channel
- Cools and expels Wind
- Harmonises the Small Intestine

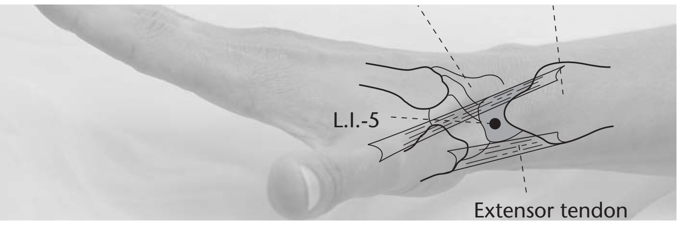

4 cun
8 cun
L.I.-11
L.I.-8
L.I.-5

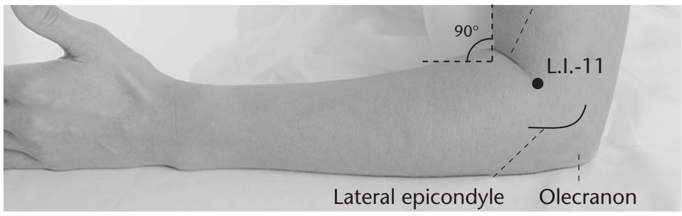

T.B.-10
L.I.-11
S.I.-8
L.I.-10
1
2
3
4
5
6
7
8
9
10
11
12 cun
T.B.-9
L.I.-7
S.I.-7
L.I.-6
T.B.-6
T.B.-5
S.I.-6
T.B.-4
L.I.-5


Lateral epicondyle
5 cun
T.B.-9
7 cun
Midpoint of the wrist

Upper Angle SHANGLIAN L.I.-9







Location

3 cun distal to the lateral end of the elbow crease in the direction of the anatomical snuffbox, on the line connecting → **L.I.-5** and → **L.I.-11**.

How to find

Please note: With the hand supinated, the line connecting → **L.I.-5** and → **L.I.-11** runs along the radial margin of the forearm. However, with the arm pronated, it transverses the forearm. **L.I.-9** lies on the dorsal aspect of the radius and is best located with the forearm in midposition and the elbow flexed. From → **L.I.-11**, measure 3 cun distally. The point is located in an easily palpable depression between two muscle bellies and is often tender with pressure.

Needling

Vertically or obliquely 0.5–1 cun

Actions/Indications

- Opens the channel, cools and expels Wind
- Harmonises the Large Intestine

L.I.-10 *Arm Three Miles* SHOUSANLI

Location

2 cun distal to → **L.I.-11**, on the line connecting → **L.I.-5** and → **L.I.-11**, on the extensor carpi radialis longus muscle; a deeper insertion will reach the supinator muscle.

How to find

Please note: With the hand supinated, the line connecting → **L.I.-5** and → **L.I.-11** runs along the radial margin of the forearm. However, with the arm pronated, it transverses the forearm. **L.I.-10** lies on the dorsal aspect of the radius and is best located with the forearm in midposition and with the elbow flexed. First, palpate → **L.I.-11** in the depression lateral to the radial end of the cubital crease. **L.I.-10**, usually sensitive to pressure, is found by measuring 2 cun distally from → **L.I.-11** on the connecting line.

Needling

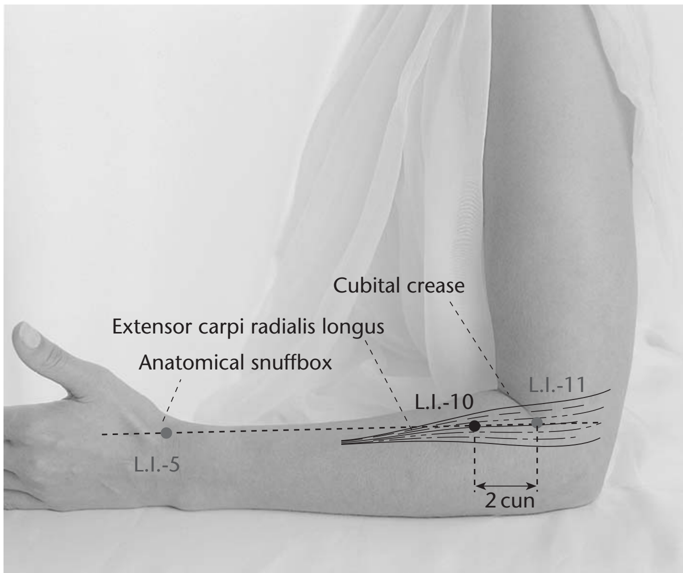
Vertically 1–2 cun

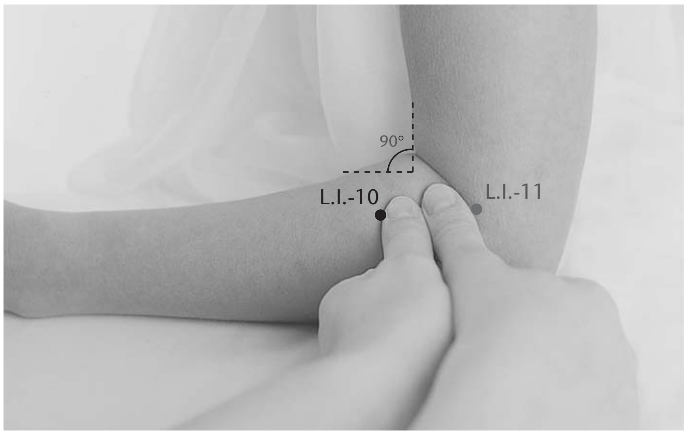
Actions/Indications

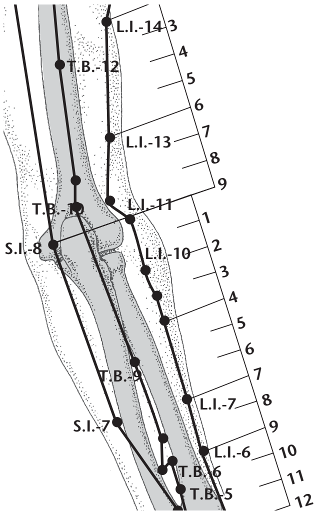
- Regulates the Qi and Blood (in the upper extremity), opens the channel and *luo* vessels, alleviates pain
- Regulates the Stomach and Intestines

Special features

Important local point, often used in chain-and-lock method with other channel points


Cubital crease
Extensor carpi radialis longus
Anatomical snuffbox
L.I.-11
L.I.-10
L.I.-5
2 cun


90°
L.I.-10
L.I.-11


L.I.-14
T.B.-12
L.I.-13
T.B.-10
L.I.-11
S.I.-8
L.I.-10
T.B.-9
L.I.-7
S.I.-7
L.I.-6
T.B.-6
T.B.-5
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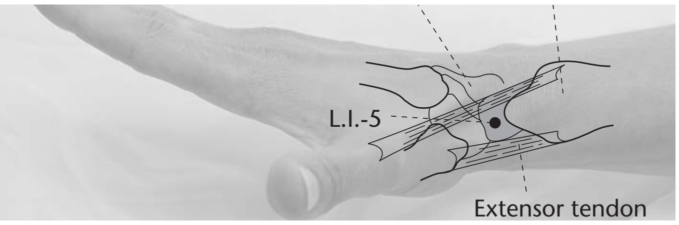
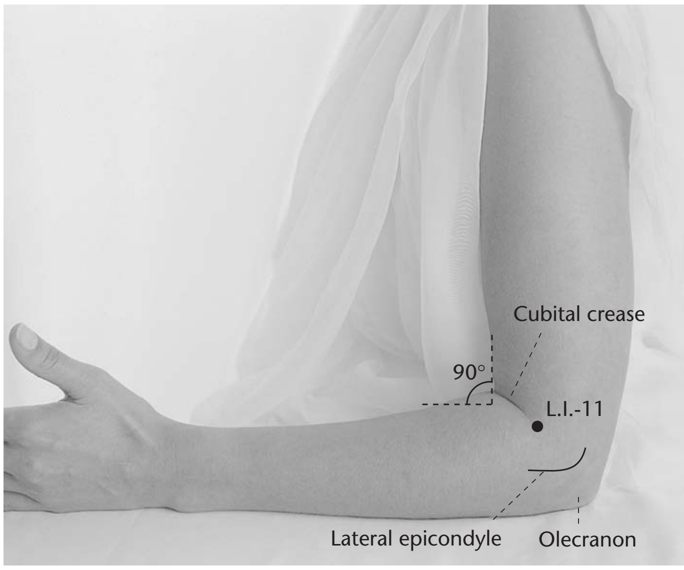

L.I.-5
Extensor tendon

Pool at the Crook QUCHI **L.I.-11**


Cubital crease
90°
L.I.-11
Lateral epicondyle
Olecranon

Location

With the elbow flexed, on the lateral end of the elbow crease, in a depression between the end of the crease and the lateral epicondyle of the humerus, on the extensor carpi radialis longus muscle.

How to find

First, with the elbow completely flexed, locate the lateral end of the elbow crease. Next, with the elbow flexed at approximately 90°, palpate for a pressure-sensitive depression in this area on the extensor carpi radialis longus muscle. **L.I.-11** is located close to the border of the proximal aspect of the ulna.

Also located at the level of the elbow crease are → **LU-5,** → **P-3** (radial/ulnar of the tendon of the biceps) and → **HE-3** (with the elbow completely flexed at the medial end of the cubital crease).

Needling

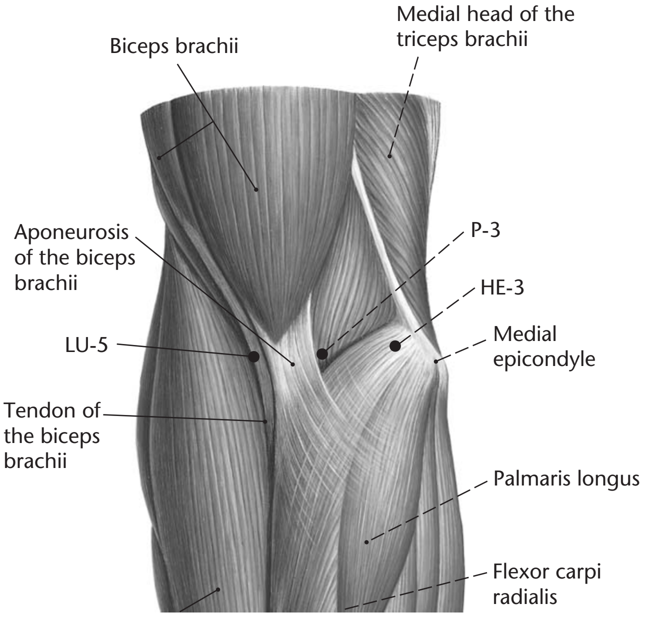
Vertically 1–1.5 cun

Actions/Indications

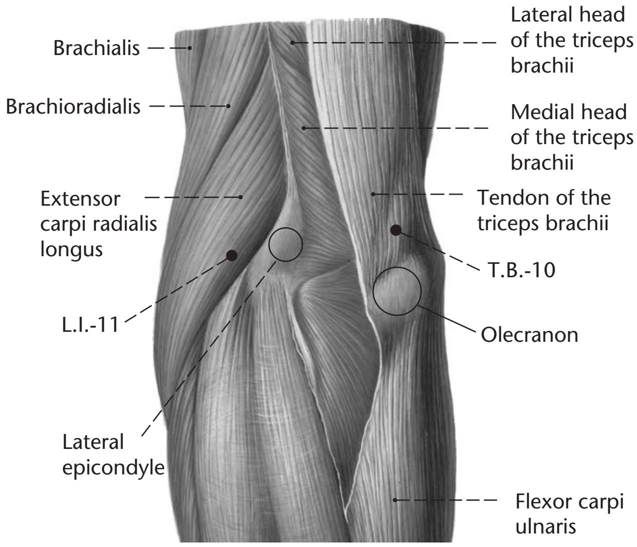
- Clears Heat, expels Wind
- Clears *yangming* – Fire
- Cools the Blood, drains Dampness, alleviates itching
- Opens the channel

Special features

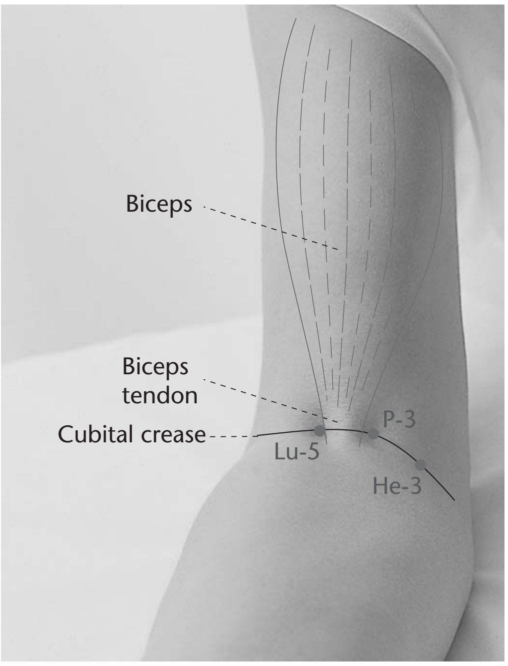
He-sea point, Earth point, tonification point, Sun Si Miao Ghost point, Ma Dan Yang Heavenly Star point. Important point for Heat conditions and disorders of the upper extremity.


Biceps brachii
Medial head of the triceps brachii
Aponeurosis of the biceps brachii
P-3
HE-3
Medial epicondyle
LU-5
Tendon of the biceps brachii
Palmaris longus
Flexor carpi radialis

Left arm, anterior aspect


Brachialis
Lateral head of the triceps brachii
Brachioradialis
Medial head of the triceps brachii
Extensor carpi radialis longus
Tendon of the triceps brachii
T.B.-10
L.I.-11
Olecranon
Lateral epicondyle
Flexor carpi ulnaris

Left arm, posterior aspect


Biceps
Biceps tendon
Cubital crease
P-3
Lu-5
He-3

Right arm, anterior aspect

L.I.-12 *Elbow Crevice* ZHOULIAO

Location

1 cun proximal to the lateral end of the elbow crease (→ **L.I.-11**), on the anterior border of the humerus.

How to find

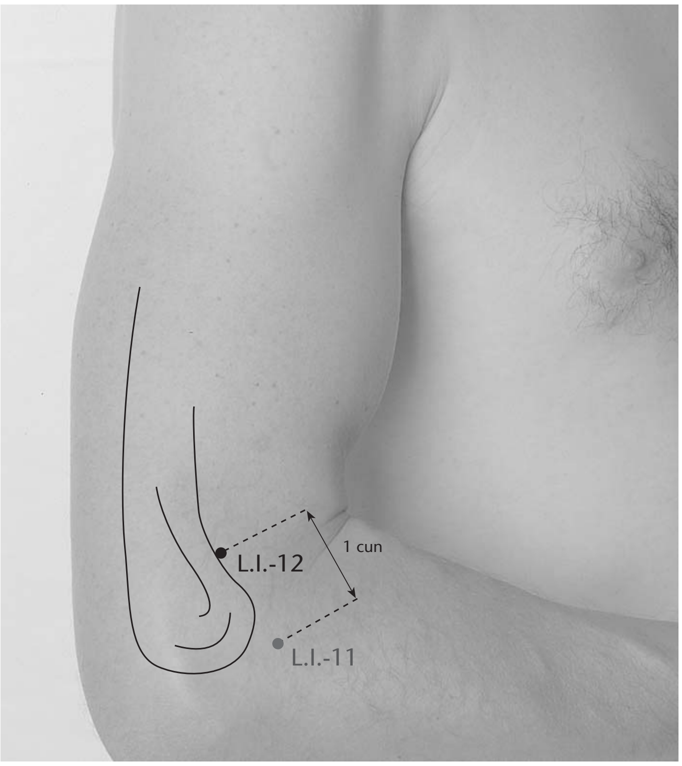
L.I.-12 is best located with the elbow flexed at 90°. From → **L.I.-11** (on the lateral end of the elbow crease), palpate 1 cun towards proximal. There, palpate for the anterior border of the humerus. **L.I.-12** is located at the junction of the shaft with the lateral epicondyle of the humerus and in front of the anterior border of the bone.

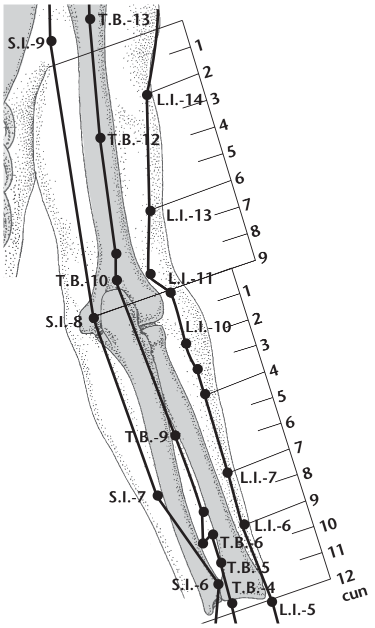
Needling

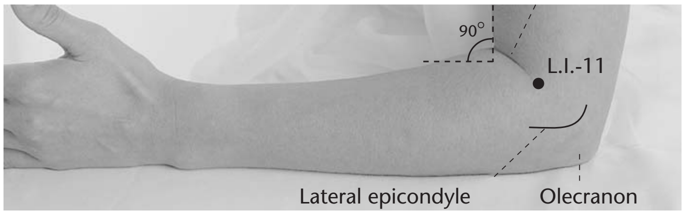
Vertically 0.5–1 cun, needle insertion between the border of the humerus and the flexor muscles in a medial direction.

Actions/Indications

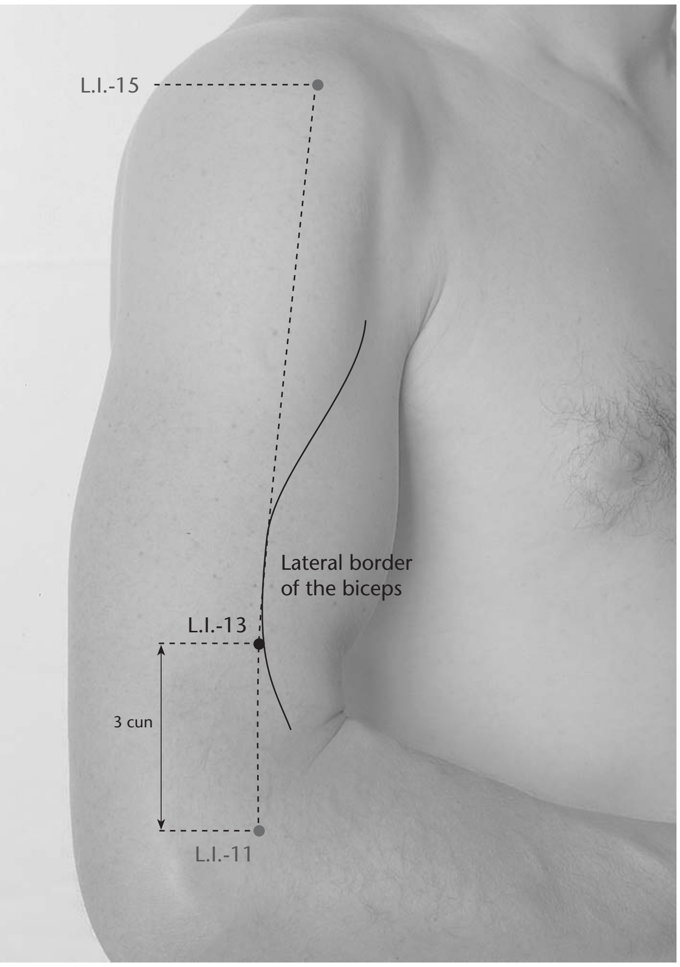
- Opens the channel

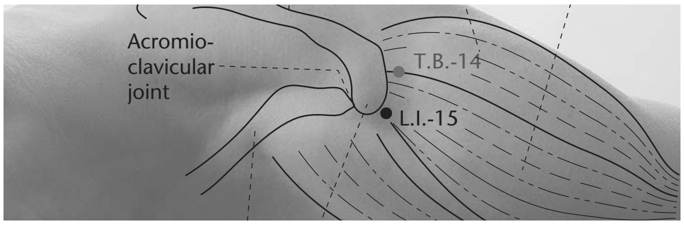

1 cun
L.I.-12
L.I.-11


T.B.-13
S.I.-9
1
2
L.I.-14
3
4
5
T.B.-12
6
L.I.-13
7
8
9
T.B.-10
L.I.-11
1
S.I.-8
L.I.-10
2
3
4
5
6
T.B.-9
7
L.I.-7
8
S.I.-7
9
L.I.-6
10
T.B.-6
11
T.B.-5
S.I.-6
T.B.-4
12 cun
L.I.-5


90°
L.I.-11
Lateral epicondyle
Olecranon

Arm Five Miles SHOUWULI L.I.-13


L.I.-15
Lateral border of the biceps
L.I.-13
3 cun
L.I.-11


Acromio-clavicular joint
T.B.-14
L.I.-15

Location

On the lateral aspect of the upper arm, 3 cun proximal to the lateral end of the elbow crease (→ **L.I.-11**), in the direction of the head of the humerus.

How to find

This point is located on a line connecting → **L.I.-11** (lateral end of the elbow crease) and → **L.I.-15** (in a depression anterior and inferior to the acromion), on the lateral border of the biceps, in a groove between the biceps and the brachialis muscles. With the elbow flexed at 90°, measure 3 cun from → **L.I.-11** towards proximal. Ask the patient to flex their biceps.

Needling

Vertically 0.5–1 cun, alongside the anterior border of the humerus.

Actions/Indications

- Opens the channel

L.I.-14 *Upper Arm* BINAO

Location

On the lateral aspect of the upper arm, on a line connecting → **L.I.-11** and → **L.I.-15**, 7 cun proximal to → **L.I.-11** and slightly superior to the pointed insertion of the deltoid muscle.

How to find

This point is best located with the elbow flexed and the deltoid muscle flexed against resistance, making the lateral border of the muscle belly more visible. **L.I.-14** is located in a depression on the lower pointed insertion area of the deltoid. 'By moving the upper arm towards the tip of the nose, the patient will touch the approximate location of this point.' **For orientation:** This point lies approximately 2 cun inferior to the anterior end of the axillary fold (→ 2.2).

Needling

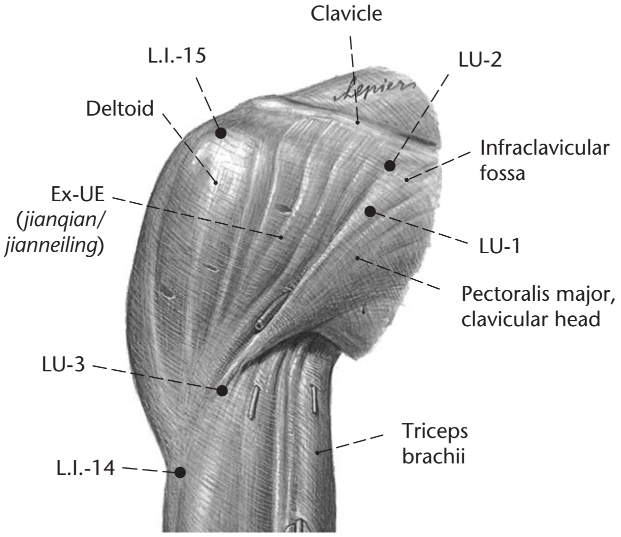
Vertically 0.5–1 cun; also obliquely towards the shoulder for disorders of the eyes.

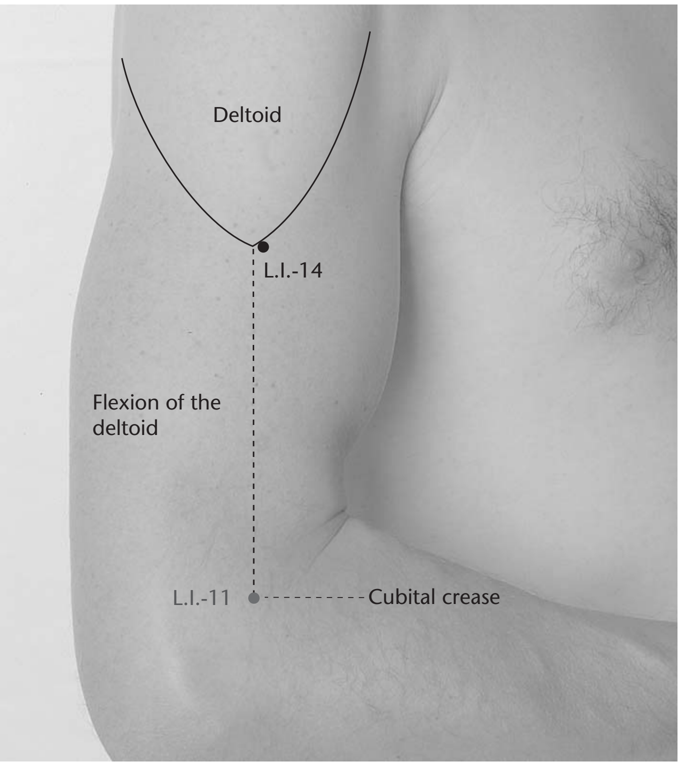
Actions/Indications

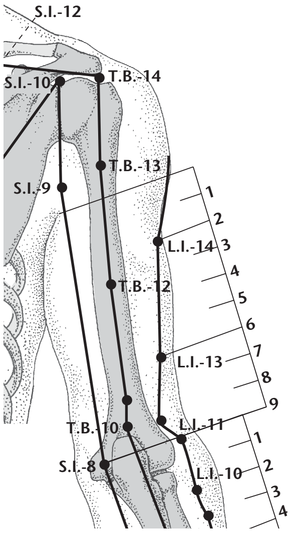
- Opens the channel and *luo* vessels, alleviates pain
- Benefits the eyes

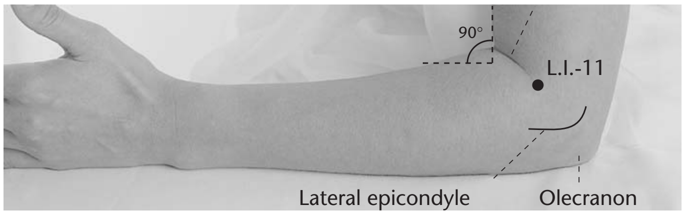
Special features

Important local point. According to some authors, meeting point with the *yang wei mai* and the S.I. and BL channels.

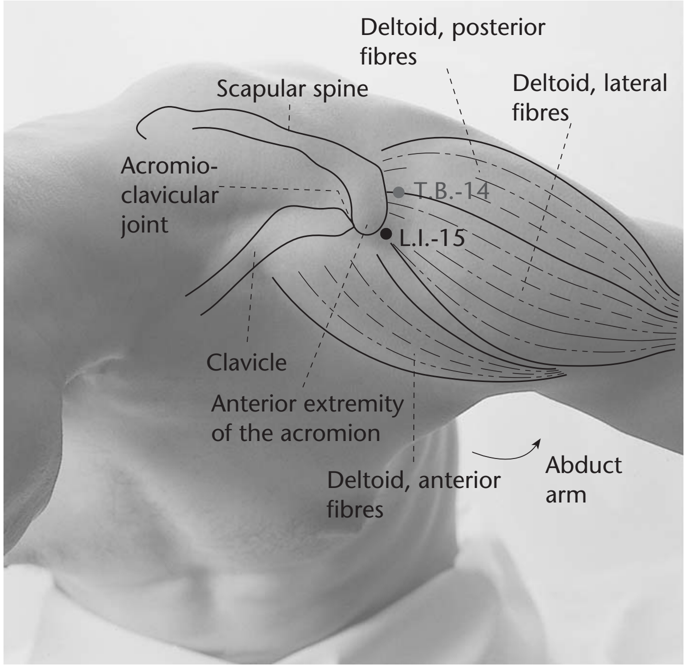

Clavicle
L.I.-15
LU-2
Deltoid
Infraclavicular fossa
Ex-UE (*jianqian/ jianneiling*)
LU-1
Pectoralis major, clavicular head
LU-3
Triceps brachii
L.I.-14

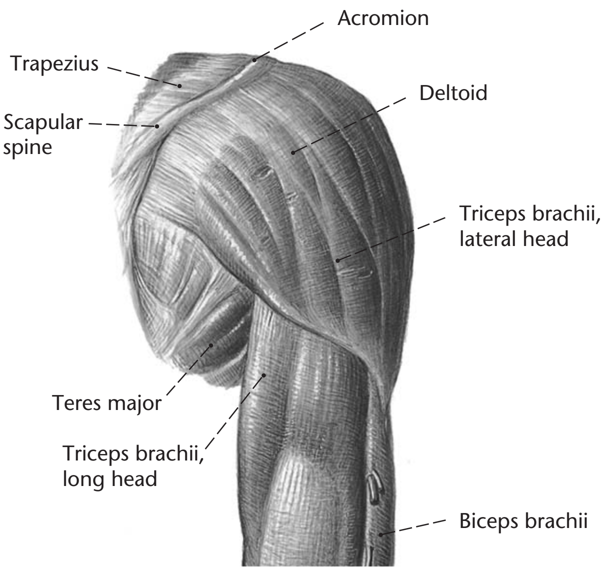

Deltoid
L.I.-14
Flexion of the deltoid
L.I.-11
Cubital crease


S.I.-12
S.I.-10
T.B.-14
T.B.-13
S.I.-9
1
2
L.I.-14
3
4
T.B.-12
5
6
7
L.I.-13
8
9
T.B.-10
L.I.-11
1
S.I.-8
L.I.-10
2
3
4


90°
L.I.-11
Lateral epicondyle
Olecranon

Shoulder Bone JIANYU L.I.-15


Deltoid, posterior fibres
Scapular spine
Deltoid, lateral fibres
Acromio-clavicular joint
T.B.-14
L.I.-15
Clavicle
Anterior extremity of the acromion
Abduct arm
Deltoid, anterior fibres


Acromion
Trapezius
Deltoid
Scapular spine
Triceps brachii, lateral head
Teres major
Triceps brachii, long head
Biceps brachii

Location

In the depression distal and anterior to the acromion, between the clavicular and acromial portions of the deltoid muscle.

How to find

Ask the patient to abduct their arm. With the arm in a horizontal position, two depressions will form in the insertion area of the deltoid, distally to the acromion. By placing the thumb and index finger in those depressions in a pincer-like grip (with thumb and finger 1 thumb's breadth apart), the anterior finger will be in the anterior depression, where **L.I.-15** is located.
→ **T.B.-14** is located under the posterior finger in the dorsal depression.

Needling

With the arm slightly adducted, 1–1.5 cun obliquely in the bony cleft and in a posterior direction; with the arm abducted, 0.5–1 cun vertically. Caution: Shoulder joint.

Actions/Indications

- Expels Wind-Damp, opens the channel, alleviates pain, supports the shoulder joint
- Expels Wind
- Regulates the Qi, resolves Phlegm

Special features

Meeting point with the *yang qiao mai*. Important local point for disorders of the shoulder, often used with chain-and-lock method (→ 8.3.6) with other channel points of the upper extremity.

L.I.-16 *Great Bone* JUGU

Location

In a depression between the acromial extremity of the clavicle and the junction of the scapular spine and the acromion.

How to find

This point is located on the shoulder, at the angle between the acromio-clavicular joint and the junction of the scapular spine and the acromion (→ 3.3.1), above the most lateral portion of the trapezius and supraspinatus muscles. At this point, the tendon of the supraspinatus delves below the acromion, where it often causes problems owing to the cramped anatomical structure (for example, impingement syndrome).

Needling

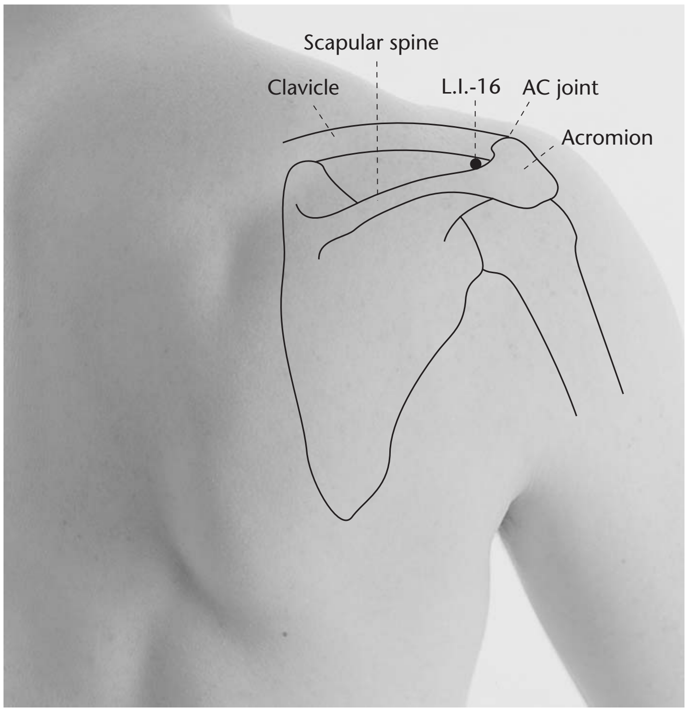
Vertically 0.5–1 cun

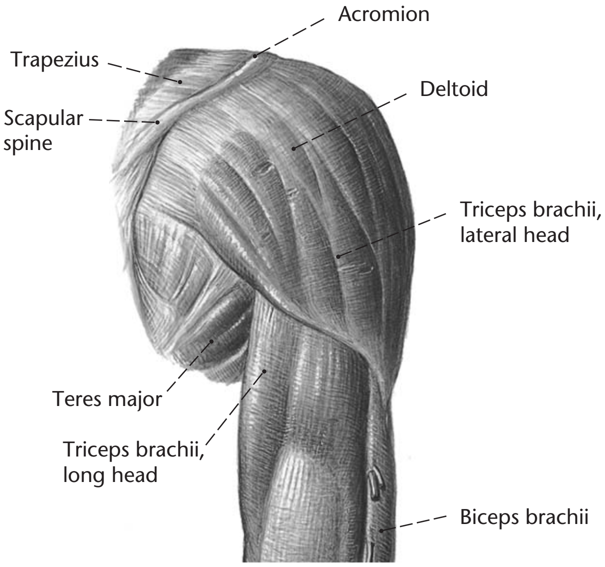
Actions/Indications

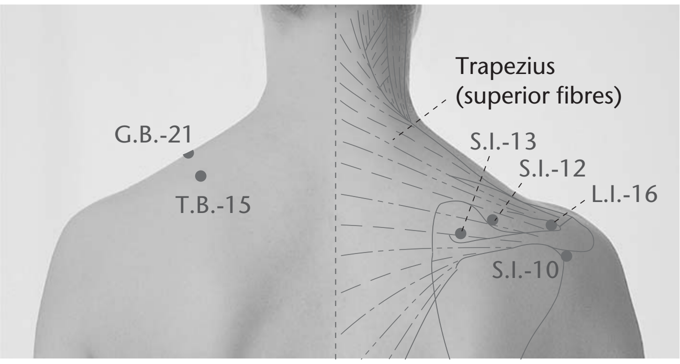
- Opens the channel, supports the shoulder joint

Special features

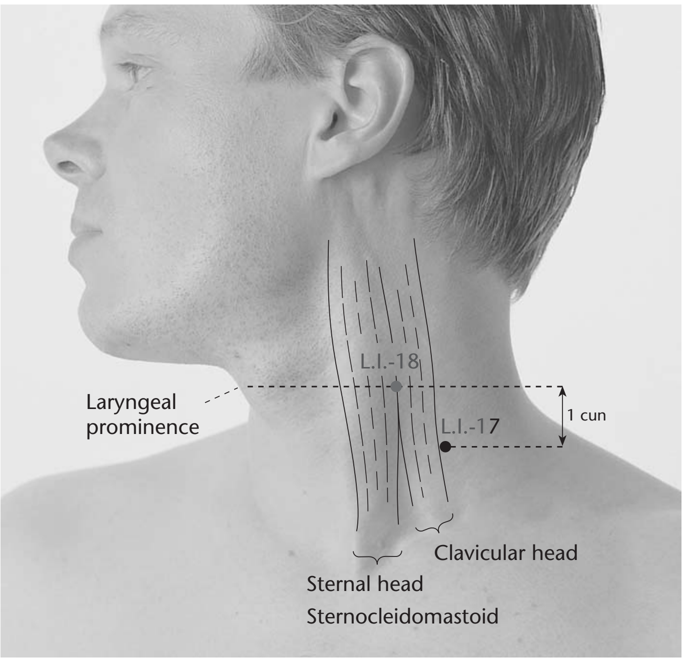
Meeting point with the *yang qiao mai*


Scapular spine
Clavicle
L.I.-16
AC joint
Acromion


Acromion
Trapezius
Deltoid
Scapular spine
Triceps brachii, lateral head
Teres major
Triceps brachii, long head
Biceps brachii


Trapezius (superior fibres)
G.B.-21
S.I.-13
S.I.-12
L.I.-16
T.B.-15
S.I.-10

Heaven's Tripod TIANDING L.I.-17


L.I.-18
Laryngeal prominence
1 cun
L.I.-17
Clavicular head
Sternal head
Sternocleidomastoid

Location

On the posterior border of the sternocleidomastoid muscle, 1 cun below the laryngeal prominence (→ 3.2).

How to find

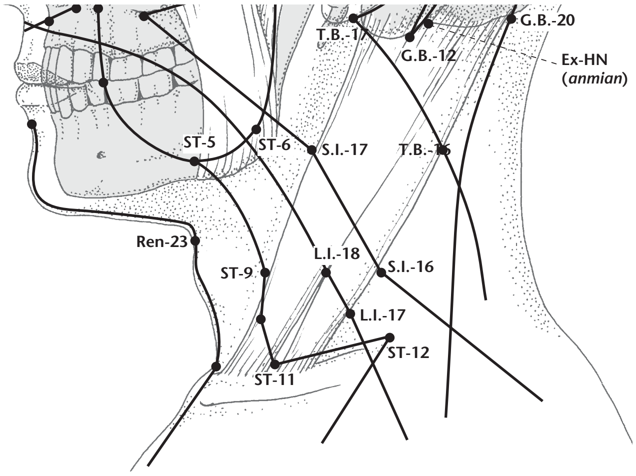
This point is located on the lateral musculature of the neck, directly posterior to the sternocleidomastoid muscle. By rotating the patient's head to the opposite side, this muscle will become more visible and palpable. → **L.I.-18** is located 1 cun superior to **L.I.-17**, between the two heads of the sternocleidomastoid.

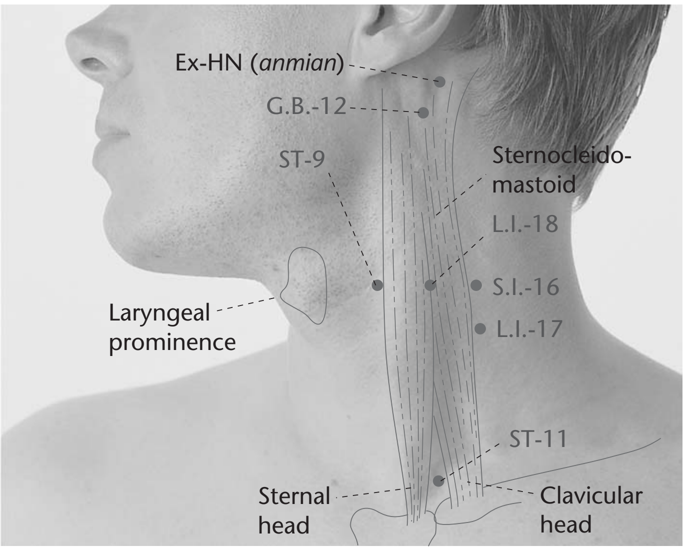
Needling

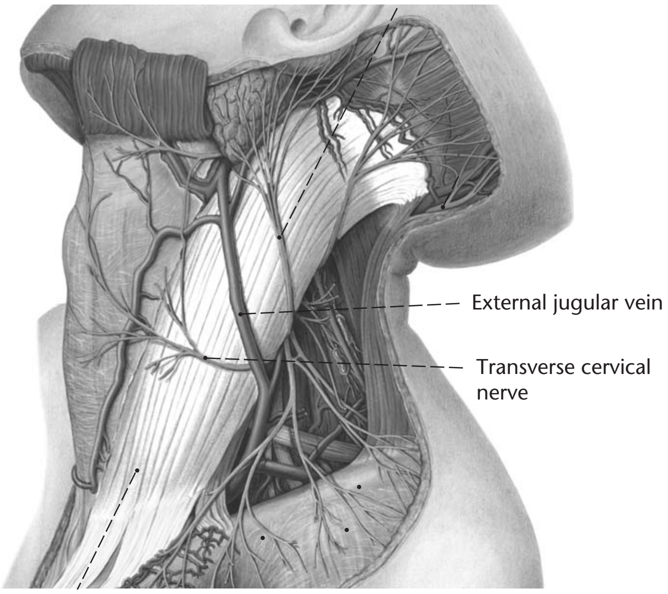
Rotate the head back to its normal position before needle insertion. Vertically 0.3–0.5 cun or obliquely up to 0.8 cun. Caution: Carotid artery, jugular vein.

Actions/Indications

- Benefits the throat and larynx


G.B.-20
T.B.-17
G.B.-12
Ex-HN (*anmian*)
ST-5
ST-6
S.I.-17
T.B.-16
Ren-23
ST-9
L.I.-18
S.I.-16
L.I.-17
ST-12
ST-11


Ex-HN (*anmian*)
G.B.-12
ST-9
Sternocleido-mastoid
L.I.-18
S.I.-16
L.I.-17
Laryngeal prominence
ST-11
Sternal head
Clavicular head


External jugular vein
Transverse cervical nerve

L.I.-18 *Support the Prominence* FUTU

Location

On the lateral aspect of the neck, at the level of the laryngeal prominence, between the two heads of the sternocleidomastoid muscle (→ 3.2).

How to find

From the laryngeal prominence (tip of the Adam's apple), draw a line across the sternocleidomastoid muscle to its posterior border. **L.I.-18** is located between the two heads of this muscle, which becomes more visible and palpable by rotating the head to the opposite side.

Located on the same level are → **ST-9** on the anterior border and → **S.I.-16** on the posterior border of the sternocleidomastoid muscle.

Needling

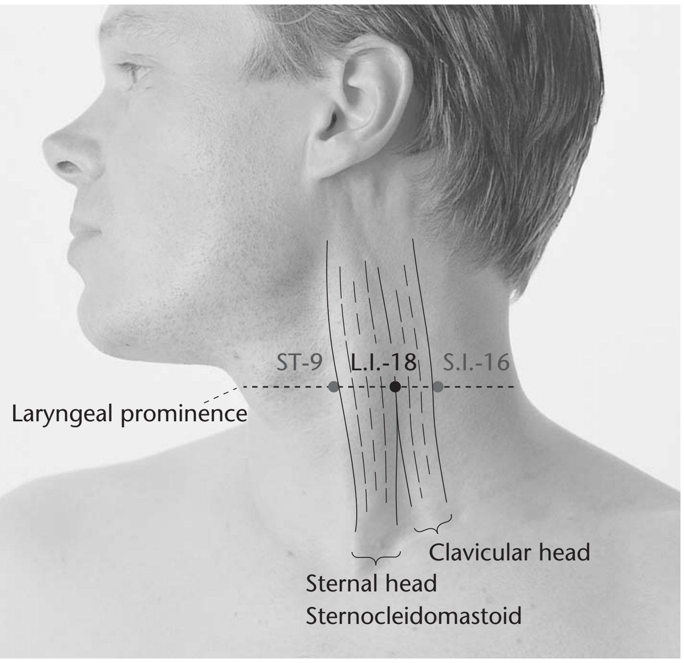
Rotate the head back to its normal position before inserting the needle. Vertically 0.3–0.5 cun or obliquely up to 0.8 cun. Caution: Carotid artery, jugular vein.

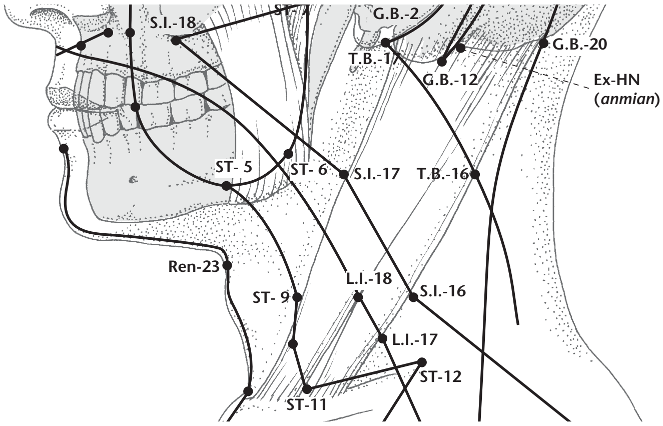
Actions/Indications

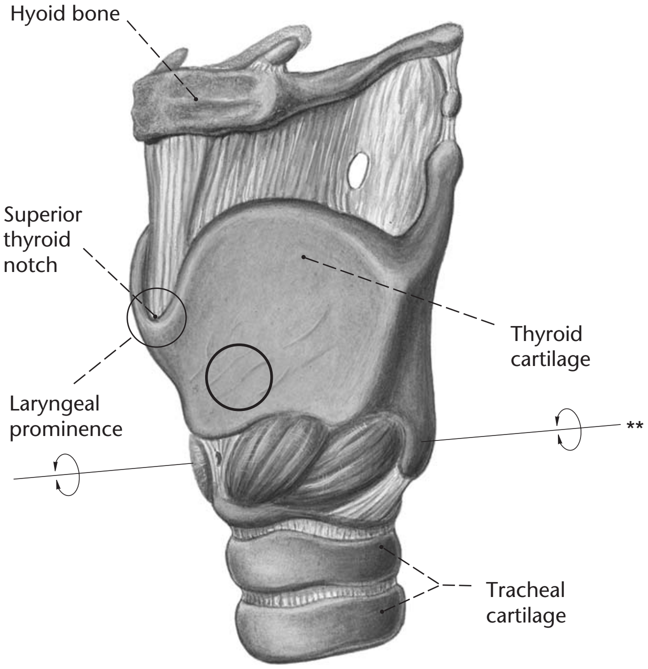
- Benefits the throat and larynx

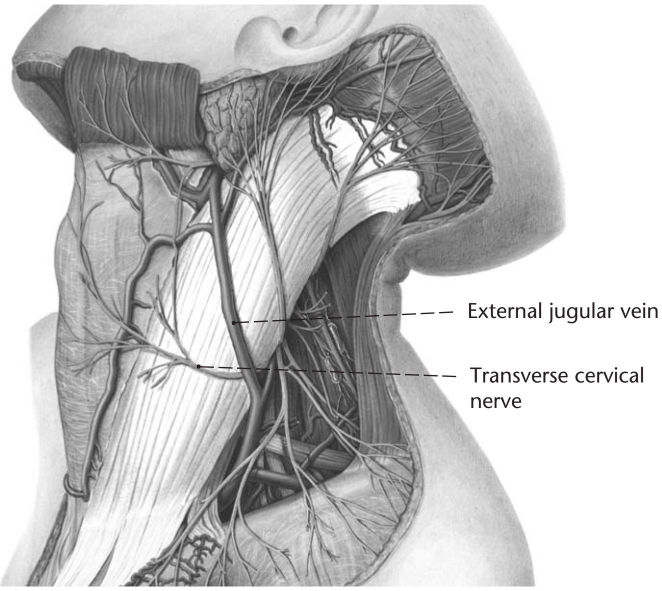
Special features

Window of Heaven point. Often used when swallowing is difficult, for example after a stroke.

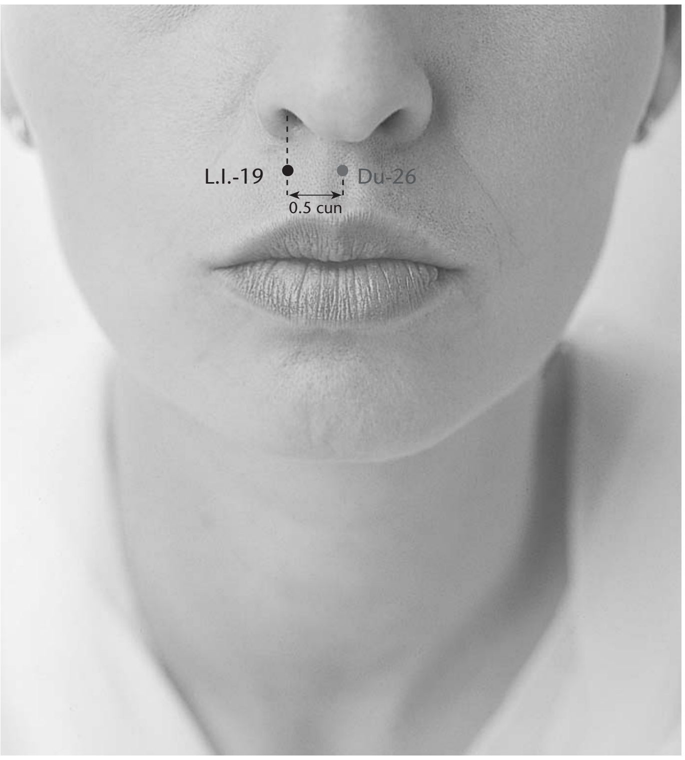

ST-9
L.I.-18
S.I.-16
Laryngeal prominence
Clavicular head
Sternal head
Sternocleidomastoid


S.I.-18
ST-7
G.B.-2
G.B.-20
T.B.-17
G.B.-12
Ex-HN
(*anmian*)
ST- 5
ST- 6
S.I.-17
T.B.-16
Ren-23
L.I.-18
S.I.-16
ST- 9
L.I.-17
ST-12
ST-11


Hyoid bone
Superior
thyroid
notch
Thyroid
cartilage
**
Laryngeal
prominence
Tracheal
cartilage


External jugular vein
Transverse cervical
nerve

Mouth Grain Crevice KOUHELIAO L.I.-19


L.I.-19
Du-26
0.5 cun

Location

On the maxilla, slightly below the lateral margin of the nostril.

How to find

By dividing the distance between the margin of the nostril and the margin of the upper lip into three sections, **L.I.-19** is located at the junction of the upper and the middle third.

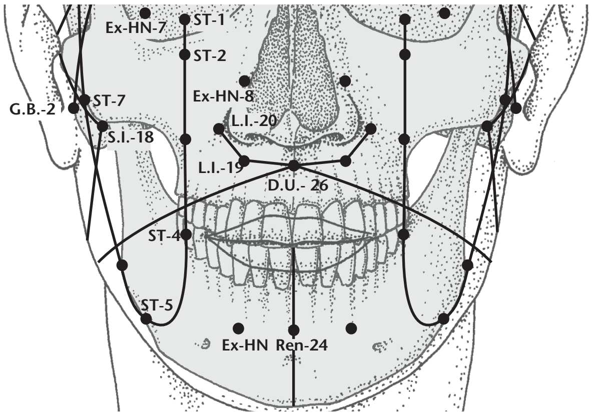
→ **Du-26** is located on the same level, on the anterior midline and at a distance of approximately 0.5 cun.

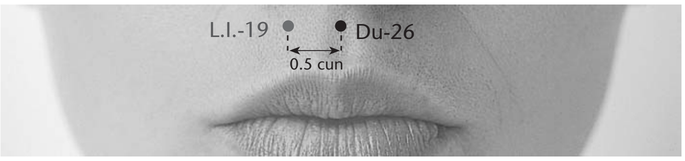
Needling

Obliquely 0.3–0.5 cun. Painful point! According to some classics, moxibustion is contraindicated.

Actions/Indications

- Expels Wind and opens the nasal passages

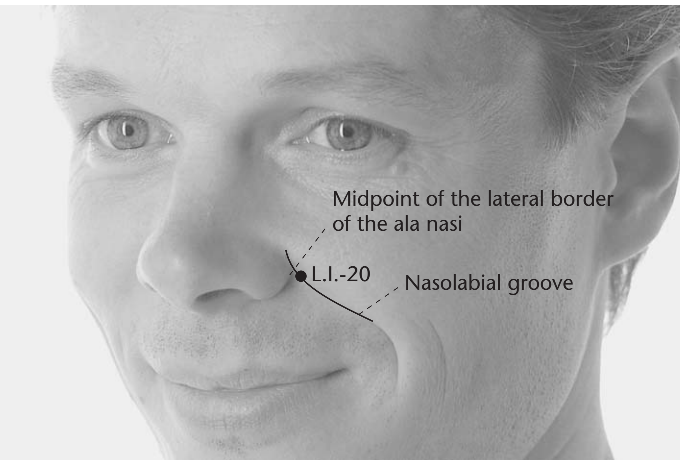

Ex-HN-7
ST-1
ST-2
G.B.-2
ST-7
Ex-HN-8
L.I.-20
S.I.-18
L.I.-19
D.U.- 26
ST-4
ST-5
Ex-HN
Ren-24


L.I.-19
Du-26
0.5 cun

L.I.-20 *Welcome Fragrance* YINGXIANG

Location

In the nasolabial groove, on the level of the midpoint of the lateral border of the ala nasi.

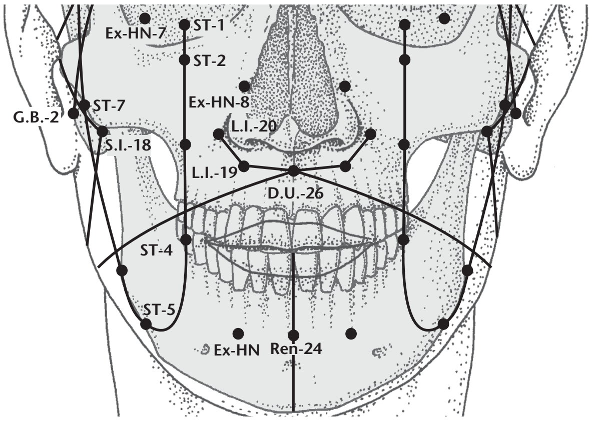

Midpoint of the lateral border of the ala nasi
L.I.-20
Nasolabial groove

How to find

L.I.-20 is located by finding the midpoint of the lateral border of the ala nasi (→ 3.1.2) and following it to the nasolabial groove. Tip: The nasolabial groove becomes more pronounced if you ask the patient to smile.

Needling

0.3–0.5 cun vertically, obliquely or transversely (subcutaneously) in a medial and superior direction towards the extra point → **EX-HN-8** (*shangyingxiang* or *bitong*: at the upper end of the nasolabial groove, at the transition between the nasal bone and the cartilage). According to some authors, moxibustion is contraindicated.

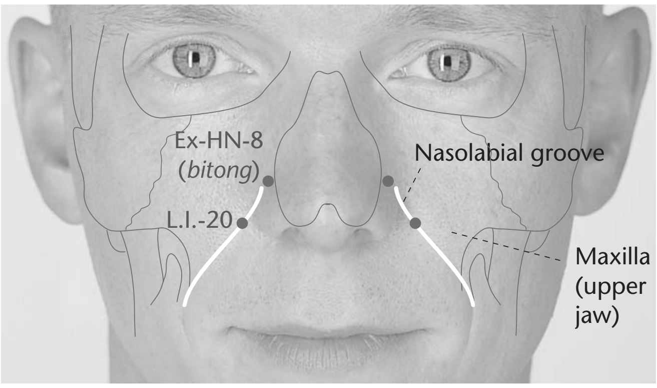

Ex-HN-7
ST-1
ST-2
Ex-HN-8
G.B.-2
ST-7
L.I.-20
S.I.-18
L.I.-19
D.U.-26
ST-4
ST-5
Ex-HN
Ren-24

Actions/Indications

- Opens the nasal passages, expels Wind, clears Heat

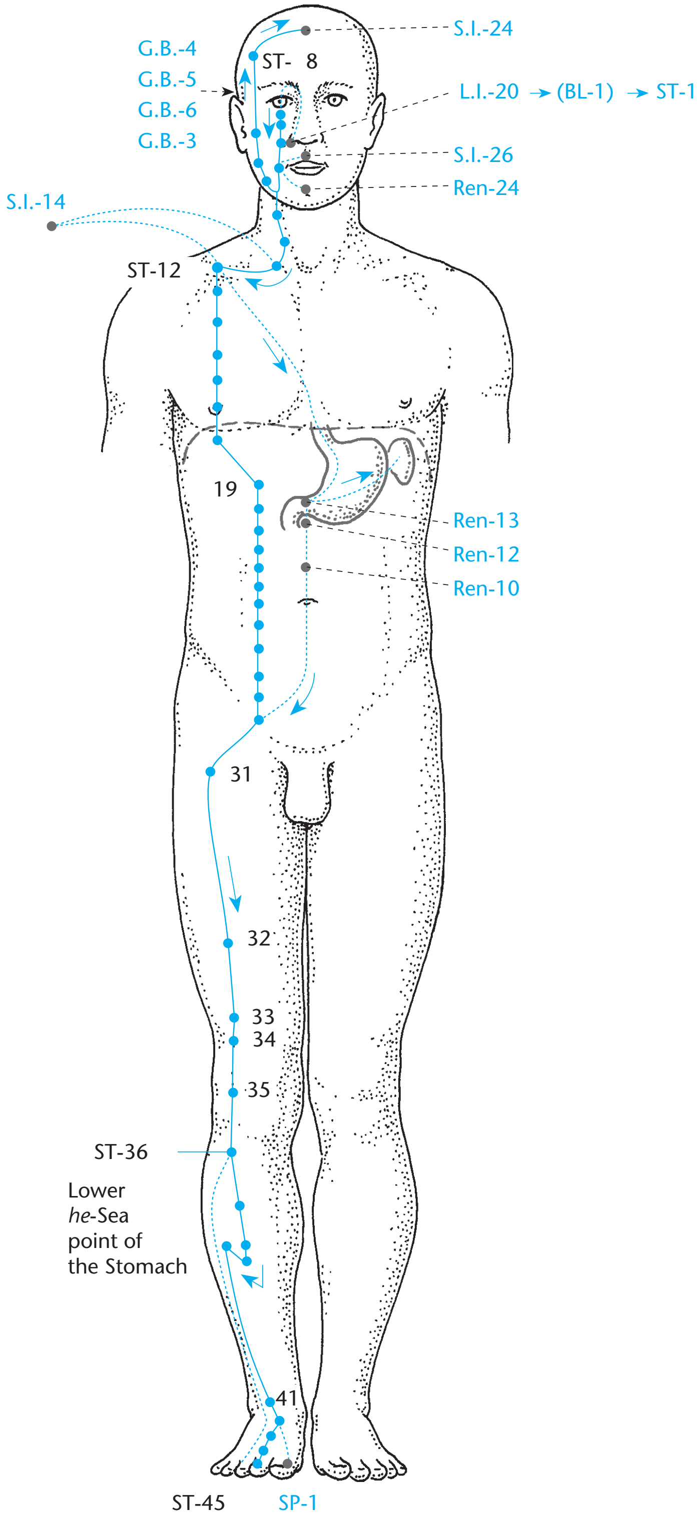
Special features

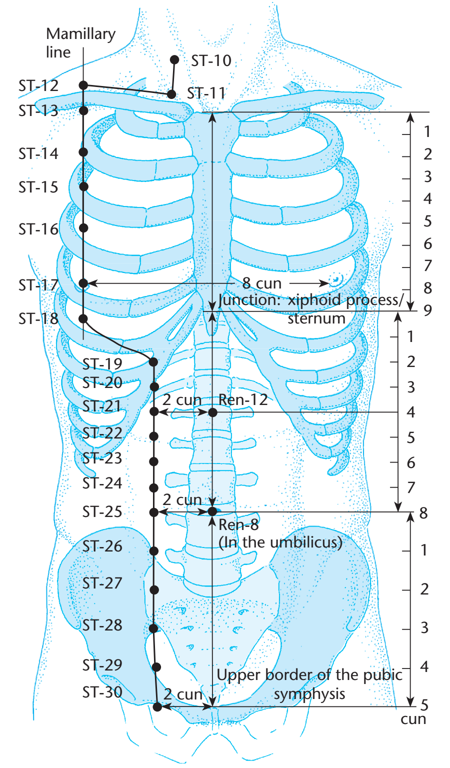
Meeting point with the ST channel, exit point. Most important local point for disorders of the nose.

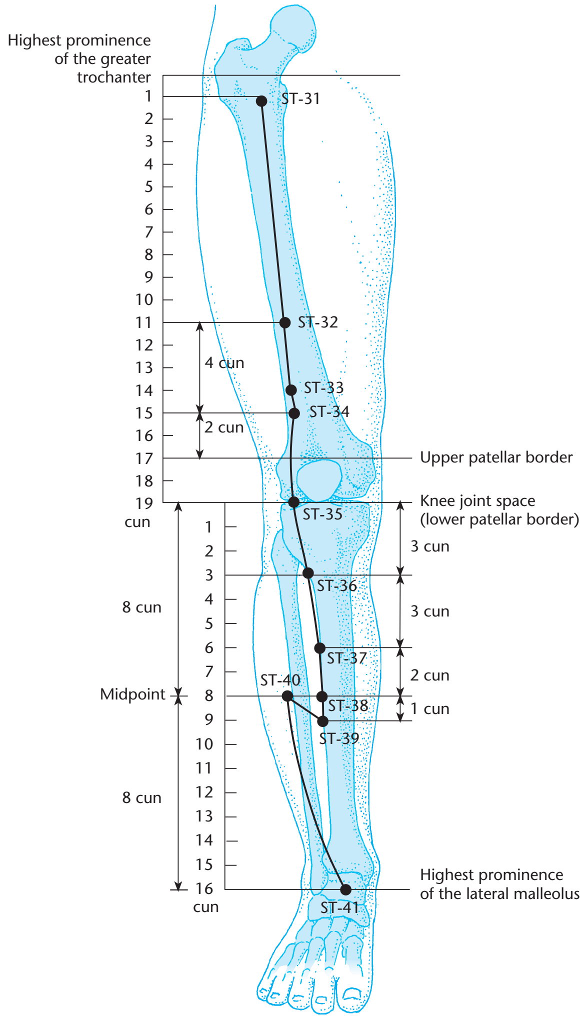

Ex-HN-8
(*bitong*)
L.I.-20
Nasolabial groove
Maxilla
(upper
jaw)

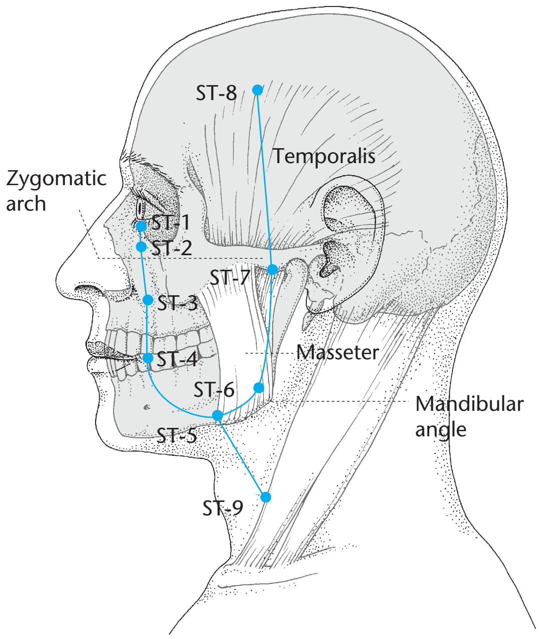
4.3 The Stomach Channel System – Foot *yangming* (*zu yang ming jing luo*)

4.3.1 The Stomach Primary Channel (*zu yang ming jing*)


G.B.-4
G.B.-5
G.B.-6
G.B.-3
ST- 8
S.I.-24
L.I.-20 → (BL-1) → ST-1
S.I.-26
Ren-24
S.I.-14
ST-12
19
Ren-13
Ren-12
Ren-10
31
32
33
34
35
ST-36
Lower *he*-Sea point of the Stomach
41
ST-45
SP-1


Mamillary line
ST-10
ST-12
ST-11
ST-13
ST-14
ST-15
ST-16
ST-17
ST-18
8 cun
Junction: xiphoid process/ sternum
1
2
3
4
5
6
7
8
9
ST-19
ST-20
ST-21
ST-22
ST-23
ST-24
ST-25
ST-26
ST-27
ST-28
ST-29
ST-30
2 cun
Ren-12
2 cun
Ren-8
(In the umbilicus)
1
2
3
4
5
6
7
8
1
2
3
4
5
cun
Upper border of the pubic symphysis
2 cun


Highest prominence of the greater trochanter
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
cun
ST-31
ST-32
4 cun
ST-33
ST-34
2 cun
Upper patellar border
ST-35
Knee joint space (lower patellar border)
3 cun
ST-36
3 cun
ST-37
2 cun
ST-38
1 cun
ST-39
ST-40
8 cun
Midpoint
8 cun
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
cun
Highest prominence of the lateral malleolus
ST-41



Pathway

The Stomach primary channel begins with an **internal** branch at the Yang axes connection of the first great circuit (*yangming*, hand–foot pairing) at → **LI-20** (*yingxiang*) lateral to the ala nasi

➡ travels **internally** to → **BL-1** (*jingming*) at the inner canthus of the eye

➡ emerges at the infraorbital ridge at **ST-1** (*chengqi*), the beginning of the external part of the primary channel

➡ descends laterally along the nose and **enters** the gums of the upper jaw

➡ meets the contralateral Stomach primary channel and the *du mai* at → **Du-26** (*renzhong*) and emerges again

➡ curves around the lips to meet the *ren mai* and again the contralateral Stomach channel at → **Ren-24** (*chengjiang*)

➡ traverses the lower cheek and winds around the lower angle of the mandible.

Here, at → **ST-5** (*daying*), the external channel **divides into two branches**:

➡ **One branch** ascends anterior to the ear, travels via → **G.B.-3** (*shangguan*), → **G.B.-6** (*xuanli*), → **G.B.-5** (*xuanlu*) and → **G.B.-4** (*hanyan*) to the temporal region to → **ST-8** (*touwei*) and continues to the forehead to meet → **Du-24** (*shenting*), where it terminates.

➡ The **other external branch** descends along the lateral aspect of the neck to the supraclavicular fossa and travels posteriorly over the back of the neck to → **Du-14** (*dazhui*) below the spinous process of the 7th cervical vertebra, where it meets the other five Yang primary channels.

An internal branch descends from the supraclavicular fossa, passes the diaphragm, enters first its pertaining *fu*-Organ, the Stomach (*wei*) and then connects with its paired *zang*-Organ, the Spleen (*pi*). Minor branches of the **internal** channel intersect with → **Ren-13** (*shangwan*), → **Ren-12** (*zhongwan*) and → **Ren-10** (*xiawan*). The internal branch then descends towards the inguinal region where it emerges slightly superior to **ST-30** (*qichong*) and reconnects with the **external** branch.

➡ The **external** channel descends from the supraclavicular fossa, crosses the nipple and laterally passes the umbilicus, travels in a curve to the leg and knee, continues along the anterior crest of the tibia and the dorsum of the foot and terminates on the second toe at → **ST-45** (*lidui*) at the lateral corner of the nail.

➡ An **internal** branch originates below the knee area at → **ST-36** (*zusanli*) and travels to the lateral aspect of the middle toe.

➡ A further branch separates from the primary channel at → **ST-42** (*chongyang*) on the dorsum of the foot and connects at → **SP-1** (*yinbai*) with its paired SP channel on the medial aspect of the big toe (foot Yin–Yang connection of the first great circuit).

Clinical importance (→ 1.2)

Exterior (*biao*) signs and symptoms: High fever, malaria, flushed face, sweating, confused mental state, aversion to cold, eye pain, dry nasal passages, nosebleeds, dry lips and mouth, lesions of the lips and mouth, sore and swollen throat, thoracic pain, red and swollen legs

Interior (*li*) or *zangfu*-Organ signs and symptoms: Abdominal distension, sensation of fullness, oedema, irritability during work and rest, mania and epilepsy, hyperpepsinia, constant hunger, yellow urine

Excess (*shi*): Heat sensations on the anterior aspect of the body, constant hunger, yellow urine

Deficiency (*xu*): Cold sensations on the anterior aspect of the body, chills, Stomach Cold with distension and fullness

Connections and meeting points of the Stomach primary channel (→ 1.2)

Connections with other channels

Spleen primary channel (*zu tai yin jing*)

Connection: Foot Yin–Yang connection of the first great circuit

Location: **ST-42** → **SP-1** (on the foot).

Circulation: Circadian (according to the Organ clock)

Importance: Exterior–Interior relationship

Large Intestine primary channel (*shou yang ming jing*)

Connection: Paired according to the six channel theory (hand–foot pairing): *yang ming* (Yang axes of the first great circuit)

Location: **L.I.-20** → **(BL-1)** → **ST-1** (on the head)

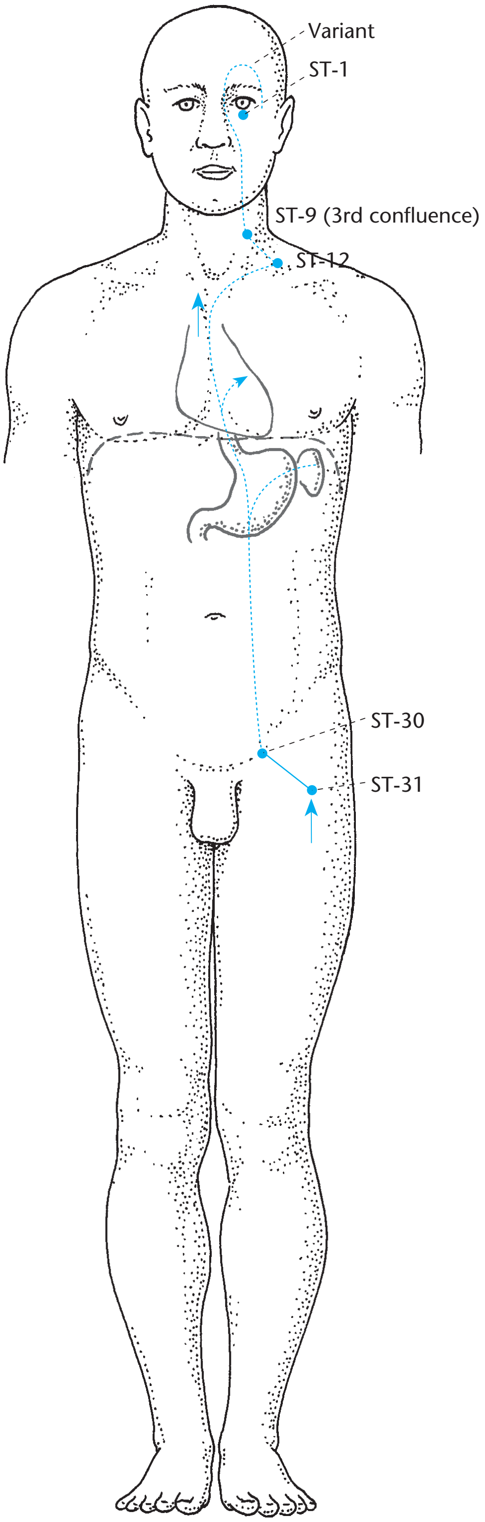
Circulation: Circadian (according to the Organ clock)

Importance: Above–below relationship

Connections with other *zangfu*-Organ systems

Stomach (*wei*), Spleen (*pi*)

4.3.2 The Stomach Divergent Channel (*zu yang ming jing bie*)



Pathway

The Stomach divergent Channel separates from the Stomach primary channel at → **ST-31** (*biguan*) on the antero-lateral aspect of the thigh

➡ penetrates the body at the inguinal region at **ST-30** (*qichong*)

➡ continues to the Stomach (*wei*) and disperses in the Spleen (*pi*)

➡ ascends and penetrates the Heart (*xin*)

➡ ascends along the oesophagus to the suprasternal fossa and travels laterally to the supraclavicular fossa at **ST-12** (*quepen*).

From there it rises along the anterior border of the sternocleidomastoid muscle and meets its primary channel as well as the divergent Spleen channel at **ST-9** (*renying*) at one of the six *he*-confluences (here: ST/SP as third confluence → 1.3).

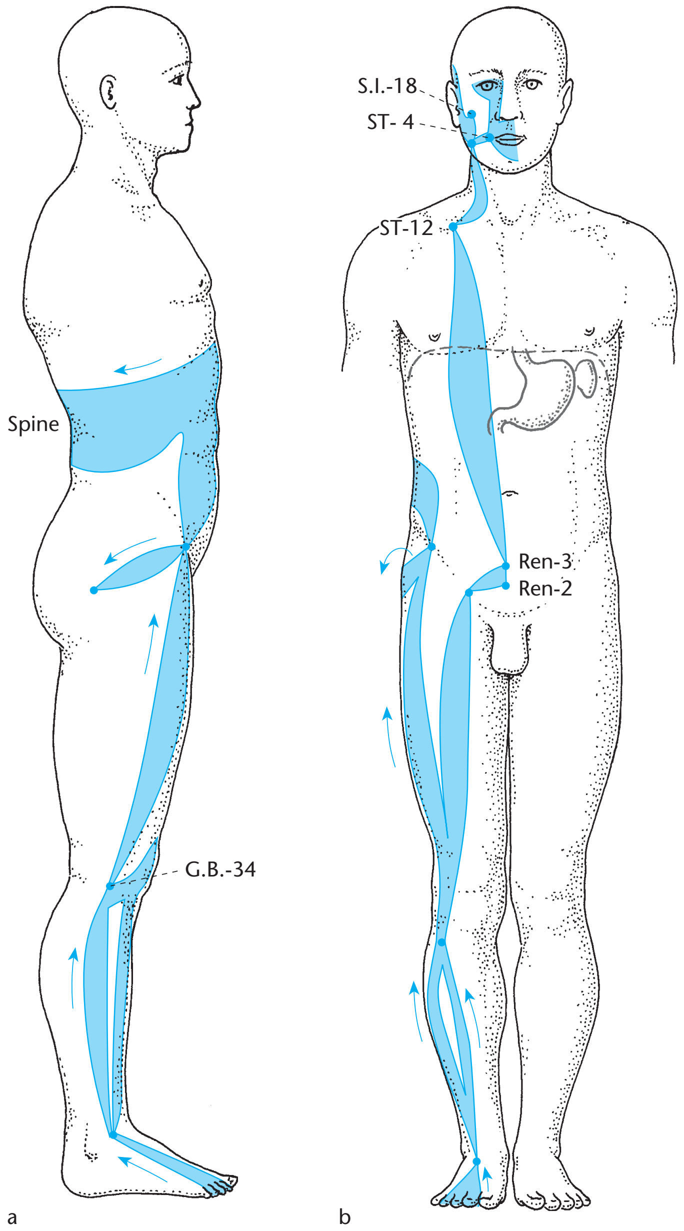
It then **emerges** at the mouth, ascends along the nose, reaches the inner canthus of the eye and connects with the eye, circles the eye region and meets the Stomach primary channel at **ST-1** (*chengqi*) where it terminates (→ fig.).

According to some authors, the Stomach divergent channel connects with the Stomach primary channel at **BL-1** (→ variant, fig.). After intersecting with **BL-1**, the divergent channel could enter the head, disperse in the brain and re-emerge at **ST-1.**

Clinical importance

- Strengthens the relationship between the Stomach and the Spleen (*zangfu*-Organs). Points on the Stomach primary channel can therefore be used for disorders of the Spleen, and vice versa points on the Spleen primary channel can treat disorders of the Stomach.
- Spreads Qi to the face and sensory organs: many points on the ST channel treat disorders of the head and face.
- Strengthens the relationship between the Stomach and the eyes: Heat and excess in this region can be directed downward by using points on the ST channel.

4.3.3 The Stomach Sinew Channel (*zu yang ming jing jin*)



Pathway

The Stomach sinew channel begins as a wider band, encompassing the second, third and fourth toe, traverses the dorsum of the foot, binds (*jie*) at the tibial depression and divides into two branches:

- **One branch** obliquely ascends the **anterolateral aspect** of the leg and binds (*jie*) at the lateral aspect of the knee. It then ascends the anterolateral aspect of the thigh and binds (*jie*) at the anterior hip region. From there it sends **a branch** to → **G.B.-30** (*huantiao*) in the direction of the greater trochanter. The sinew channel travels from the anterior hip region across the lateral abdomen and spreads across the lower ribcage posteriorly to the spine.
- **Another branch** follows the tibia on the **anterior aspect** of the lower leg and binds (*jie*) at the level of the patella. From there a branch runs to the head of the fibula where it meets the G.B. sinew channel at → **G.B.-34** (*yanglingquan*).
- From the patella the channel ascends along the anterior aspect of the thigh, binds (*jie*) in the inguinal region, passes → **Ren-2** (*qugu*) and binds (*jie*) at → **Ren-3** (*zhongji*). It then ascends across the abdominal and thoracic region and reaches the supraclavicular fossa to bind (*jie*) at **ST-12** (*quepen*). It then continues along the anterolateral aspect of the neck and binds (*jie*) at the angle of the mandible.

At the angle of the mandible the channel divides into three branches:

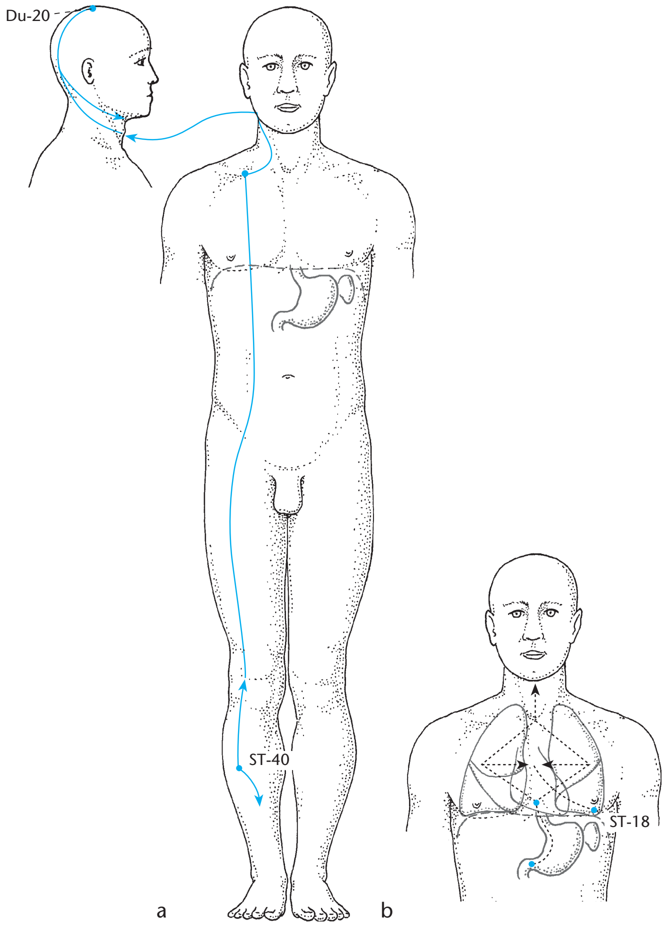
- **One branch** terminates anterior to the ear.
- **A further branch** ascends to the zygomatic bone where it meets the other Yang sinew channels at → **S.I.-18** (*quanliao*).
- **The third branch** circles the mouth, ascends to the upper nose region, there connects with the Bladder sinew channel and then spreads along the lower eyelid. The Bladder sinew channel spreads along the upper eyelid, so that the two channels together form a network around the eyes.

Clinical importance

Pathology: Stiffness and aching of the toes, leg cramps (gastrocnemius and quadriceps muscles), stiffness and pain on the dorsum of the foot (at **ST-41**), swelling and tension in the inguinal region, *shan*-disorders, cramping in the abdomen as well as in the supraclavicular fossa and the face, facial paralysis, weakness and paralysis of the superior rectus muscle.

Indication: Mainly used for *bi*-syndromes (painful obstruction syndromes) along the Stomach channel. The area covered by the Stomach sinew channel is larger than that covered by the Stomach primary channel. This explains why the indications of points on the Stomach primary channel include disorders and diseases of the external genitalia (for example urinary tract disorders such as cystitis, hernia and orchitis, which are often treated in combination with LIV points) as well as disorders of the eyelids and of all sensory organs.

4.3.4 The Stomach *luo*-Connecting Vessel System (*zu yang ming luo mai*)



Pathway

The ST *luo*-connecting vessel separates from the Stomach primary channel at its *luo*-connecting point **ST-40** (*fenglong*) (→ 8.1.2). It forms a three-dimensional reticular network, dividing into multiple branches and sub-branches (*sun luo, fu luo, xue luo* → 1.5) within the surrounding tissue.

➡ Horizontal divisions run to the Interiorly–Exteriorly paired primary SP channel; according to some schools of thought (for example Van Nghi, → Appendix) they travel as a **transverse** Stomach *luo*-connecting vessel to the *yuan* point → **SP-3** (*taibai*).

➡ A **longitudinal** division ascends along the anterolateral aspect of the leg to the torso and reaches the lateral aspect of the neck at → **ST-12**, where it divides into two branches: **one branch** traverses the neck, the **other branch** runs to the occiput and ascends the head to reach → **Du-20** (*baihui*).

Clinical importance (→ 8.1.2)

Pathology

- **Counterflow Qi:** Swelling and pain of the throat, sudden loss of voice, sensation of tightness in the throat
- **Excess (*shi*):** Psychological disorders, also epilepsy and mania
- **Deficiency (*xu*):** *Wei*-syndrome of the legs (atrophy syndrome with muscle weakness and paralysis)

The great *luo*-connecting vessel of the Stomach (*wei zhi dao luo* or *xu li*)

Pathway

The great Stomach *luo*-connecting vessel begins at the Stomach (*wei*), passes through the diaphragm, intersects with → **Ren-17** (*shanzhong*) and spreads in the Lungs (*fei*), trachea and larynx. From the Lung it travels to the Heart (*xin*) and emerges on the left aspect of the thorax near → **ST-18** (*rugen*) which is located where the heartbeat is visible (→ 8.1.2).

Clinical importance (→ 8.1.2)

Pathology

- **Excess (*shi*):** Dyspnoea
- **Deficiency (*xu*):** Chest tightness, for example with asthma, coughing, angina pectoris, etc.

4.3.5 Cutaneous Region (*yang ming pi bu*)

See description and figures → 1.6

4.3.6 Points of the Stomach Primary Channel (Overview)

Specific points according to their function (→ 8.1)

- ***Yuan*-source point (→ 8.1.1): ST-42** (*chongyang*) 🟦⬛
- ***Luo*-connecting point (→ 8.1.2.): ST-40** (*fenglong*) 🟦🟦
- ***Xi*-cleft point (→ 8.1.3): ST-34** (*liangqiu*) 🟦⬛
- **Associated Back-*shu* point (→ 8.1.4): BL-21** (*weishu*) 🟦⬛
- **Associated Front-*mu* point (→ 8.1.5): Ren-12** (*zhongwan*) 🟦⬛
- **Five *shu*-transporting points (→ 8.1.6):**
  jing-well point (Metal), sedation point: **ST-45** (*lidui*) 🟦⬛
  ying-spring point (Water): **ST-44** (*neiting*) 🟦⬛
  shu-stream point (Wood): **ST-43** (*xiangu*) 🟦⬛
  jing-river point (Fire), tonification point: **ST-41** (*jiexi*) 🟦⬛
  he-sea point (Earth), *ben* point: **ST-36** (*zusanli*) 🟦🟦
- ***Hui*-meeting point (→ 8.1.7): –**
- **Opening point (→ 8.1.8): –**
- **Lower *he*-sea points (→ 8.1.9):**
  of the Stomach: **ST-36** (*zusanli*) 🟦🟦
  of the Large Intestine: **ST-37** (*shangjuxu*) 🟦⬛
  of the Small Intestine: **ST-39** (*xiajushu*) 🟦⬛
- ***jiaohui*-meeting points (→ 8.1.10):**

  - with the *ren mai, yang qiao mai, du mai**: **ST-1** (*chengqi*) 🟦■
  - with the *yang qiao mai**: **ST-2** (*sibai*) 🟦■
  - with the *yang qiao mai*: **ST-3** (*juliao*)
  - with the primary L.I. channel, *yang qiao mai, du mai*, ren mai*:* **ST-4** (*dicang*)
  - with the G.B. channel*: **ST-5** (*daying*), **ST-6** (*jiache*)
  - with the G.B. channel: **ST-7** (*xiaguan*) 🟦■, **ST-9** (*renying*)
  - with the G.B. channel, *yang wei mai*: **ST-8** (*touwei*) 🟦■
  - with the primary L.I., S.I., T.B., G.B. channels: **ST-12** (*quepen*)
  - with the *chong mai*, G.B. channel*: **ST-30** (*qichong*) 🟦■
  - other channels with the ST channel: **L.I.-20, BL-1, G.B.-3, G.B.-4, G.B.-5, G.B.-6; Du-14, Du-24; Du-26, Du-28*; Ren-10*, Ren-12, Ren-13, Ren-24; G.B.-14*, G.B.-21***
- **Gao Wu command point (→ 8.1.11) for the abdomen: ST-36** (*zusanli*) ■■
- **Window of Heaven point** (→ **8.1.12**)**: ST-9** (*renying*)
- **Points of the Four Seas** (→ **8.1.13**)**:**
  Sea of Qi point: **ST-9** (*renying*)
  Sea of Grain: **ST-30** (*qichong*) 🟦■, **ST-36** (*zusanli*) 🟦🟦
  Sea of Blood: **ST-37** (*shangjuxu*) 🟦■, **ST-39** (*xiajushu*) 🟦■
- **Ma Dan Yang Heavenly Star points** (→ **8.1.14**)**: ST-36** (*zusanli*) 🟦🟦, **ST-44** (*neiting*) 🟦🟦
- **Sun Si Miao Ghost point** (→ **8.1.15**)**: ST-6** (*jiache*) 🟦■
- **Other functional points:**
  - Front-*mu* point of the Large Intestine: **ST-25** (*tianshu*) 🟦🟦
  - most important acupuncture 'Phlegm'-point: **ST-40** (*fenglong*) 🟦🟦
- Points according to region
- **Local points** (→ **8.2.1**)**:** eyes – **ST-1** (*chengqi*) 🟦■; mouth and teeth – **ST-4** (*dicang*), **ST-6** (*jiache*) 🟦■; jaw – **ST-7** (*xiaguan*) 🟦■; Large Intestine – **ST-25** (*tianshu*) 🟦🟦; Small Intestine and Bladder – **ST-28** (*shuidao*); urogenital region – **ST-30** (*qichong*) 🟦■; knee – **ST-34** (*liangqiu*) 🟦■, **ST-35** (*dubi*) 🟦■, **ST-36** (*zusanli*) 🟦🟦; foot – **ST-41** (*jiexi*) 🟦■
- **Adjacent points** (→ **8.2.1**)**:** forehead – **ST-8** (*touwei*) 🟦■; eyes – **ST-2** (*sibai*) 🟦■; mouth/teeth – **ST-7** (*xiaguan*) 🟦■; throat – **ST-10** (*shuitu*); Spleen, Stomach, Gall Bladder – **ST-21** (*liangmen*); Kidney – **ST-29** (*guilai*); abdominal region – **ST-25** (*tianshu*) 🟦🟦, **ST-26** (*wailing*), **ST-30** (*qichong*) 🟦■; foot – **ST-34** (*liangqiu*) 🟦■, **ST-36** (*zusanli*) 🟦🟦; toes – **ST-41** (*jiexi*) 🟦■
- **Distal points** (→ **8.2.1**)**:** frontal headaches – **ST-44** (*neiting*) 🟦■; nose – **ST-44** (*neiting*) 🟦■; mouth/teeth – **ST-44** (*neiting*) 🟦■; throat – **ST-44** (*neiting*) 🟦■; shoulder region – **ST-38** (*tiakou*) 🟦■; Lung – **ST-40** (*fenglong*) 🟦🟦; Spleen/Stomach – **ST-36** (*zusanli*) 🟦🟦; Large Intestine – **ST-37** (*shangjuxu*) 🟦■; Small Intestine – **ST-39** (*xiajushu*) 🟦■; epigastrium – **ST-36** (*zusanli*) 🟦🟦; shoulder – **ST-36** (*zusanli*) 🟦🟦, **ST-38** (*tiakou*) 🟦■

Specific points according to the channel pathway (in numerical order)

- **ST-1** (*chengqi*) 🟦■: meeting point with the *ren mai, yang qiao mai*, du mai* (→ 8.1.10); local point for the eyes (→ 8.2.1)
- **ST-2** (*sibai*) 🟦■: meeting point with the *yang qiao mai** (→ 8.1.10); adjacent point for the eyes (→ 8.2.1)
- **ST-3** (*juliao*): meeting point with the *yang qiao mai* (→ 8.1.10)
- **ST-4** (*dicang*): meeting point with the Large Intestine channel, *yang qiao mai, du mai*, ren mai** (→ 8.1.10); local point for the mouth/teeth (→ 8.2.1)
- **ST-5** (*daying*): meeting point with the Gall Bladder channel
- **ST-6** (*jiache*) 🟦■*:* Sun Si Miao Ghost point (→ 8.1.15); meeting point with the Gall Bladder channel* (→ 8.1.10); local point for the mouth/teeth (→ 8.2.1)
- **ST-7** (*xiaguan*) 🟦■: meeting point with the Gall Bladder channel (→ 8.1.10); adjacent point for the teeth and jaw (8.2.1); local point for the jaw (→ 8.2.1)
- **ST-8** (*touwei*) 🟦■: meeting point with the Gall Bladder channel, *yang wei mai* (→ 8.1.10); adjacent point for frontal headaches (→ 8.2.1)
- **ST-9** (*renying*): meeting point with the Gall Bladder channel (→ 8.1.10); Sea of Qi point (→ 8.1.13); Window of Heaven point (→ 8.1.12)
- **ST-10** (*shuitu*): adjacent point for the neck (→ 8.2.1)
- **ST-12** (*quepen*): meeting point with the L.I., S.I., T.B. and G.B. channels (→ 8.1.10)
- **ST-21** (*liangmen*): adjacent point for the Spleen, Stomach and Gall Bladder (→ 8.2.1)
- **ST-25** (*tianshu*) 🟦🟦: Front-*mu* point of the Large Intestine (→ 8.1.5); adjacent point for the abdominal region (→ 8.2.1)
- **ST-26** (*wailing*): adjacent point for the abdominal region (→ 8.2.1)
- **ST-28** (*shuidao*): local point for the Small Intestine and Bladder (→ 8.2.1)
- **ST-29** (*guilai*): local point for the urogenital region (→ 8.2.1)
- **ST-30** (*qichong*) 🟦■: meeting point with the *chong mai*, G.B. channel* (→ 8.1.10); Sea of Water and Grain point (→ 8.1.13); local point for the urogenital region (8.2.1); adjacent point for the abdominal region (→ 8.2.1)
- **ST-34** (*liangqiu*) 🟦■: *xi*-cleft point, important adjacent point for disorders of the knee (→ 8.2.1)
- **ST-35** (*dubi*) 🟦■: local point for the knee region (→ 8.2.1)
- **ST-36** (*zusanli*) 🟦🟦: *he*-sea point (Earth) (→ 8.1.6), *ben*-point (Five Phase point); Lower *he*-sea point of the Stomach (→ 8.1.9); *Gao Wu* command point (→ 8.1.11) for the abdomen; Sea of Water and Grain point (→ 8.1.13); *Ma Dan Yang* Heavenly Star point (→ 8.1.14); distal point for the Spleen/Stomach and epigastrium (→ 8.2.1); local point for the knee (→ 8.2.1); distal point for the shoulder (→ 8.2.1); adjacent point for the foot (→ 8.2.1)

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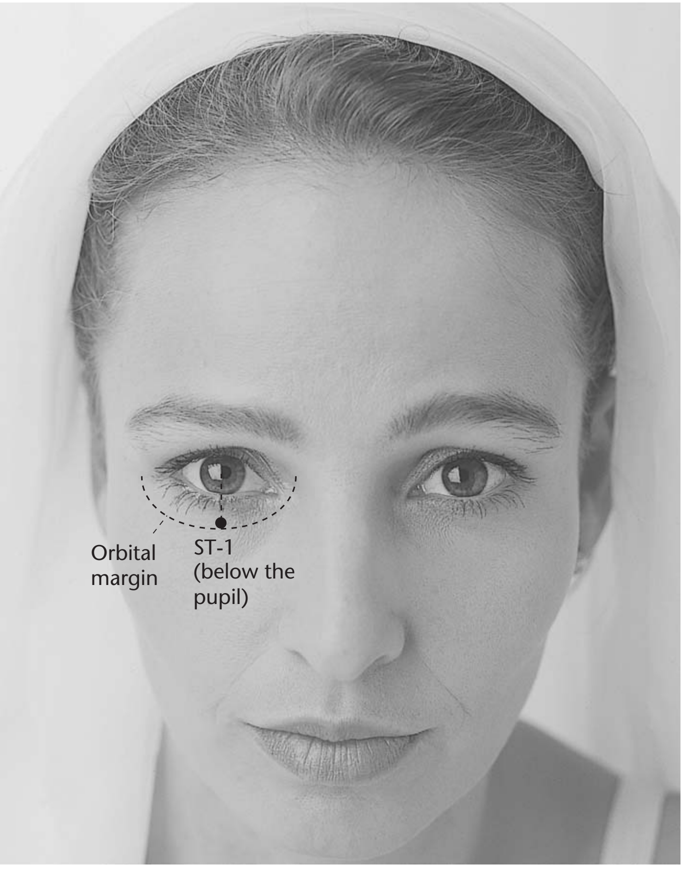
* Mentioned by only some authors.

- **ST-37** (*shangjuxu*) 🟦■: Lower *he*-sea point of the Large Intestine (→ 8.1.9); Sea of Blood point (→ 8.1.13); distal point for the Large Intestine (→ 8.2.1)
- **ST-38** (*tiakou*) 🟦■: distal point for the shoulder region (→ 8.2.1)
- **ST-39** (*xiajushu*) 🟦■: Lower *he*-sea point of the Small Intestine (→ 8.1.9); Sea of Blood point (→ 8.1.13); distal point for the Small Intestine (→ 8.2.1)
- **ST-40** (*fenglong*) 🟦■: *luo*-connecting point (→ 8.1.2); main ‘Phlegm’-point; distal point for the Lung (→ 8.2.1)
- **ST-41** (*jiexi*) 🟦■: *jing*-river point (Fire) (→ 8.1.6); tonification point; local point for the foot (8.2.1); adjacent point for the toes (→ 8.2.1)
- **ST-42** (*chongyang*) 🟦■: *yuan*-source point (→ 8.1.1)
- **ST-43** (*xiangu*) 🟦■: *shu*-stream point (Wood) (→ 8.1.6)
- **ST-44** (*neiting*) 🟦🟦: *ying*-spring point (Water) (→ 8.1.6); distal point for frontal headaches, as well as for the nose, mouth/teeth and throat (→ 8.2.1); Ma Dan Yang Heavenly Star point (→ 8.1.14)
- **ST-45** (*lidui*) 🟦■: *jing*-well point (Metal) (→ 8.1.6); sedation point.

General location help

- **ST-1** to **ST-4**: with the patient looking straight ahead, these points are located on the vertical pupil line
- **ST12** to **ST-18** are all located on the midclavicular/mamillary line, 4 cun lateral to the anterior midline
  - **ST-12**: in the supraclavicular fossa
  - **ST-13**: on the lower border of the clavicle
  - **ST-14** to **ST-18**: in the first to fifth intercostal spaces
- **ST-19** to **ST-30** are all located on a vertical line midway between the mamillary line and the anterior midline, 2 cun lateral to the anterior midline:
  - **ST-19** to **ST-25** are located on the 8 cun section (→ 2.2) between the sternocostal angle and the umbilicus (**ST-19** to **ST-25** are evenly spread on this line, from 6 cun above the umbilicus to the same level as the umbilicus)
  - **ST-26** to **ST-30** are located on the 5 cun section (→ 2.2) between the umbilicus and the upper border of the pubic symphysis (1 cun steps from 4 cun superior to the upper border of the pubic symphysis to its upper border).

Container of Tears CHENGQI ST-1


Orbital margin
ST-1 (below the pupil)

Location

With the eyes looking straight ahead, directly below the centre of the pupil, between the eyeball and the infraorbital ridge.

How to find

With the patient looking straight ahead, the first four points of the ST channel are located on a vertical line drawn through the centre of the pupil. Within the area of the lower eyelid, the infraorbital ridge presents itself as a distinct bony structure. **ST-1** is located on the pupil line, directly superior to the infraorbital ridge.

Needling

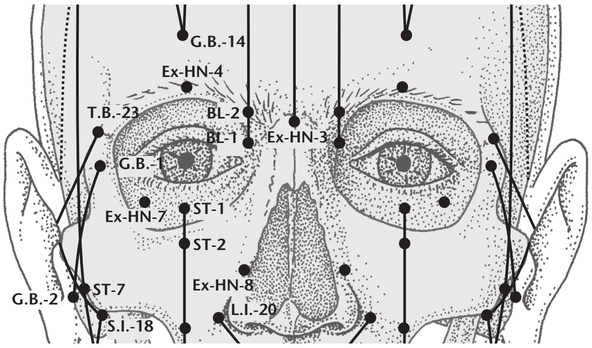
Ask the patient to look upward, gently push the eyeball upwards and insert the needle vertically along the orbital ridge in a dorsal direction. Caution: Venous plexus and arteries, avoid injuring the eyeball and periost! Needling recommended only by experienced practitioners! Pay attention to needling pain! No needle manipulation! After removing the needle, press firmly on the insertion site for about one minute to prevent haematoma. Inform the patient that it may still be possible for a haematoma to develop. Moxibustion is contraindicated! Points for disorders of the eyes with less risk of complications include **BL-2**, **T.B.-21**, **G.B.-1**, **ST-2**, **Ex-HN-5** (*taiyang*), **EX-HN-4** (*yuyao*).

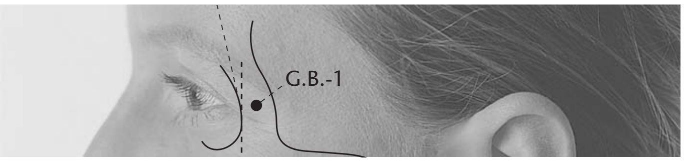
Actions/Indications

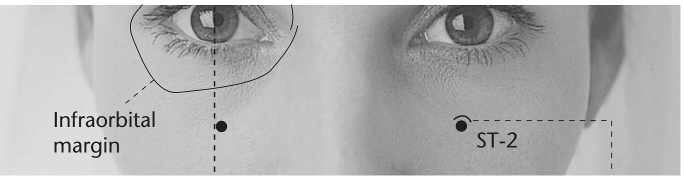
- Expels Wind and Heat, clears and benefits the eyes

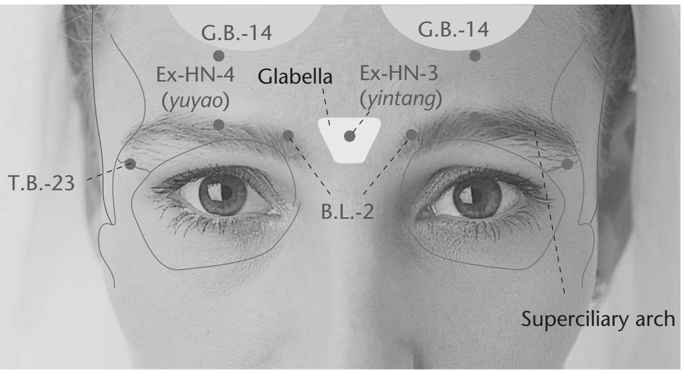
Special features

Meeting point with the *yang qiao mai* and *ren mai*, also with the *du mai* according to some authors, important point for the eyes, entry point.


G.B.-14
Ex-HN-4
T.B.-23
BL-2
BL-1
Ex-HN-3
G.B.-1
Ex-HN-7
ST-1
ST-2
Ex-HN-8
G.B.-2
ST-7
L.I.-20
S.I.-18




Infraorbital margin
ST-2


G.B.-14
G.B.-14
Ex-HN-4 (yuyao)
Glabella
Ex-HN-3 (yintang)
T.B.-23
B.L.-2
Superciliary arch

ST-2 *Four Whites* SIBAI

Location

With the eyes looking straight ahead, directly below the centre of the pupil, in the depression at the infraorbital foramen.

How to find

With the patient looking straight ahead, the first four points of the ST channel are located on a vertical line drawn through the centre of the pupil. Within the area of the lower eyelid, the infraorbital ridge presents itself as a distinct bony structure. Starting at the infraorbital ridge (→ 3.1.2), palpate inferiorly until you can feel the depression of the infraorbital foramen (this is often located slightly medial to the pupil line), where **ST-2** is located.

Needling

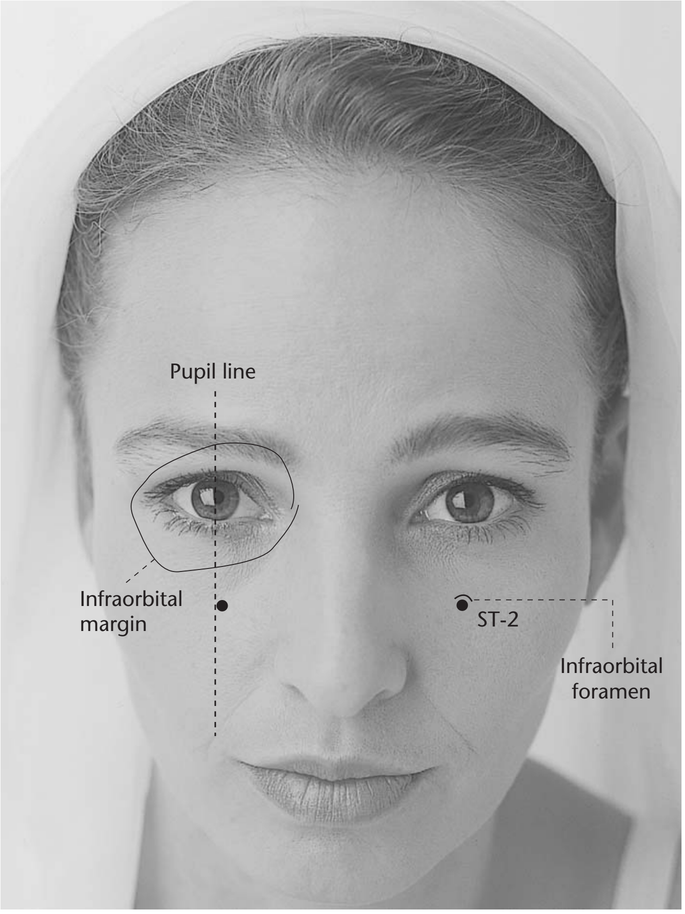
0.3–0.5 cun vertically or transversely (subcutaneously) towards → **S.I.-18** or → **L.I.-20** (for example, in cases of facial paralysis). Deep needling (in an oblique cranial direction) is contraindicated. Caution: Infraorbital nerve, eye injury. According to some classic texts, moxibustion is contraindicated.

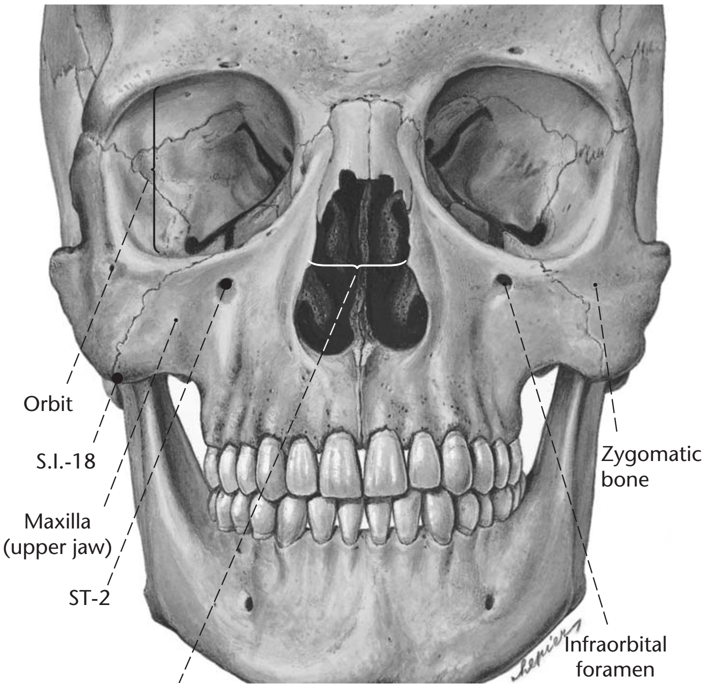
Actions/Indications

- Benefits the eyes, clears Heat, eliminates Wind

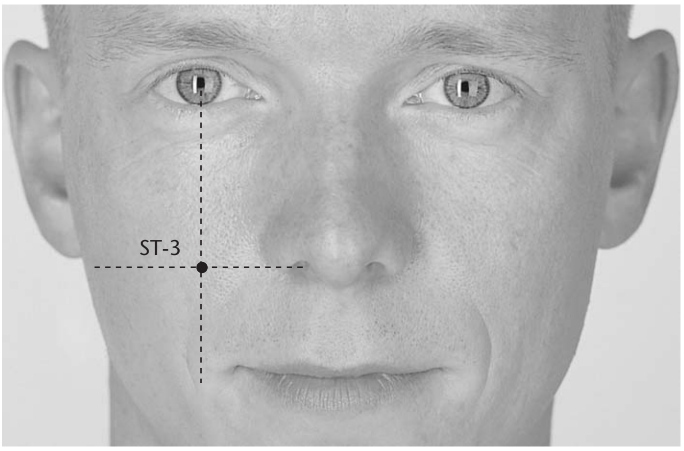
Special features

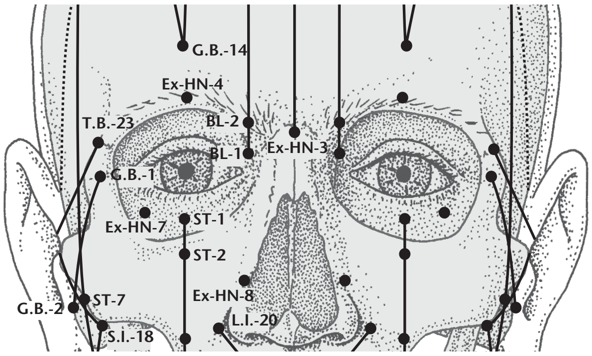
Important local point for disorders of the eyes, pain and paralysis of the face; meeting point with the *yang qiao mai* according to some authors. A less risky substitute for → **ST-1**.

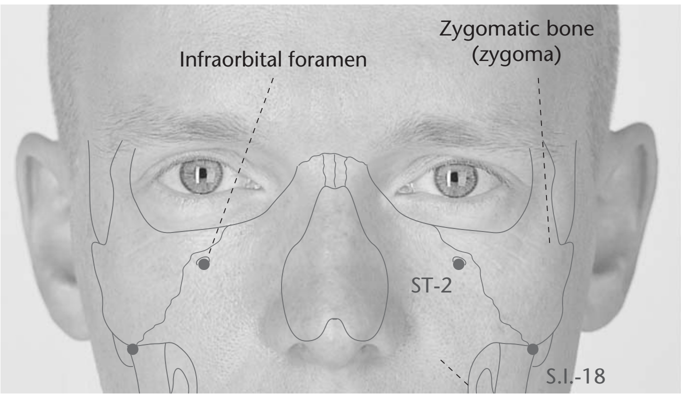


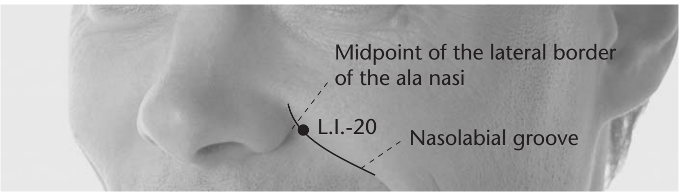


Great Crevice JULIAO ST-3




G.B.-14
Ex-HN-4
T.B.-23
BL-2
BL-1
Ex-HN-3
G.B.-1
Ex-HN-7
ST-1
ST-2
G.B.-2
ST-7
Ex-HN-8
L.I.-20
S.I.-18


Zygomatic bone
(zygoma)
Infraorbital foramen
ST-2
S.I.-18


Midpoint of the lateral border
of the ala nasi
L.I.-20
Nasolabial groove

Location

With the patient looking straight ahead, directly below the centre of the pupil, on the level of the lower border of the ala nasi.

How to find

With the patient looking straight ahead, the first four points of the ST channel are located on a vertical line drawn through the centre of the pupil (pupil line). **ST-3** is located at the crossing point of the pupil line and a horizontal line on the level of the lower border of the ala nasi.

Needling

Vertically or obliquely 0.3–0.5 cun or penetration method: transversely (subcutaneously) towards → **ST-4,** → **S.I.-18**, etc, for example, in cases of peripheral facial paralysis.

Actions/Indications

- Expels Wind, opens the channel, disperses accumulations

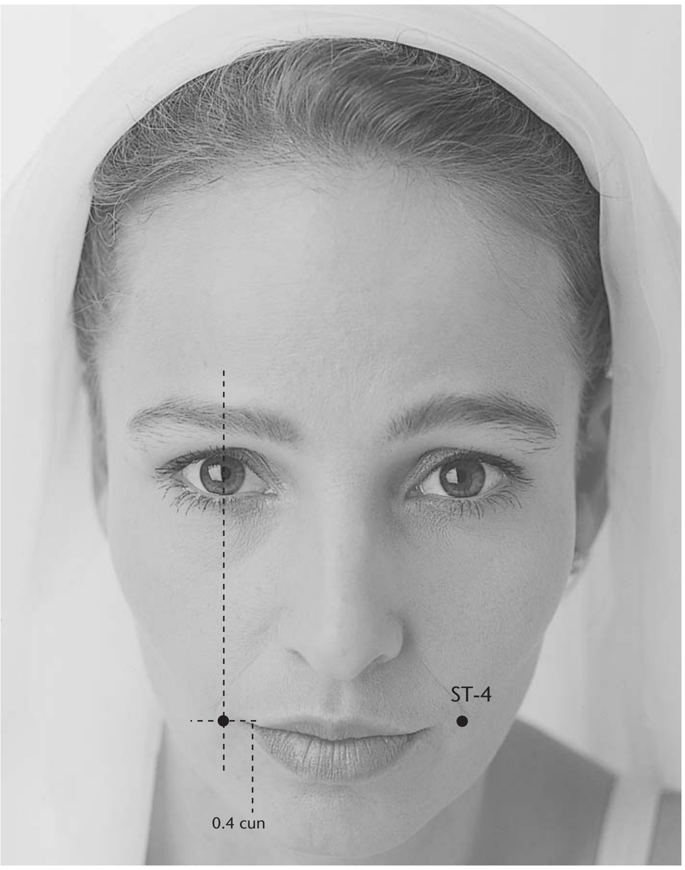
Special features

Meeting point with the *yang qiao mai*

ST-4 Earth Granary DICANG

Location

With the patient looking straight ahead, directly below the centre of the pupil and approximately 0.4 cun lateral to the corner of the mouth.



How to find

With the patient looking straight ahead, the first four points of the ST channel are located on a vertical line drawn through the centre of the pupil (pupil line). **ST-4** is located at the crossing point of the pupil line and a horizontal line originating at the corner of the mouth. The point is located in the nasolabial groove (→ 3.1.2), approximately 0.4 cun lateral to the corner of the mouth. Ask the patient to smile in order to make the line more clearly visible.

Needling

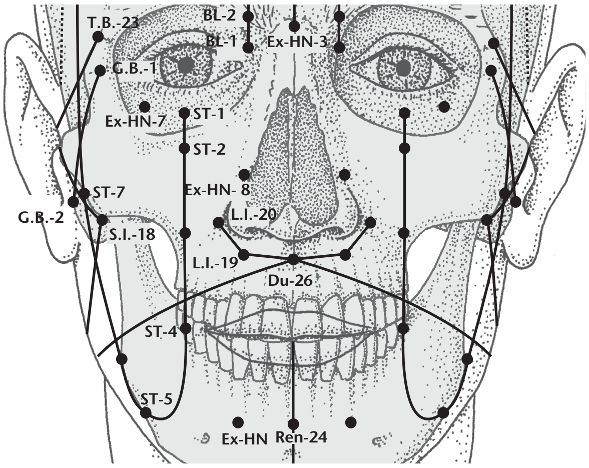
Obliquely in a lateral direction or vertically 0.3–0.5 cun or penetration method: transversely (subcutaneously) approximately 1.5–2 cun in cases of facial paralysis towards → **ST-6**, for trigeminal neuralgia towards → **L.I.-20**. Caution: Facial artery/vein.

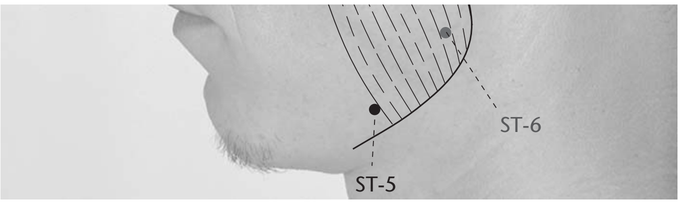
Actions/Indications

- Expels Wind (from the face), opens the channel, alleviates pain, relaxes the facial musculature
- Sometimes as distal point for disorders of the leg

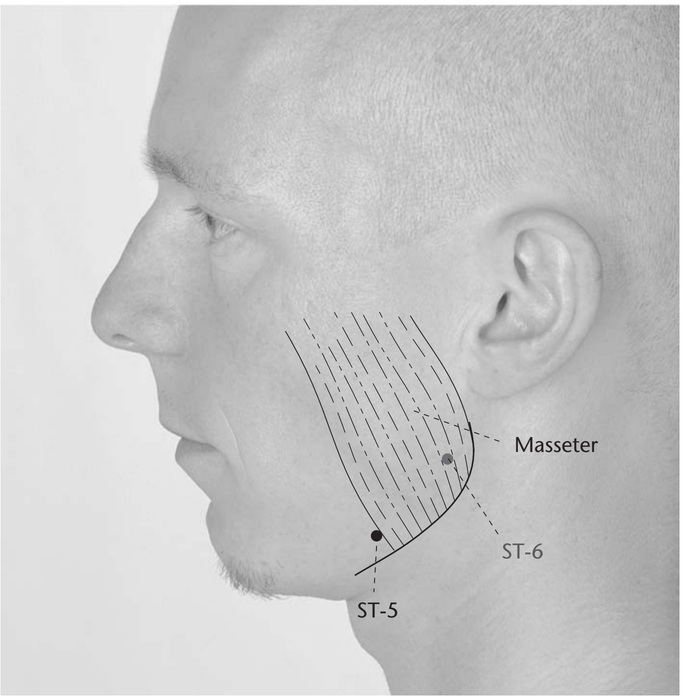
Special features

Meeting point with the L.I. channel, the *ren mai* and *yang qiao mai* (also with the *du mai* according to some authors). Important local point for neuralgias and pareses affecting the mouth and cheeks.





Great Welcome DAYING **ST-5**


Masseter
ST-6
ST-5

Location

On the lateral mandible, anterior to the masseter muscle.

How to find

By asking the patient to clench their teeth, the anterior border of the masseter muscle becomes clearly palpable. **ST-5** is located directly anterior to the border of the muscle, in a shallow depression on the mandible and slightly above the angle of the jaw. Here, the facial artery can be palpated.

Needling

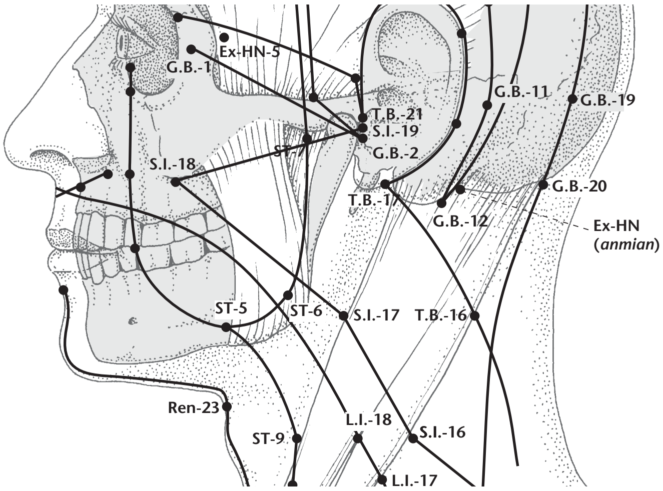
0.3–0.5 cun obliquely or transversely (subcutaneously) in the direction of → **ST-6**. Caution: Facial artery/vein.

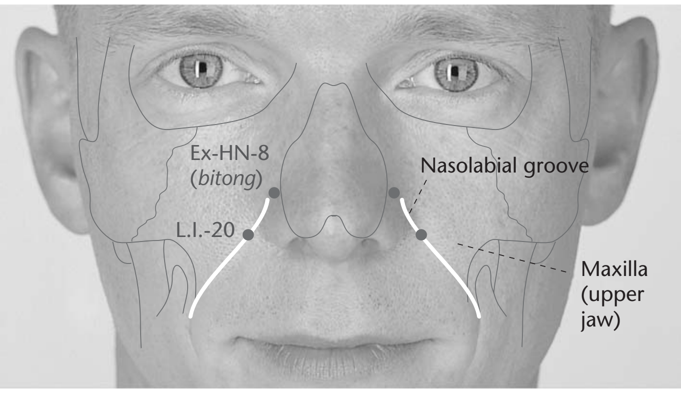
Actions/Indications

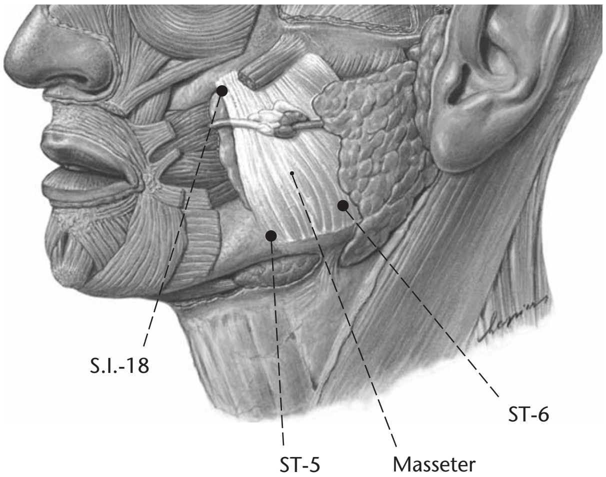
- Expels Wind, opens the channels

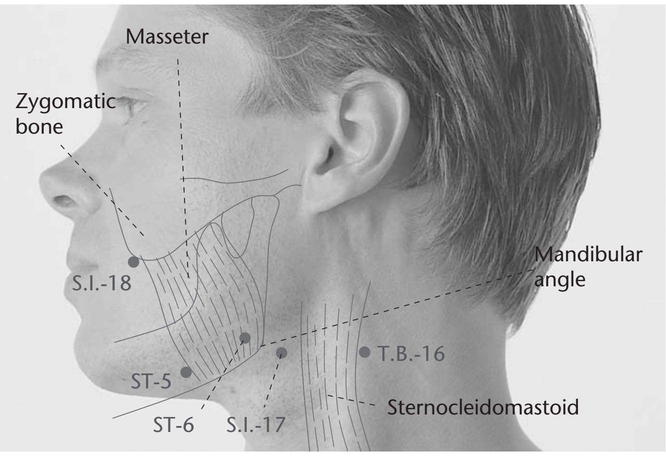
Special features

Meeting point with the G.B. channel according to some authors


Ex-HN-5
G.B.-1
G.B.-11
G.B.-19
T.B.-21
S.I.-19
G.B.-2
ST-7
S.I.-18
G.B.-20
T.B.-17
G.B.-12
Ex-HN
(*anmian*)
ST-5
ST-6
S.I.-17
T.B.-16
Ren-23
ST-9
L.I.-18
S.I.-16
L.I.-17


Ex-HN-8
(*bitong*)
L.I.-20
Nasolabial groove
Maxilla
(upper
jaw)

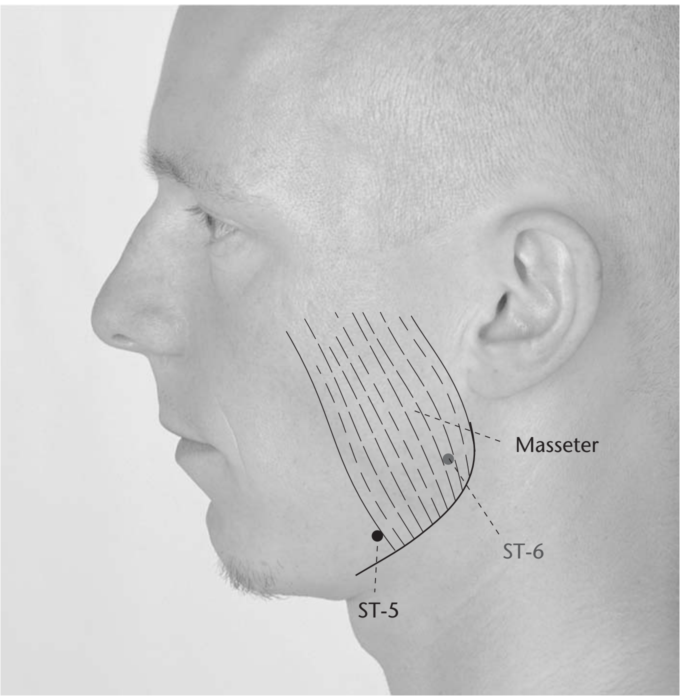

S.I.-18
ST-6
ST-5
Masseter


Masseter
Zygomatic
bone
S.I.-18
Mandibular
angle
T.B.-16
ST-5
Sternocleidomastoid
ST-6
S.I.-17

ST-6 *Jaw Bone* JIACHE

Location

With the teeth clenched, on the highest prominence of the masseter muscle, approximately one finger-width (middle finger) anterior and superior to the angle of the jaw.

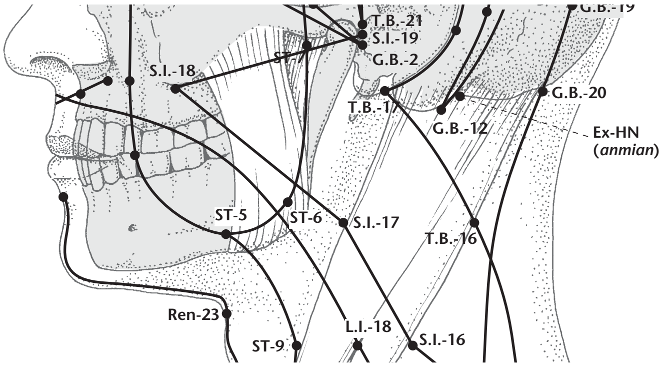

Masseter
ST-6
ST-5

How to find

Ask the patient to clench their teeth, which will allow the muscle belly of the masseter muscle to bulge. **ST-6** is located on its prominence, a little anterior and superior to the angle of the jaw (mandibular angle → 3.1.3). With chewing movements of the jaw ('biting and relaxing'), the palpating finger will naturally fall into the right depression when the muscle is relaxed.
→ **ST-5** is located more medially in the depression at the anterior border of the masseter muscle.

Needling

Insertion with the patient's mouth slightly opened (relaxed masseter muscle). Vertically 0.3–0.5 cun or obliquely or transversely (subcutaneously) 1–1.5 cun in the direction of → **ST-4**, **ST-5**, **ST-7**, for example, in cases of facial paralysis.

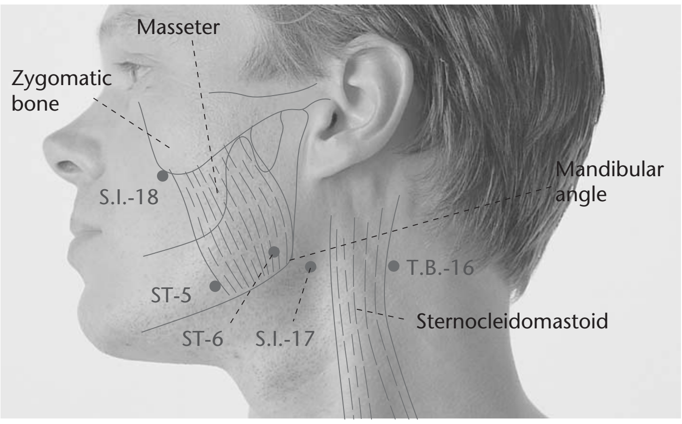

G.B.-19
T.B.-21
S.I.-19
G.B.-2
S.I.-18
ST-7
T.B.-17
G.B.-20
G.B.-12
Ex-HN
(*anmian*)
ST-5
ST-6
S.I.-17
T.B.-16
Ren-23
L.I.-18
ST-9
S.I.-16

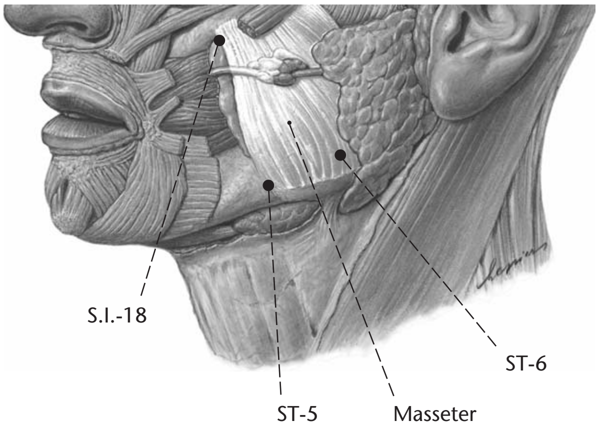
Actions/Indications

- Eliminates Wind, benefits the jaw and teeth, opens the channel and *luo* vessels, alleviates pain

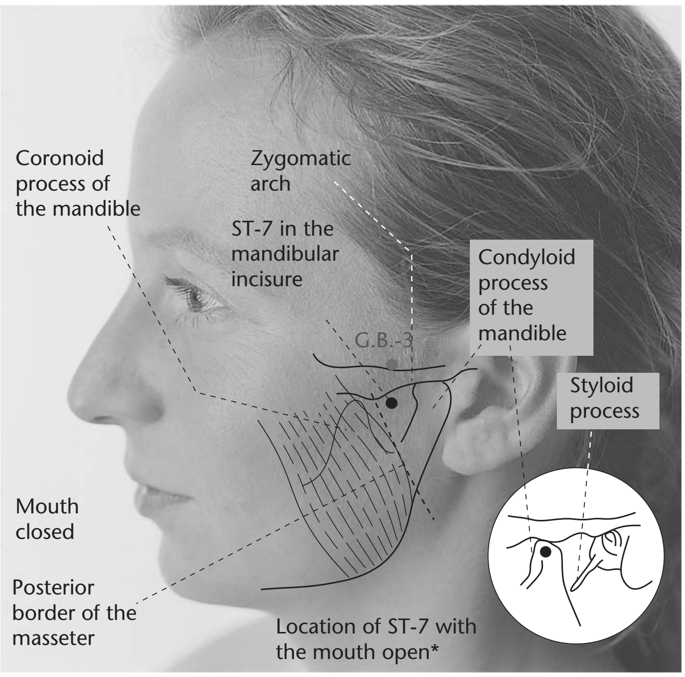
Special features

Sun Si Miao Ghost point. Important local point for the jaw region. Its location corresponds to a commonly used trigger point on the masseter muscle. According to some authors, **ST-6** is a meeting point with the G.B. channel.


Masseter
Zygomatic
bone
Mandibular
angle
S.I.-18
T.B.-16
ST-5
Sternocleidomastoid
ST-6
S.I.-17


S.I.-18
ST-6
ST-5
Masseter

Below the Joint XIAGUAN ST-7


Coronoid process of the mandible
Zygomatic arch
ST-7 in the mandibular incisure
G.B.-3
Condyloid process of the mandible
Styloid process
Mouth closed
Posterior border of the masseter
Location of ST-7 with the mouth open*

Location

With the mouth closed, at the lower border of the zygomatic arch (→ 3.1.2) in the centre of the depression of the mandibular fossa, between the coronoid process and the condyloid process of the mandible.

How to find

Palpate along the lower border of the zygomatic arch (→ 3.1.2) towards the ear. **ST-7** is located in a clearly palpable depression just before the temporomandibular joint and at the posterior border of the masseter muscle (clench teeth). To confirm: When the patient's mouth is fully opened, the condyloid process of the lower jaw slides anteriorly and the depression disappears (figure modified after Deadman et al).

→ G.B.-3 is located directly superior to **ST-7**, on the upper border of the zygomatic arch.

Needling

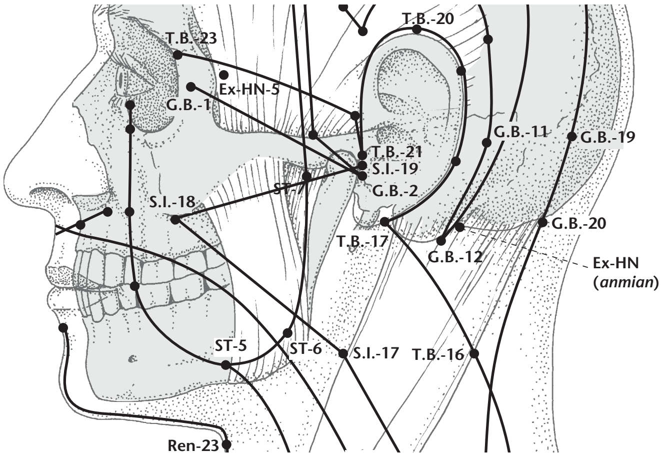
Insert the needle with the patient's mouth closed. 0.3–0.5 cun vertically or 1–1.5 cun transversely (subcutaneously) in the direction of **→ ST-6**, **→ S.I.-19**, **→ S.I.-18**.

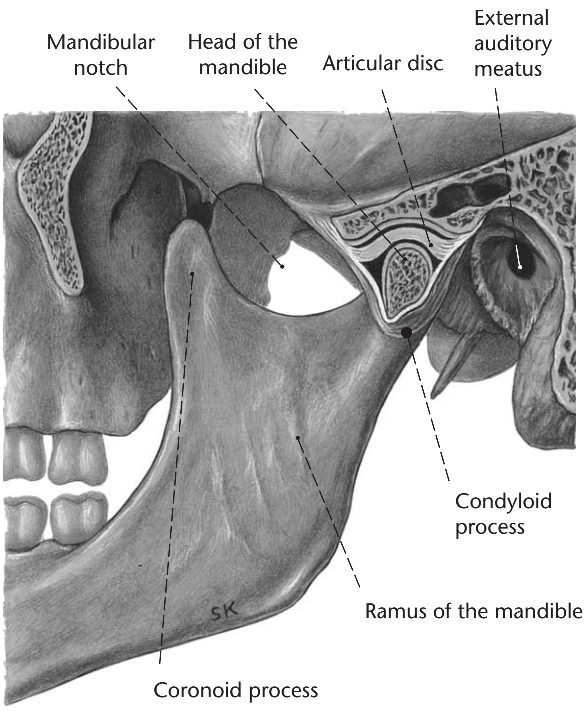
Actions/Indications

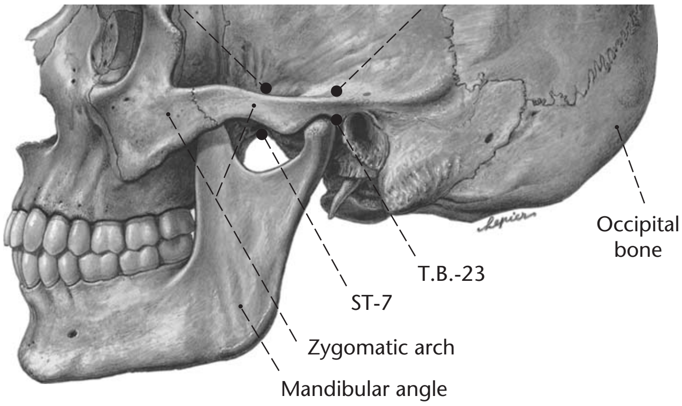
- Opens the channel, benefits the jaw and teeth, alleviates pain
- Benefits the ears

Special features

Meeting point with the G.B. channel. Important local point and frequently used trigger point.


T.B.-23
T.B.-20
Ex-HN-5
G.B.-1
G.B.-11
G.B.-19
T.B.-21
S.I.-19
G.B.-2
ST-7
S.I.-18
G.B.-20
T.B.-17
G.B.-12
Ex-HN (*anmian*)
ST-5
ST-6
S.I.-17
T.B.-16
Ren-23


Mandibular notch
Head of the mandible
Articular disc
External auditory meatus
Condyloid process
Ramus of the mandible
Coronoid process


Occipital bone
T.B.-23
ST-7
Zygomatic arch
Mandibular angle

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* According to Deadman et al 1998.

ST-8 *Head's Binding* TOUWEI

Location

At the temporal corner of the forehead, on the border of the temporalis muscle and 0.5 cun within the anterior hairline or 4.5 cun lateral to the anterior midline (→ **Du-24**).

How to find

First, find the anterior hairline (→ 3.1.1). Then locate **ST-8** at the temporal corner of the forehead 0.5 cun within the hairline. Chewing movements of the temporalis muscle will still be palpable here.

Also located 0.5 cun superior to the anterior hairline are **→ Du-24/BL-3/BL-4/G.B.-15/G.B.-13** (anterior midline/superior to the inner canthus of the eye/1.5 cun lateral to the anterior midline/3 cun lateral to the anterior midline). These distances refer to the distance between **→ Du-24** and **ST-8** (=4.5 cun, → 2.2). **ST-8** and **→ G.B.-7** (a depression on the level of the apex of the ear, within the temporal hairline) mark the endpoints of a curved line, on which **ST-8 and → G.B.-4–7** are located at regular intervals (by dividing the line into five parts).

Needling

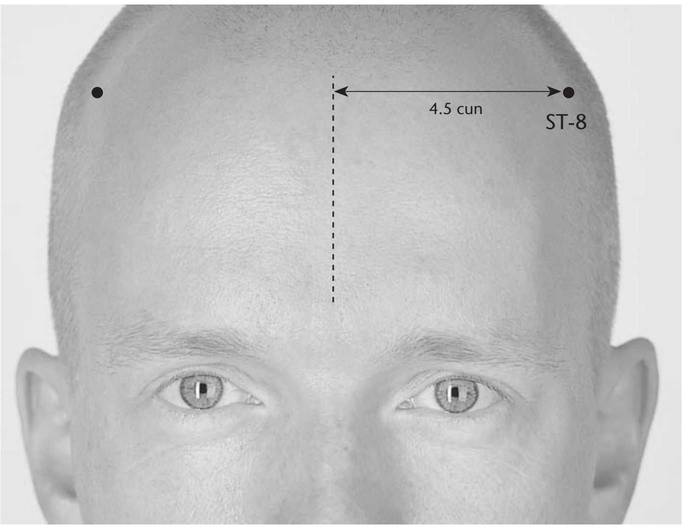
0.5–1 cun transversely (subcutaneously) or obliquely in the direction of the disorder. Moxibustion possible (contraindicated according to some classical texts).

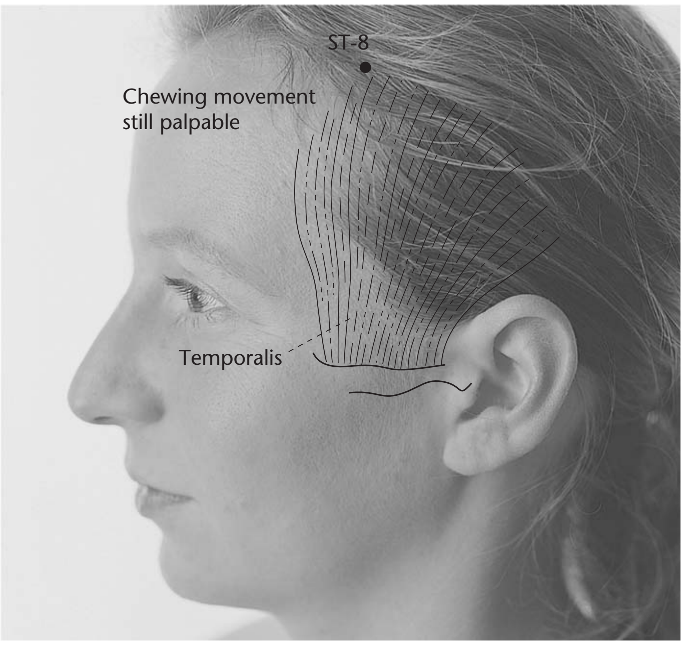
Actions/Indications

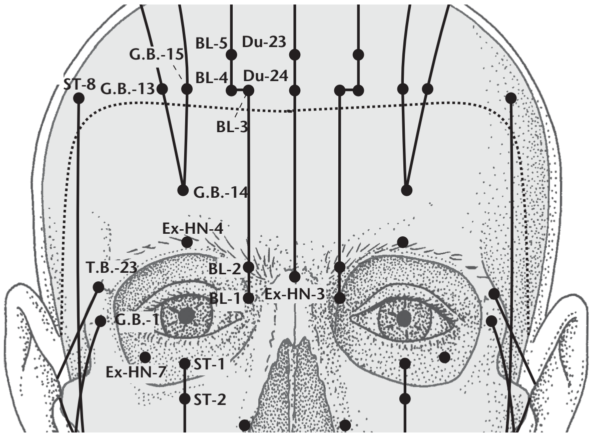
- Eliminates Wind from the head and eyes, benefits the eyes, alleviates pain

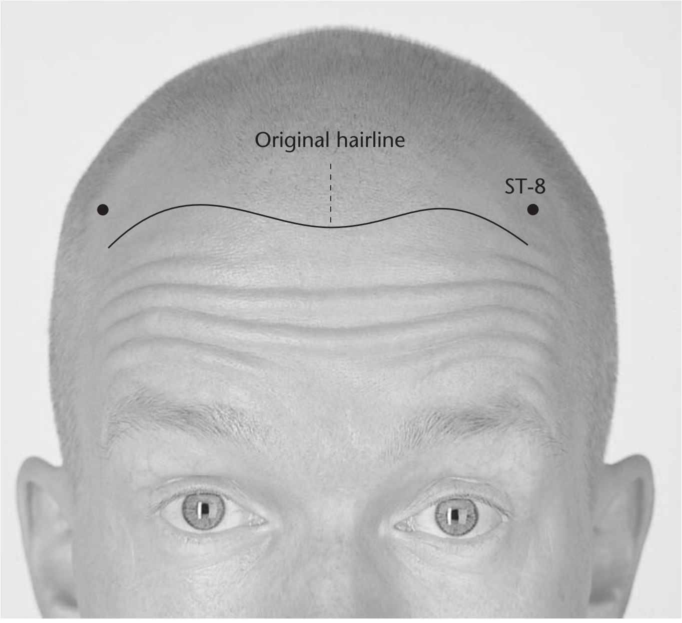
Special features

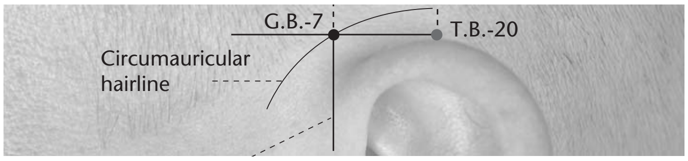
Meeting point with the *yang wei mai* and the G.B. channel. Important local point for headaches and disorders of the eyes.



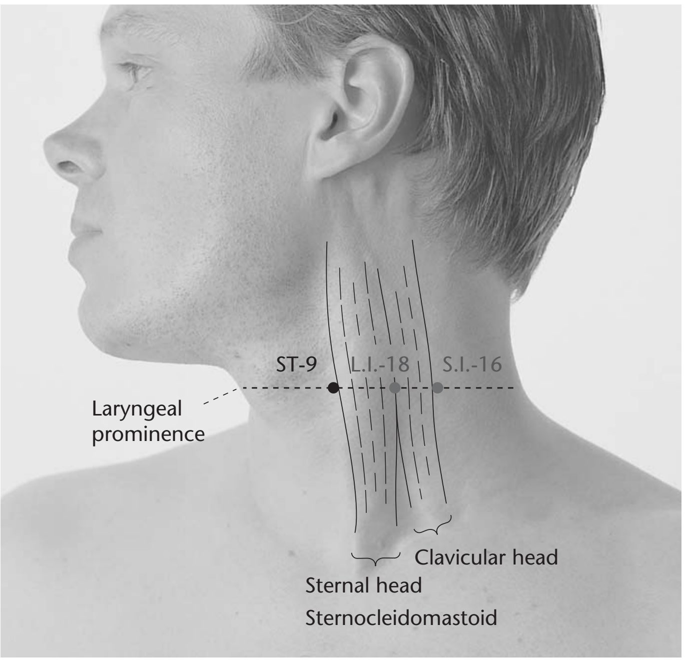

ST-8
Chewing movement still palpable
Temporalis


G.B.-15
BL-5
Du-23
ST-8
G.B.-13
BL-4
Du-24
BL-3
G.B.-14
Ex-HN-4
T.B.-23
BL-2
BL-1
Ex-HN-3
G.B.-1
Ex-HN-7
ST-1
ST-2


Original hairline
ST-8


G.B.-7
T.B.-20
Circumauricular hairline

Man's Welcome RENYING **ST-9**


ST-9
L.I.-18
S.I.-16
Laryngeal prominence
Clavicular head
Sternal head
Sternocleidomastoid

Location

1.5 cun lateral to the anterior midline, on the level of the laryngeal prominence and at the anterior border of the sternocleidomastoid muscle.

How to find

From the laryngeal prominence, palpate posteriorly to the anterior border of the sternocleidomastoid muscle (→ 3.2). **ST-9** is located at the anterior border of the muscle, which becomes more clearly visible and palpable if the patient's head is turned in the opposite direction.
Located on the same level are → **S.I.-16** on the posterior border of the sternocleidomastoid muscle and **L.I.-18** between the two heads of the sternocleidomastoid muscle.

Needling

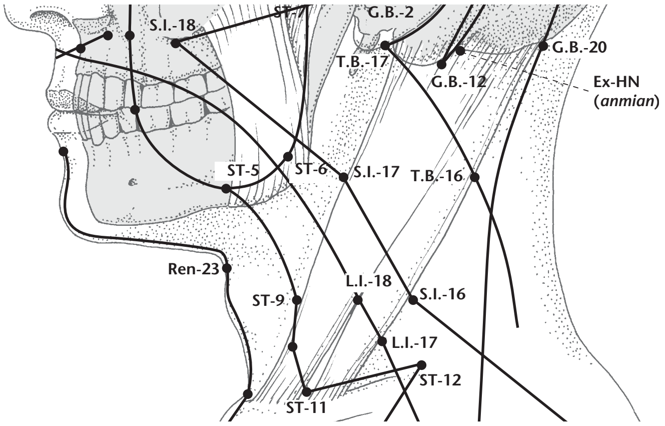
If necessary, move the head to its normal position before needling. Caution: Carotid artery, carotid sinus, jugular veins. The carotid artery is located directly at the anterior border of the sternocleidomastoid muscle. The needle should be inserted anterior to where you can feel the pulsating of the carotid artery. Vertically 0.5–1 cun between the artery and the thyroid cartilage. For reasons of safety, the artery should be held in a lateral position with one finger of the palpating hand above and one finger below the insertion site. Irritation of the carotid sinus can lead to a lowering of the blood pressure and fainting!

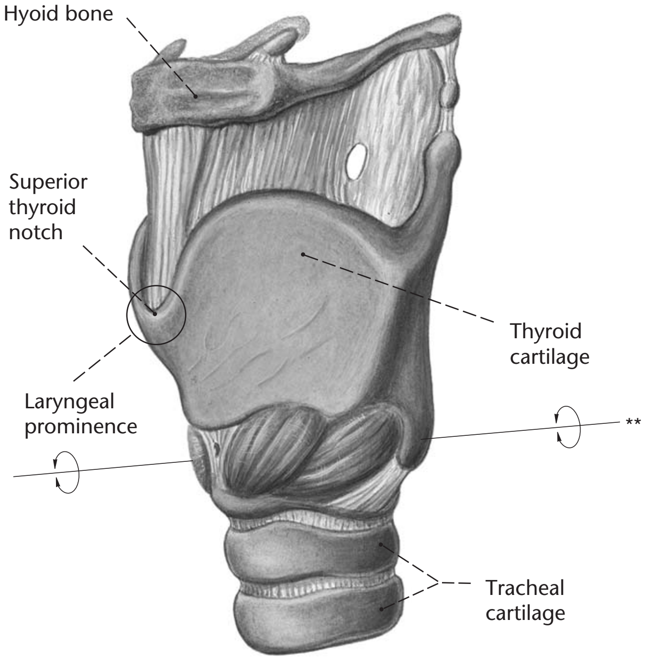
Actions/Indications

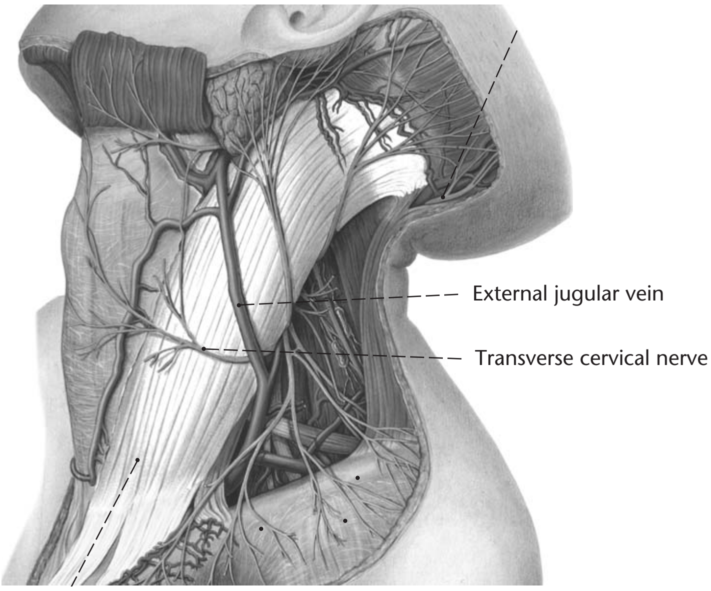
- Regulates the Qi
- Opens the channel
- Harmonises excess or deficiency in the thorax

Special features

Window of Heaven point, Sea of Qi point, meeting point with the G.B. channel.


S.I.-18
ST-7
G.B.-2
G.B.-20
T.B.-17
G.B.-12
Ex-HN
(*anmian*)
ST-5
ST-6
S.I.-17
T.B.-16
Ren-23
ST-9
L.I.-18
S.I.-16
L.I.-17
ST-12
ST-11


Hyoid bone
Superior thyroid notch
Thyroid cartilage
Laryngeal prominence
**
Tracheal cartilage


External jugular vein
Transverse cervical nerve

ST-10 *Water Prominence* SHUITU

Location

On the anterior border of the sternocleidomastoid muscle, at the midpoint of a line connecting → **ST-9** and **ST-11**.

How to find

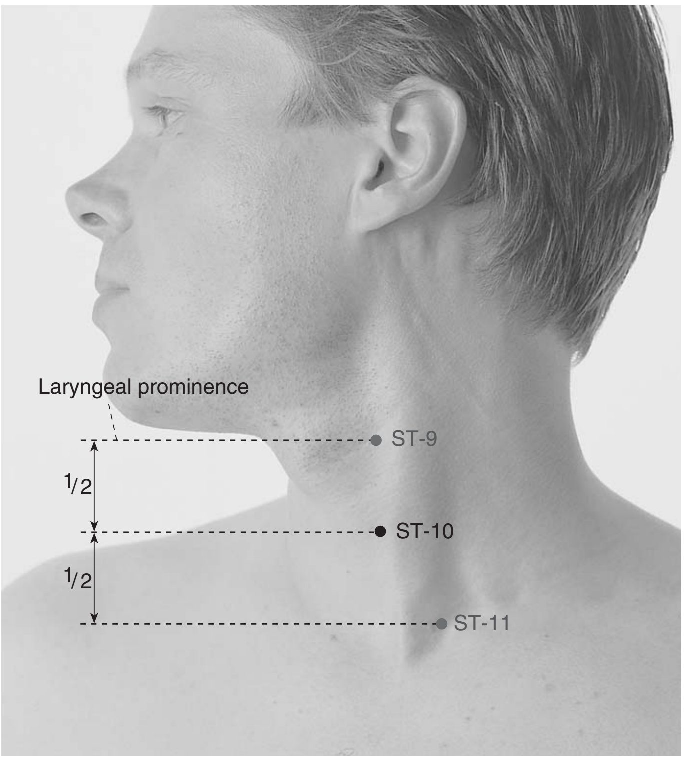
→ **ST-9** and **ST-10** are both located on the anterior border of the sternocleidomastoid muscle (→ 3.2). → **ST-11** is located posterior to the sternal head. Place the middle finger of the left hand onto → **ST-9** on the level of the laryngeal prominence and the thumb on → **ST-11** posterior to the sternal insertion. **ST-10** is located at the midpoint between the two fingers. With the patient's head rotated in the opposite direction, the muscle will be more visible and can be more easily palpated.

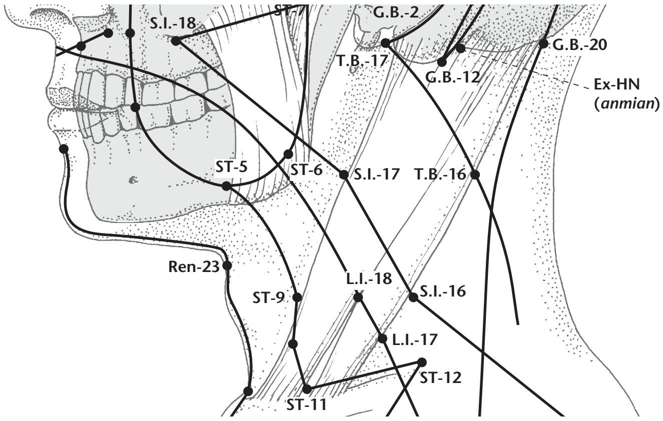
Needling

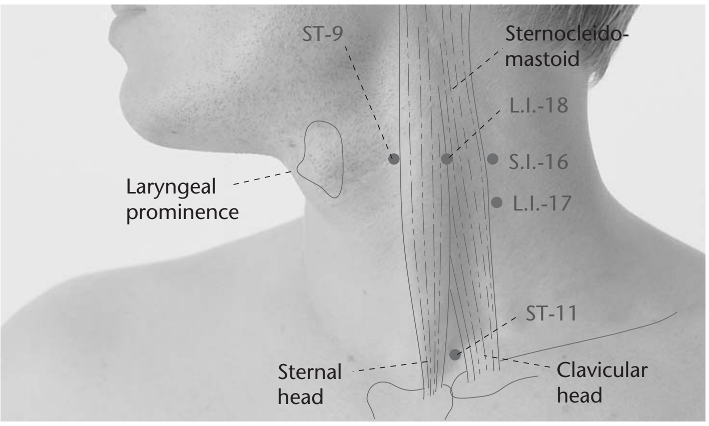
0.5–1 cun obliquely in a medial direction, away from the artery. Caution: Carotid artery, jugular veins. If necessary, rotate the head back to a middle position before needling.

Actions/Indications

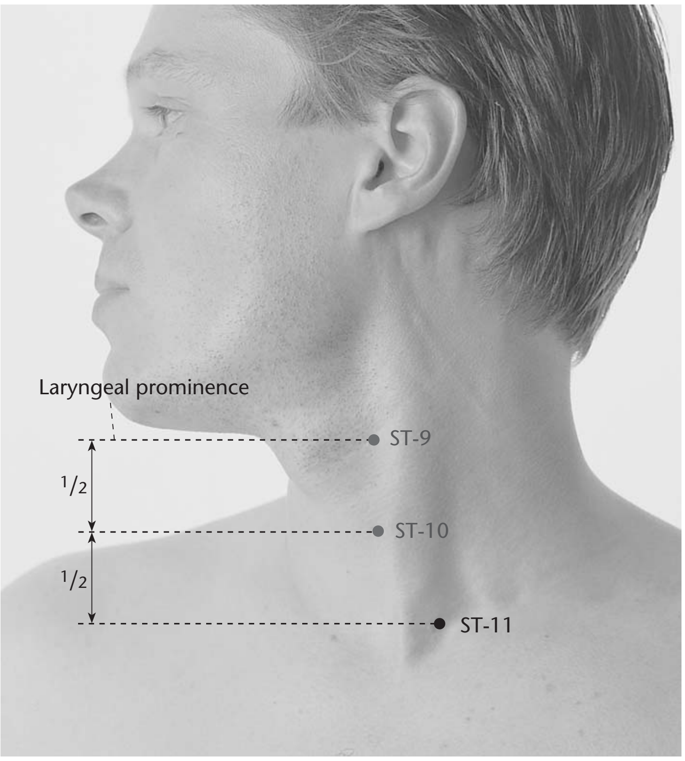
- Regulates the Lung Qi
- Benefits the throat


Laryngeal prominence
ST-9
1/2
ST-10
1/2
ST-11


S.I.-18
ST-7
G.B.-2
G.B.-20
T.B.-17
G.B.-12
Ex-HN
(*anmian*)
ST-5
ST-6
S.I.-17
T.B.-16
Ren-23
ST-9
L.I.-18
S.I.-16
L.I.-17
ST-12
ST-11


ST-9
Sternocleido-
mastoid
L.I.-18
S.I.-16
Laryngeal
prominence
L.I.-17
ST-11
Sternal
head
Clavicular
head

Qi Abode QISHE **ST-11**


Laryngeal prominence
ST-9
1/2
ST-10
1/2
ST-11

Location

On the upper border of the clavicle, between the tendons of the sternal and clavicular heads of the sternocleidomastoid muscle.

How to find

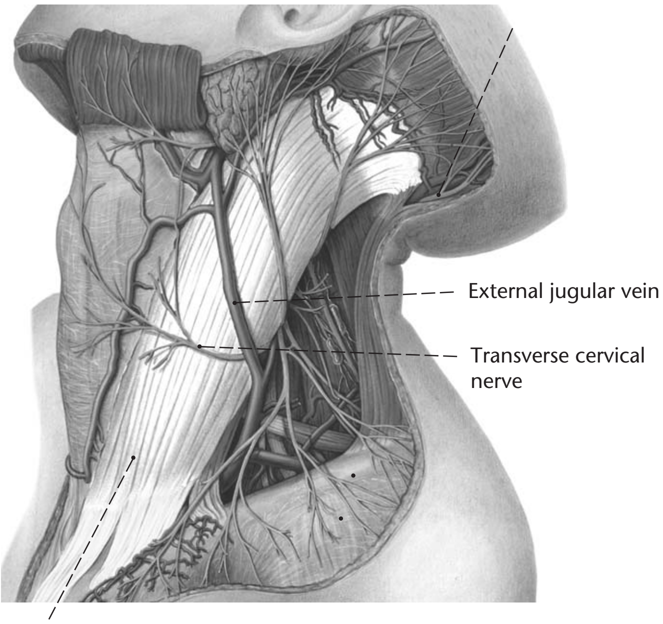
By rotating the patient's head in the opposite direction (especially against resistance), the ropey sternal insertion of the sternocleidomastoid muscle (→ 3.2) becomes clearly visible. **ST-11** is located in a shallow depression, the minor supraclavicular fossa, between the sternal insertion and the more extended insertion of the clavicular head.

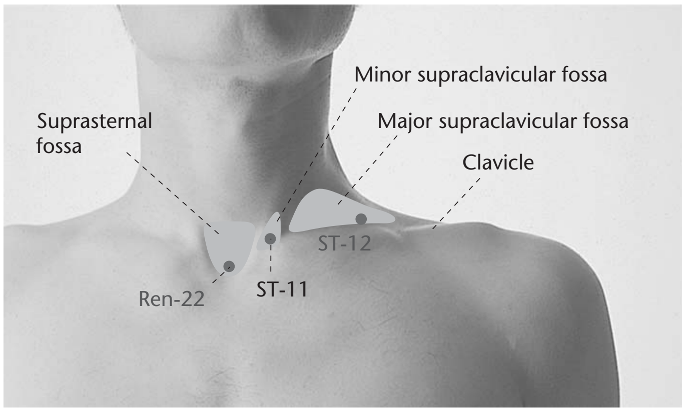
Needling

Vertically 0.3–0.5 cun. Caution: Pneumothorax, jugular veins.

Actions/Indications

- Benefits the throat and neck
- Regulates counterflow Qi


External jugular vein
Transverse cervical nerve


Minor supraclavicular fossa
Suprasternal fossa
Major supraclavicular fossa
Clavicle
ST-12
ST-11
Ren-22

ST-12 *Empty Basin* QUEPEN

Location

In the supraclavicular fossa, superior to the midpoint of the clavicle, approximately 4 cun lateral to the anterior midline.

How to find

From the anterior midline, palpate to the midpoint of the clavicle (=4 cun in a lateral direction). There, an imaginary vertical line marks the midclavicular line. **ST-12** is located on the midclavicular line, at the upper border of the clavicle, in the supraclavicular fossa, lateral to the clavicular head of the sternocleidomastoid muscle.

Needling

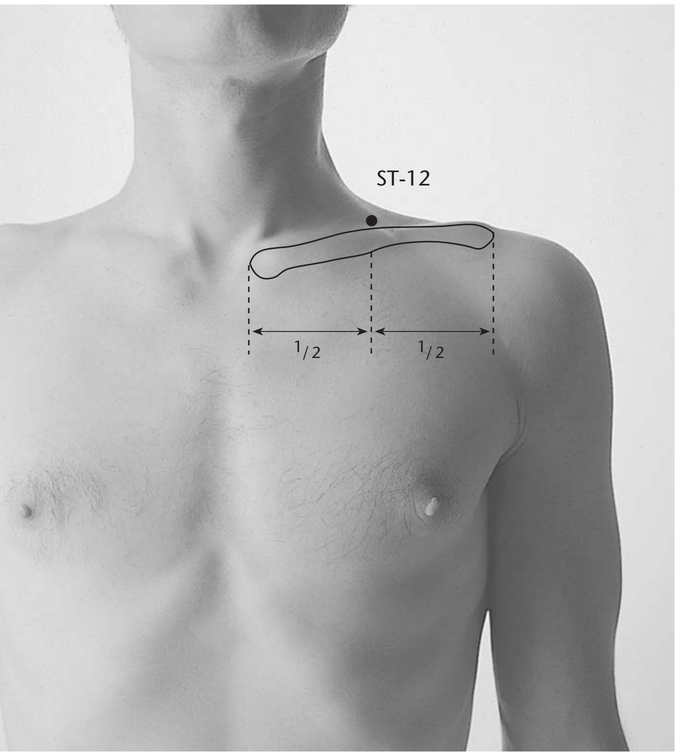
Vertically 0.3–0.5 cun. The needle should be guided along the posterior border of the clavicle. Caution: Pneumothorax, especially with emphysema; superficial and deep cervical arteries. According to some authors, this point is contraindicated during pregnancy.

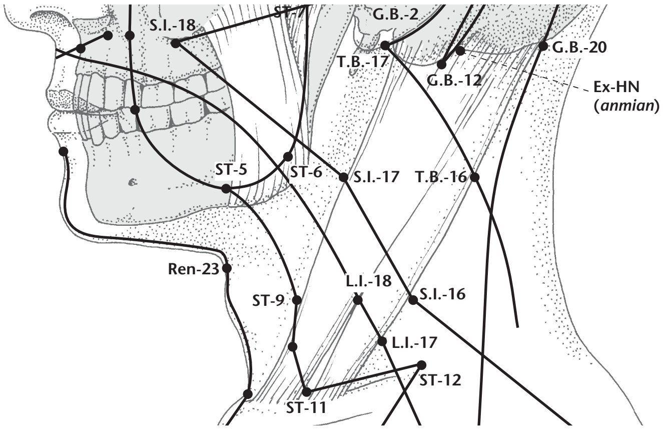
Actions/Indications

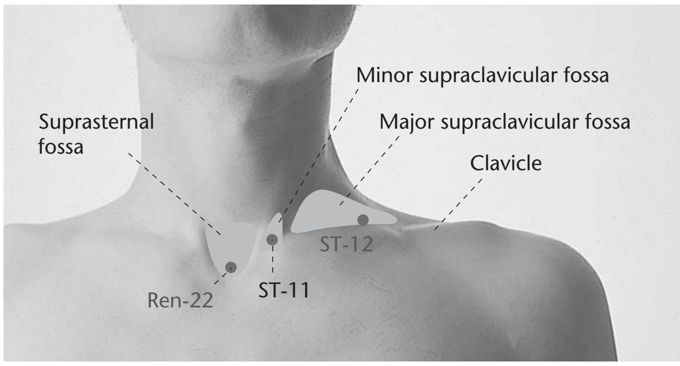
- Opens the channel
- Disperses and descends the Lung Qi
- Clears Heat in the throat

Special features

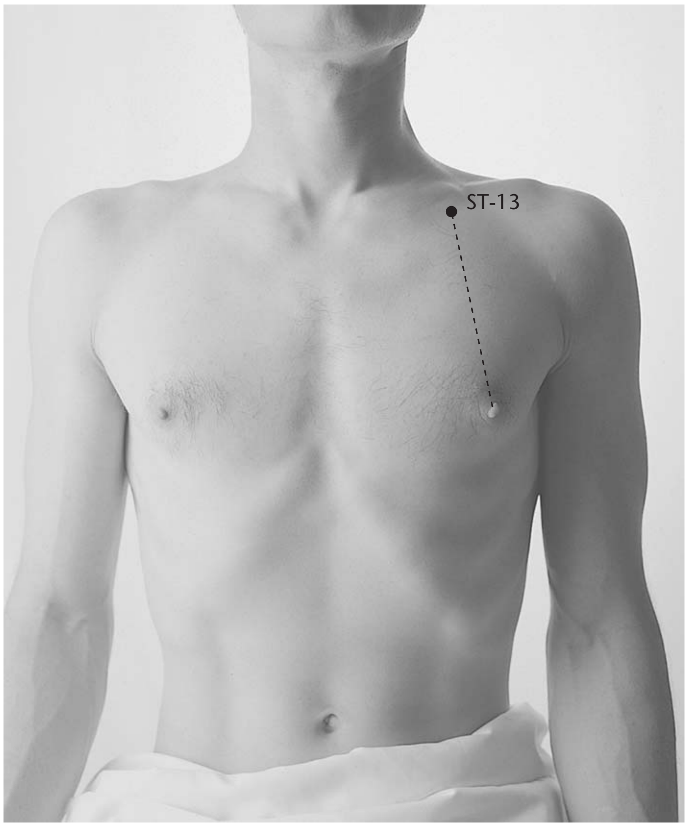
Meeting point with the L.I., S.I., G.B. and T.B. channel

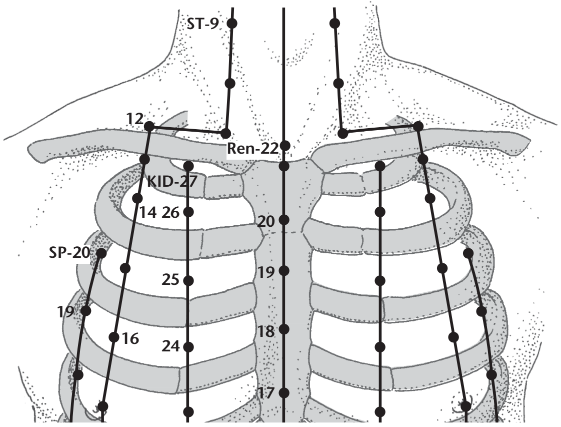


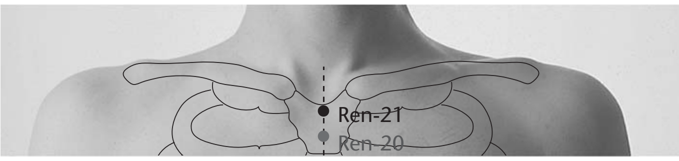

S.I.-18
ST-7
G.B.-2
G.B.-20
T.B.-17
G.B.-12
Ex-HN
(*anmian*)
ST-5
ST-6
S.I.-17
T.B.-16
Ren-23
L.I.-18
S.I.-16
ST-9
L.I.-17
ST-12
ST-11

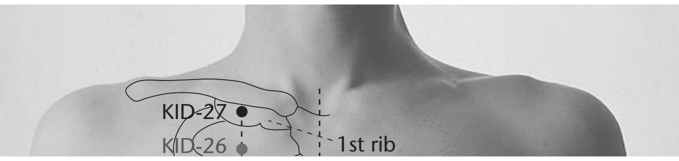

Minor supraclavicular fossa
Suprasternal fossa
Major supraclavicular fossa
Clavicle
ST-12
ST-11
Ren-22

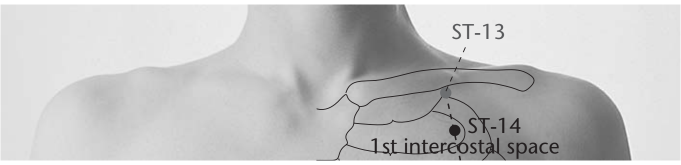
Qi Door QIHU ST-13











Location

At the midpoint of the clavicle and on its inferior border, 4 cun lateral to the anterior midline.

How to find

On the upper thorax region, the midclavicular line (4 cun lateral to the anterior midline) runs slightly obliquely from the clavicular midpoint to the generally more lateral nipple. Find the midpoint of the clavicle (or measure 4 cun lateral to the midline) and locate **ST-13** at the lower border of the clavicle. Since the 1st rib curves posteriorly in a short bow, **ST-13** is generally situated lateral to the 1st rib.

→ **KID-27** is located medial to **ST-13**, but inferior to the lower border of the clavicle and 2 cun lateral to the anterior midline. → **Ren-21** is located on the midline. → **ST-14** is located only slightly inferior to **ST-13** in the 1st intercostal space.

Needling

0.3–0.5 cun obliquely in a lateral or medial direction or transversely (subcutaneously) along the channel pathway. Caution: Pneumothorax, subclavicular artery/vein.

Actions/Indications

- Descends counterflow Qi
- Clears Heat
- Unbinds the chest

ST-14 *Store House* KUFANG

Location

On the midclavicular line, in the first intercostal space, 4 cun lateral to the anterior midline.

How to find

On the upper thorax, the midclavicular line (4 cun lateral to the anterior midline) runs slightly obliquely from the clavicular midpoint to the generally more lateral nipple. By palpating across the clavicle from superior to inferior, the first rib will generally be felt directly below the clavicle, although, in some cases, the 1st rib might be completely hidden under the clavicle. The 1st intercostal space follows directly inferior to the 1st rib, where **ST-14** is located.

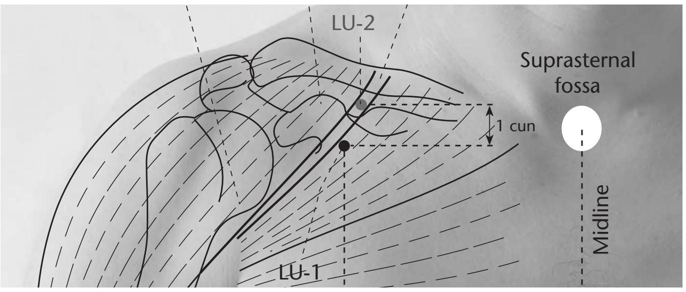
→ **ST-13** is located only slightly superior to **ST-14** at the lower border of the clavicle. Also located on the level of the first intercostal space are → **Ren-20** (anterior midline), → **KID-26** (2 cun lateral to the anterior midline) and → **LU-1** (6 cun lateral to the midline). For more detail about orientation regarding intercostal spaces → 3.5.

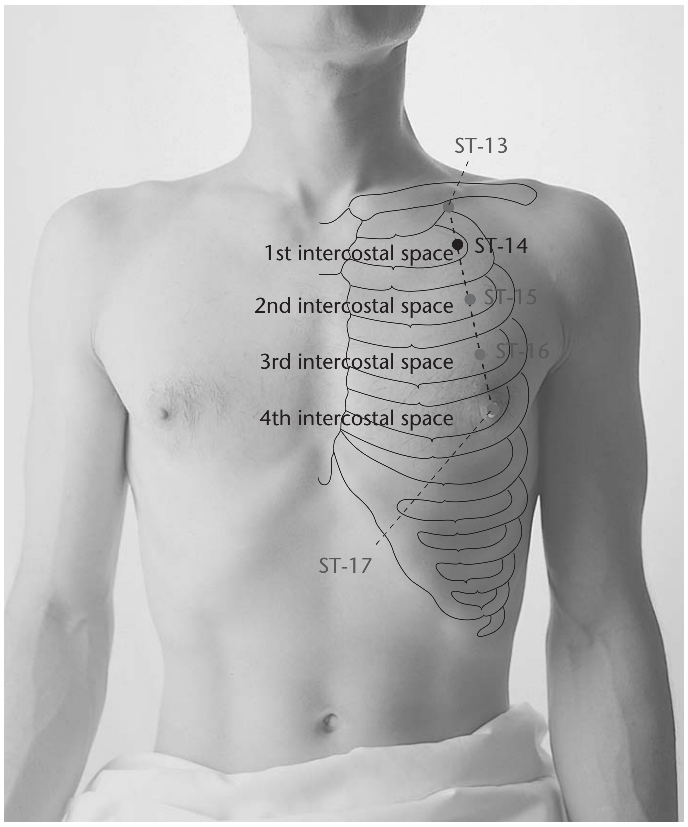
Needling

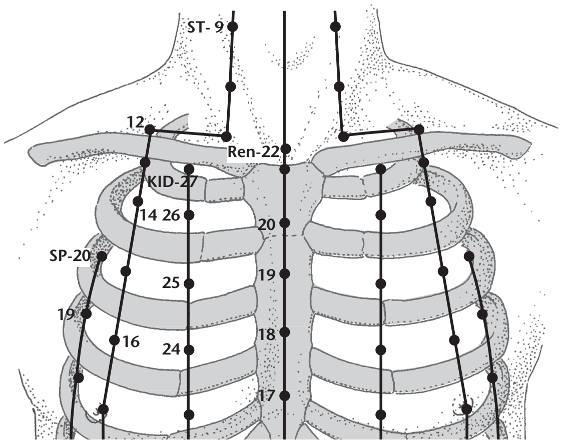
0.5–0.8 cun obliquely or transversely (subcutaneously), parallel to the course of the intercostal space or with or against the channel pathway. Caution: Pneumothorax.

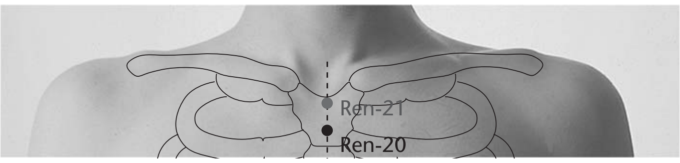
Actions/Indications

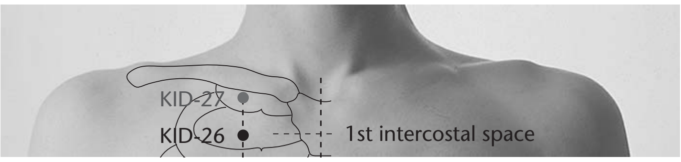
- Regulates the Qi
- Unbinds the chest
- Benefits the breasts


LU-2
Suprasternal fossa
1 cun
Midline
LU-1

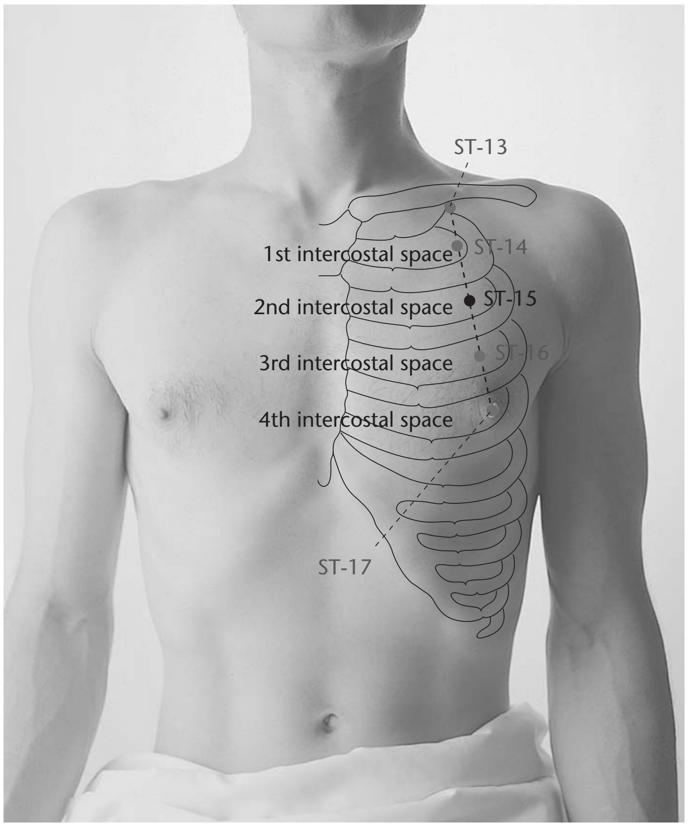

ST-13
1st intercostal space
ST-14
2nd intercostal space
ST-15
3rd intercostal space
ST-16
4th intercostal space
ST-17

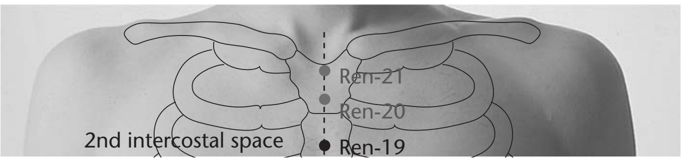

ST- 9
12
Ren-22
KID-27
14
26
20
SP-20
19
25
19
16
24
18
17

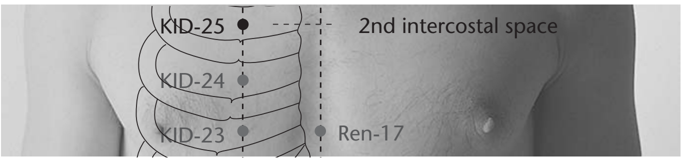

Ren-21
Ren-20

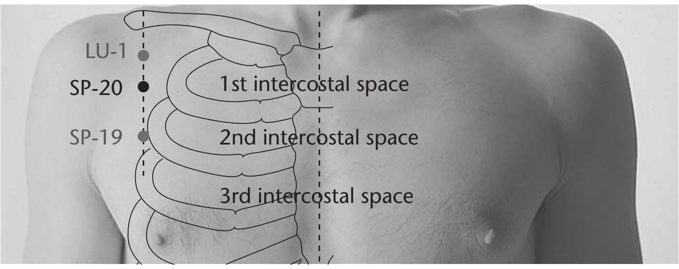

KID-27
KID-26
1st intercostal space

Room Screen WUYI ST-15


ST-13
1st intercostal space
ST-14
2nd intercostal space
ST-15
3rd intercostal space
ST-16
4th intercostal space
ST-17


Ren-21
Ren-20
2nd intercostal space
Ren-19


KID-25
2nd intercostal space
KID-24
KID-23
Ren-17


LU-1
SP-20
1st intercostal space
SP-19
2nd intercostal space
3rd intercostal space

Location

In the 2nd intercostal space, on the midclavicular line, 4 cun lateral to the anterior midline.

How to find

On the upper thorax, the midclavicular line (4 cun lateral to the anterior midline) runs slightly obliquely from the clavicular midpoint to the generally more lateral nipple. Locate the 2nd intercostal space by palpating downward from the clavicle or by palpating from the manubriosternal synchondrosis (second rib) (→ 3.5). Then palpate along its course to the midclavicular line, where **ST-15** is located. Note the ascending course of the intercostal space! Located on the same level are → **Ren-19** (anterior midline), → **KID-25** (2 cun lateral to the anterior midline) and → **SP-20** (6 cun lateral to the midline).

Needling

0.5–0.8 cun obliquely or transversely (subcutaneously), parallel to the course of the intercostal space or with or against the channel pathway. Caution: pneumothorax.

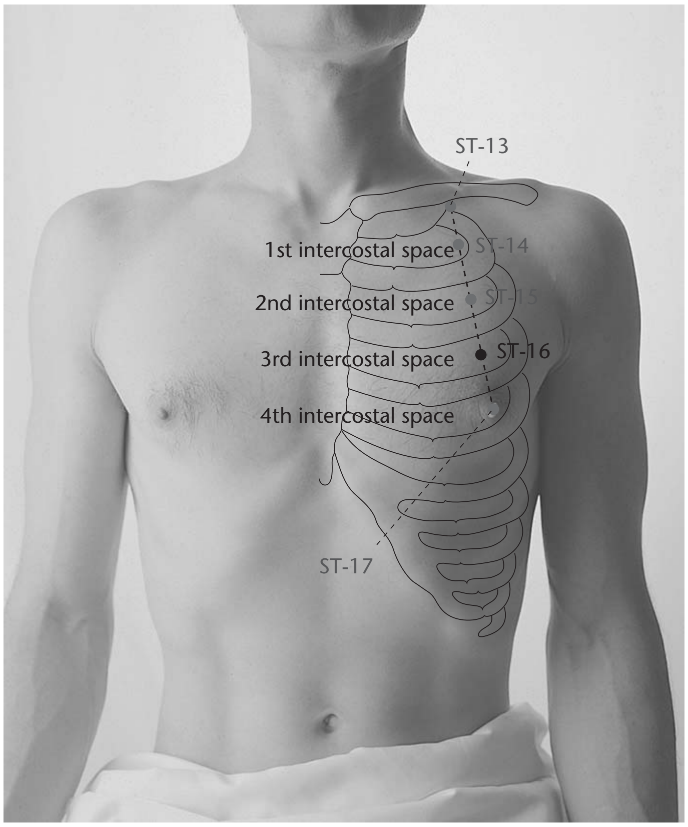
Actions/Indications

- Regulates the Lung Qi
- Unbinds the chest
- Benefits the breasts and clears Heat

ST-16 *Breast Window* YINGCHUANG

Location

In the 3rd intercostal space, on the midclavicular line, 4 cun lateral to the anterior midline.


ST-13
1st intercostal space
ST-14
2nd intercostal space
ST-15
3rd intercostal space
ST-16
4th intercostal space
ST-17

How to find

On the upper thorax, the midclavicular line (4 cun lateral to the anterior midline) runs slightly obliquely from the clavicular midpoint to the generally more lateral nipple. Locate the 3rd intercostal space by palpating downward from the clavicle or by palpating from the manubriosternal synchondrosis (second rib) (➞ 3.5). Then palpate along its course to the midclavicular line, where **ST-16** is located. Note the ascending course of the intercostal space! In male patients, this point can also be located by counting one intercostal space upward from the level of the nipple.

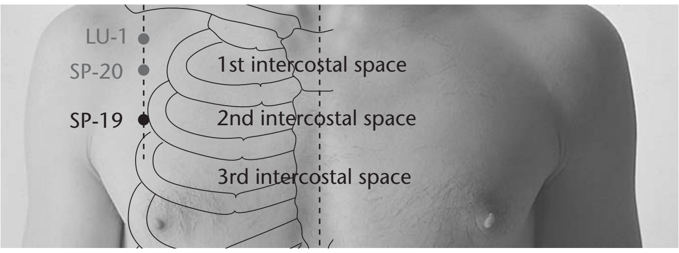
Located on the same level are ➞ **Ren-18** (anterior midline), ➞ **KID-24** (2 cun lateral to the anterior midline) and ➞ **SP-19** (6 cun lateral to the midline).

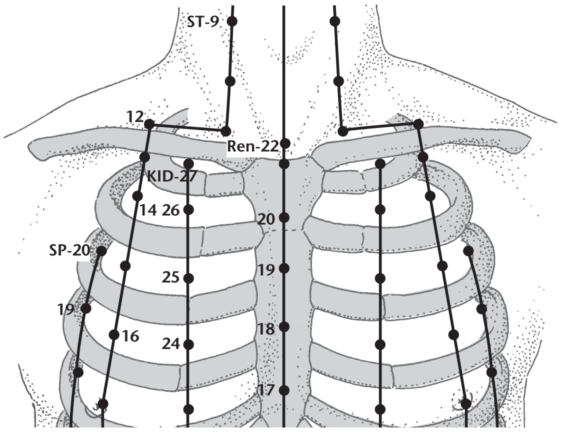
Needling

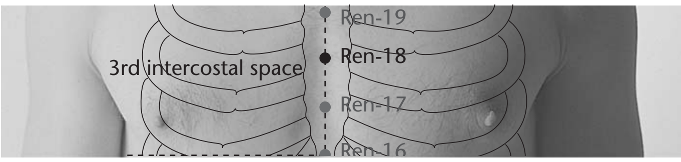
0.5–0.8 cun obliquely or transversely (subcutaneously), along the course of the intercostal space or with or against the flow of the channel. Caution: pneumothorax.

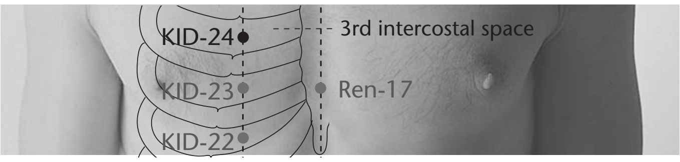
Actions/Indications

- Regulates the Qi
- Unbinds the chest
- Benefits the breasts

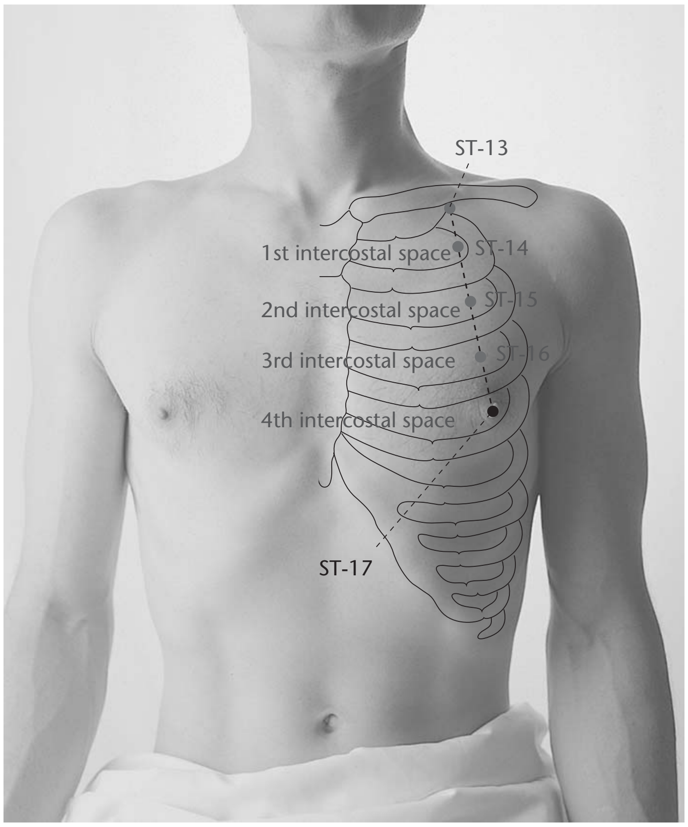

LU-1
SP-20
SP-19
1st intercostal space
2nd intercostal space
3rd intercostal space


ST-9
12
Ren-22
KID-27
14
26
20
SP-20
25
19
19
16
24
18
17


Ren-19
3rd intercostal space
Ren-18
Ren-17
Ren-16


KID-24
3rd intercostal space
KID-23
Ren-17
KID-22

Breast Centre **RUZHONG** **ST-17**


ST-13
1st intercostal space
ST-14
2nd intercostal space
ST-15
3rd intercostal space
ST-16
4th intercostal space
ST-17

Location

In the centre of the nipple.

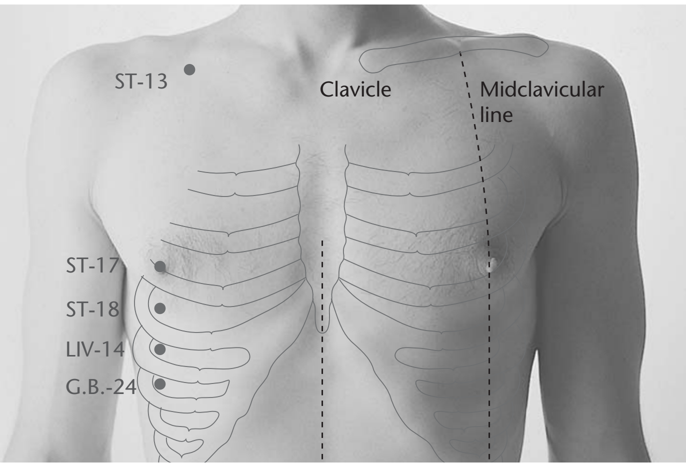
How to find

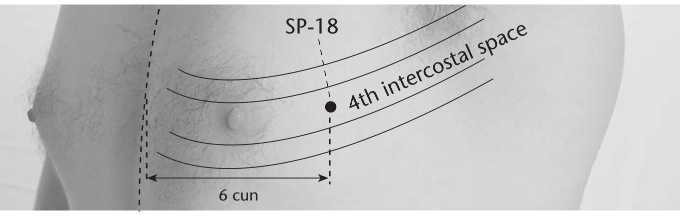
In the centre of the nipple. In men, this is usually located 4 cun lateral to the anterior midline, at the level of the 4th intercostal space and is also used for reference.

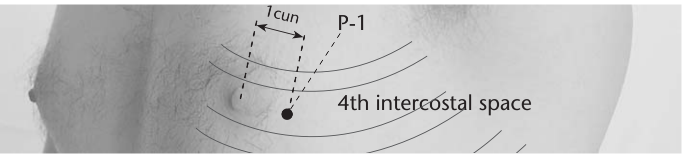
In men, also located on the same level are → **Ren-17** (anterior midline), → **KID-23** (2 cun lateral to the anterior midline), → **SP-18** (6 cun lateral to the midline), → **P-1** (1 cun lateral to the nipple), → **G.B.-22** and → **G.B.-23**. In women, the location of the nipples varies considerably and should therefore not be used for reference.

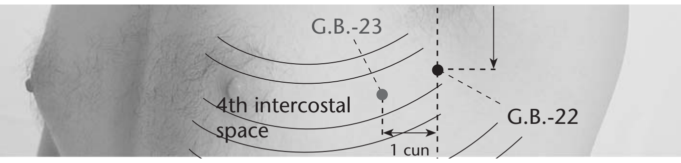
Needling

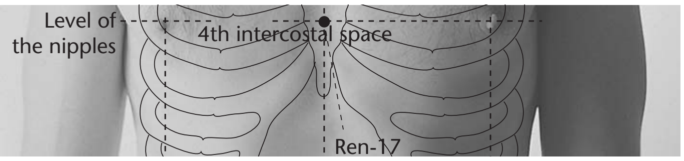
No therapy; this point is for reference only.

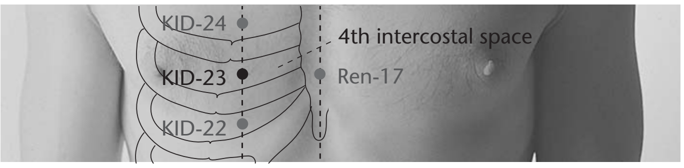

ST-13
Clavicle
Midclavicular line
ST-17
ST-18
LIV-14
G.B.-24


SP-18
4th intercostal space
6 cun


1cun
P-1
4th intercostal space


G.B.-23
4th intercostal space
G.B.-22
1 cun


Level of the nipples
4th intercostal space
Ren-17


KID-24
4th intercostal space
KID-23
Ren-17
KID-22

ST-18 *Breast Root* RUGEN

Location

In the 5th intercostal space, on the mamillary line, 4 cun lateral to the anterior midline.

How to find

The mamillary line, a vertical line used for reference, is located 4 cun lateral to the anterior midline (→ 3.5). In men, the nipple is generally located on the level of the 4th intercostal space, and **ST-18** is located in the intercostal space directly below. The point is often located at the lower border of the pectoralis major muscle; in women, it is often found at the root of the breast. Location help in women: Find the 5th intercostal space by palpating downward from the clavicle or from the manubriosternal synchondrosis (second rib) (→ 3.5). Then follow the course of the intercostal space laterally to the mamillary line and there locate **ST-18**. Note the ascending course of the intercostal spaces!

Located on the same level are → **Ren-16** (anterior midline), → **KID-22** (2 cun lateral to the anterior midline) and → **SP-17** (6 cun lateral to the midline).

Needling

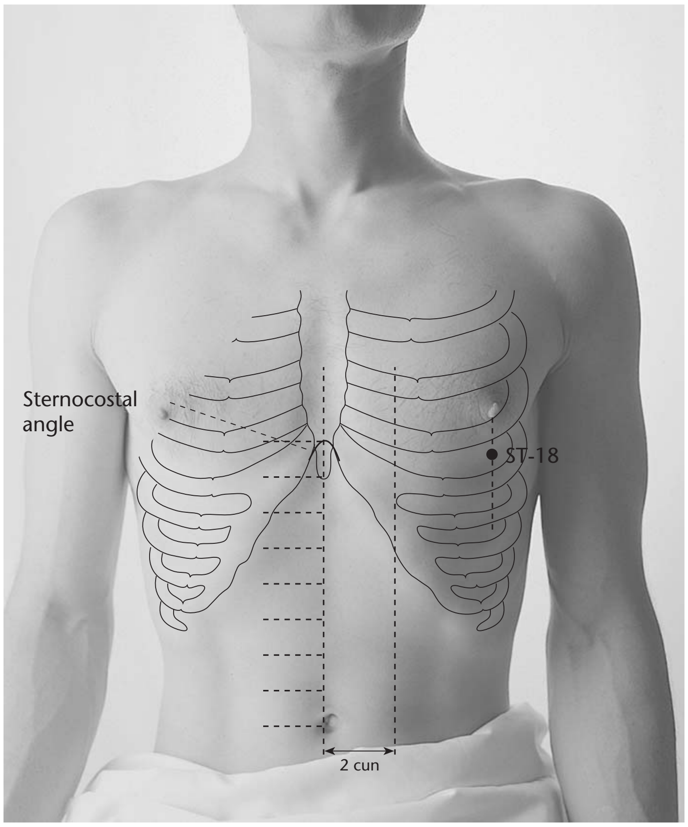
0.5–0.8 cun obliquely or transversely (subcutaneously), parallel to the course of the intercostal space or with or against the channel pathway. Caution: Pneumothorax.

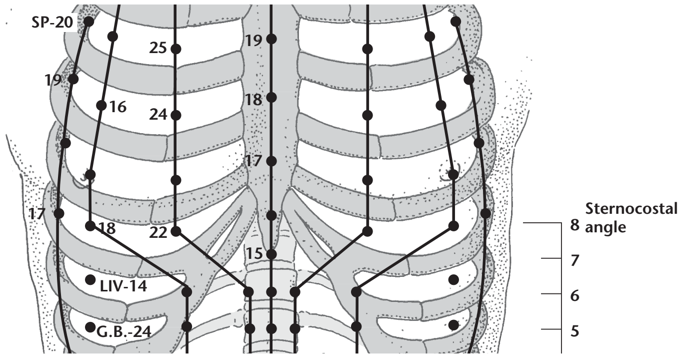
Actions/Indications

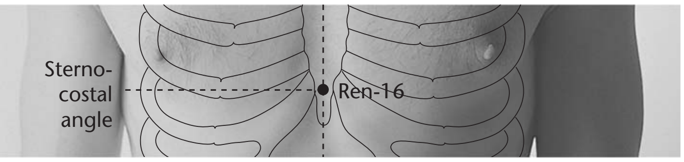
- Benefits the breasts, moves the Blood
- Unbinds the chest
- Regulates the Lung Qi

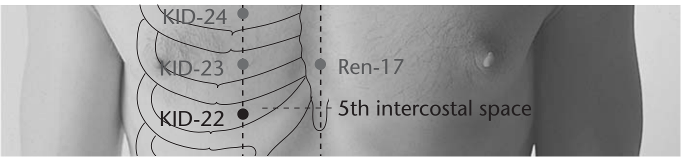
Special features

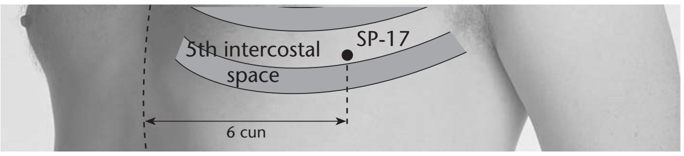
Important local point


Sternocostal
angle
ST-18
2 cun

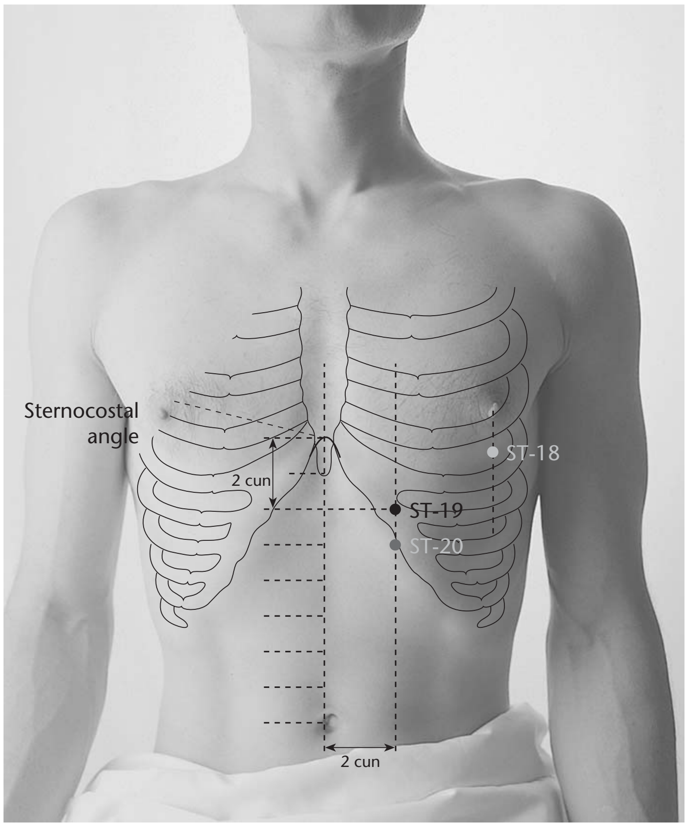

SP-20
25
19
19
18
16
24
17
17
18
22
15
LIV-14
G.B.-24
Sternocostal
8 angle
7
6
5

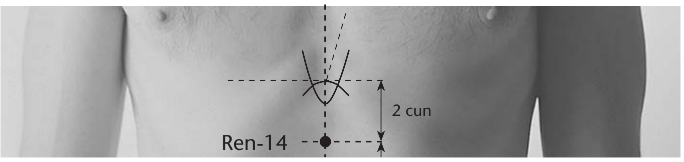

Sterno-
costal
angle
Ren-16

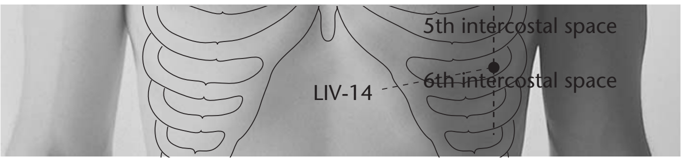

KID-24
KID-23
Ren-17
KID-22
5th intercostal space

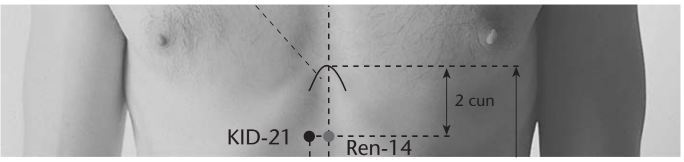

5th intercostal
space
SP-17
6 cun

Not Contained BURONG ST-19









Location

2 cun below the sternocostal angle and 2 cun lateral to the anterior midline.

How to find

The distance between the sternocostal angle and the centre of the umbilicus is divided into 8 cun, which can vary considerably from the patient's finger cun; therefore, only proportional cun measurements should be used (helpful tool: elastic tape → 2.3.1). First, measure 2 cun down from the sternocostal angle. **Or:** Measure the midpoint of the upper half of the distance between the umbilicus and the subcostal angle (→ **Ren-12**: spreading hands technique → 2.3.3). From there, measure 2 cun in a lateral direction to locate **ST-19**. As its location depends on the shape of the thorax, it might be located either on the rib or on the abdomen. Located on the same level are → **Ren-14** (anterior midline), → **KID-21** (0.5 cun lateral to the anterior midline) and → **LIV-14** (on the mamillary line and in the 6th intercostal space). Please note: From **ST-19** onwards, the ST channel is located only 2 cun lateral to the anterior midline.

Needling

Vertically 0.5–1 cun. If the correct location projects this point on the lower ribcage, needle transversely on the rib or locate the point more medially (or choose an alternative point) Caution: Peritoneum, pericardium.

Actions/Indications

- Regulates the Stomach, Intestines and Middle Burner
- Regulates the Lung Qi

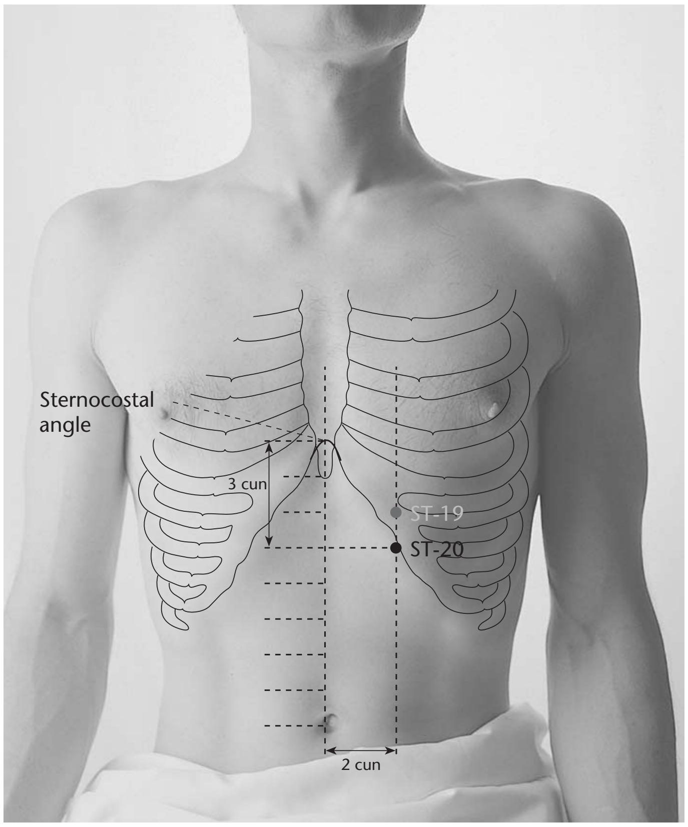
ST-20 *Supporting Fullness* CHENGMAN

Location

3 cun below the sternocostal angle (or 5 cun above the umbilicus) and 2 cun lateral to the anterior midline.

How to find

The distance between the sternocostal angle and the centre of the umbilicus is divided into 8 cun, which can vary considerably from the patient's finger cun; therefore, only proportional cun measurements should be used (helpful tool: elastic tape → 2.3.1). First, measure 3 cun down from the sternocostal angle. **Or:** Measure 1 cun up from the midpoint of the distance between the umbilicus and the sternocostal angle (→ **Ren-12**: spreading hands technique → 2.3.3). From there, measure 2 cun in a lateral direction to locate **ST-20**. Depending on the shape of the thorax, **ST-20** might be located on the lower border of the ribcage in some cases (narrow subcostal angle).
Located on the same level are → **Ren-13** (anterior midline) and → **KID-20** (0.5 cun lateral to the anterior midline) and → **G.B.-24** (on the mamillary line, in the 7th intercostal space).

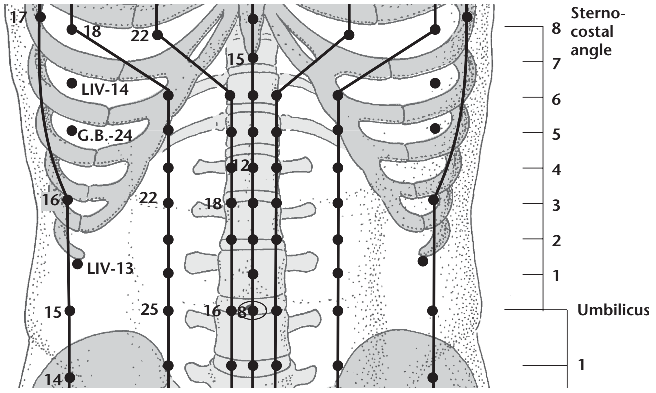

Sternocostal angle
3 cun
ST-19
ST-20
2 cun

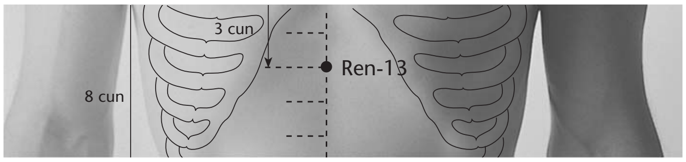
Needling

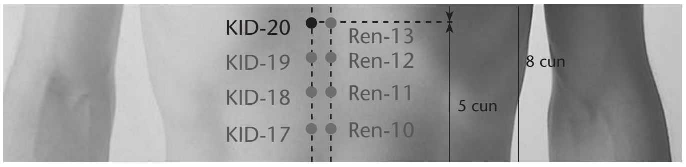
Vertically 0.5–1 cun. If the correct location projects this point on the lower ribcage, needle transversely on the rib or locate the point more medially (or choose an alternative point). Caution: Peritoneum.

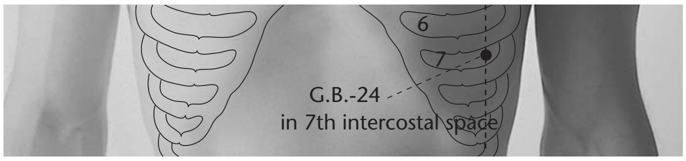
Actions/Indications

- Regulates the Middle Burner and the Stomach Qi
- Regulates the Lung Qi

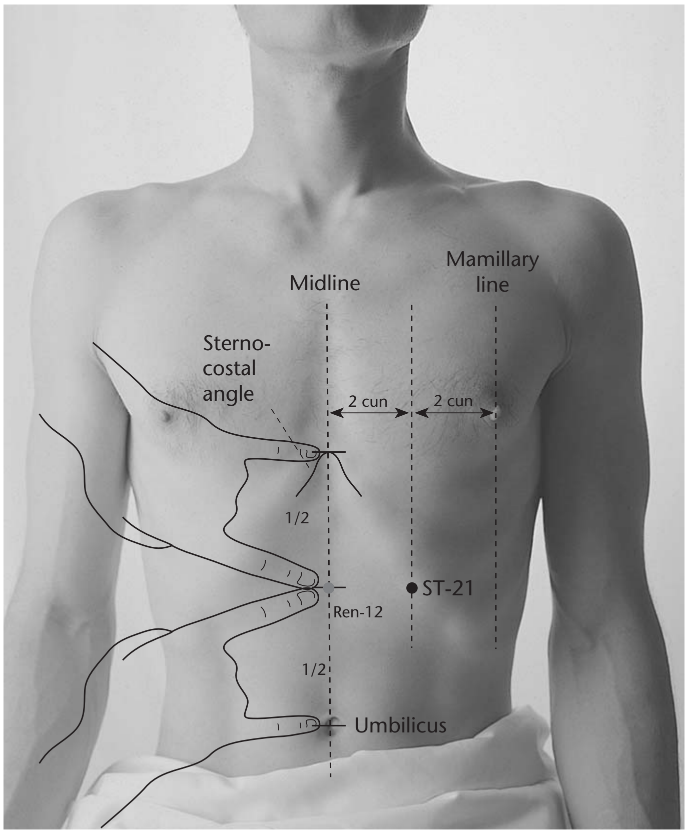

17
18
22
15
LIV-14
G.B.-24
12
16
22
18
LIV-13
15
25
16
8
14
8
Sterno-costal angle
7
6
5
4
3
2
1
Umbilicus
1

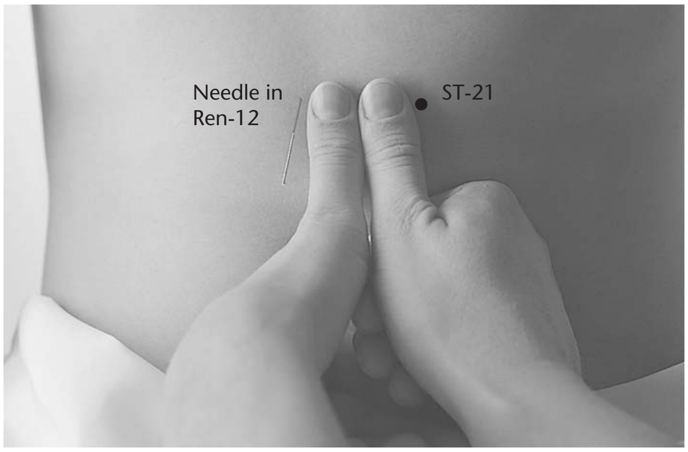

3 cun
Ren-13
8 cun

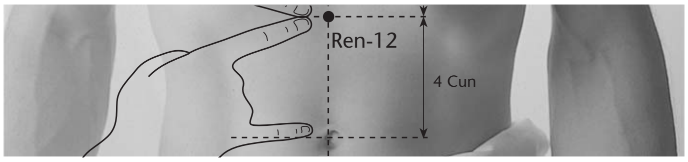

KID-20
KID-19
KID-18
KID-17
Ren-13
Ren-12
Ren-11
Ren-10
8 cun
5 cun

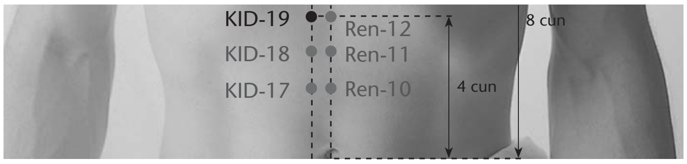

6
7
G.B.-24
in 7th intercostal space

Beam Gate LIANGMEN ST-21


Midline
Mamillary line
Sterno-costal angle
2 cun
2 cun
1/2
ST-21
Ren-12
1/2
Umbilicus


Needle in Ren-12
ST-21




KID-19
KID-18
KID-17
Ren-12
Ren-11
Ren-10
4 cun
8 cun

Location

2 cun lateral to the anterior midline, 4 cun above the umbilicus (or 4 cun below the subcostal angle).

How to find

The distance between the sternocostal angle and the centre of the umbilicus can be divided into 8 cun, which can vary considerably from the patient's finger cun; therefore, only proportional cun measurements should be used (helpful tool: elastic tape → 2.3.1). **Quick method:** Find the midpoint between the umbilicus and the sternocostal angle (→ **Ren-12**) by using the spreading hands technique (→ 2.3.3), then measure 2 cun in a lateral direction to locate **ST-21**. Depending on the shape of the thorax, this can be located on the lower rib cage.
Located on the same level are → **Ren-12** (anterior midline) and → **KID-19** (0.5 cun lateral to the anterior midline).

Needling

Vertically 0.5–1 cun. If the correct location projects this point on the lower ribcage, needle transversely on the rib or locate the point more medially (or choose an alternative point). Caution: Peritoneum, enlarged liver (on the right), pregnancy.

Actions/Indications

- Regulates the Qi, harmonises the Middle Burner, eliminates stagnation, raises the Qi and stops diarrhoea

Special features

Important local point for distension and pain in the epigastrium and the lateral abdomen

ST-22 *Pass Gate* GUANMEN

Location

3 cun above the umbilicus (or 5 cun inferior to the sternocostal angle) and 2 cun lateral to the anterior midline.

How to find

The distance between the sternocostal angle and the centre of the umbilicus can be divided into 8 cun, which can vary considerably from the patient's finger cun; therefore, only proportional cun measurements should be used (helpful tool: elastic tape → 2.3.1). First, measure 3 cun up from the umbilicus. **Or:** Measure 1 cun downward from the midpoint of the distance between the umbilicus and the sternocostal angle (→ **Ren-12**: spreading hands technique → 2.3.3). **ST-22** is located 2 cun lateral from here.

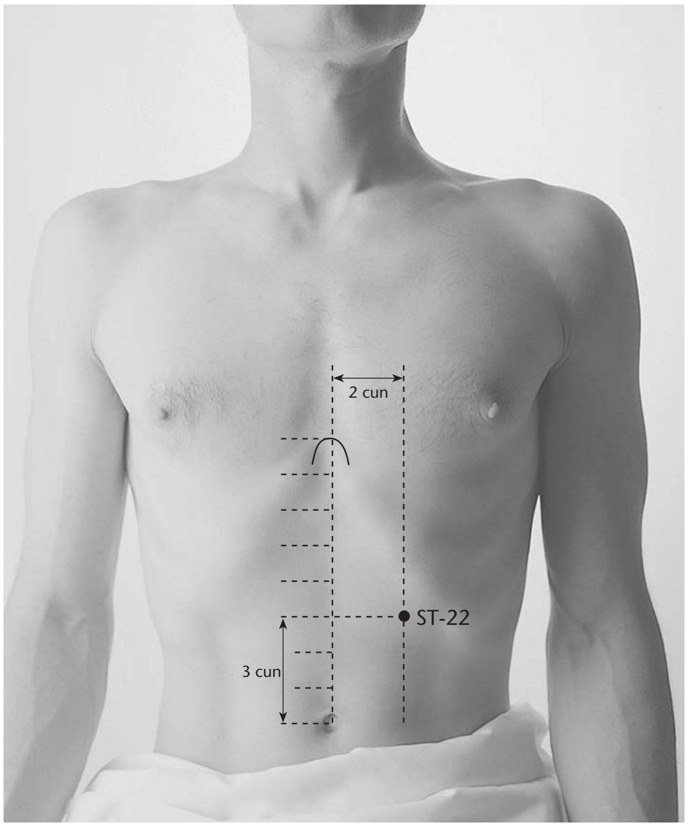
Located on the same level are → **Ren-11** (anterior midline), → **KID-18** (0.5 cun lateral to the anterior midline) and → **SP-16** (4 cun lateral to the midline).

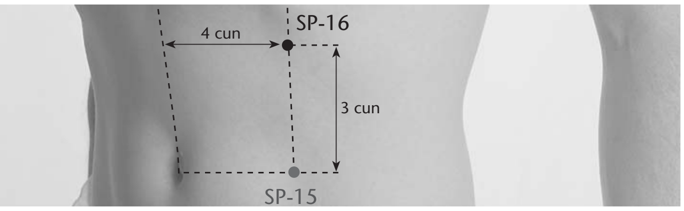
Needling

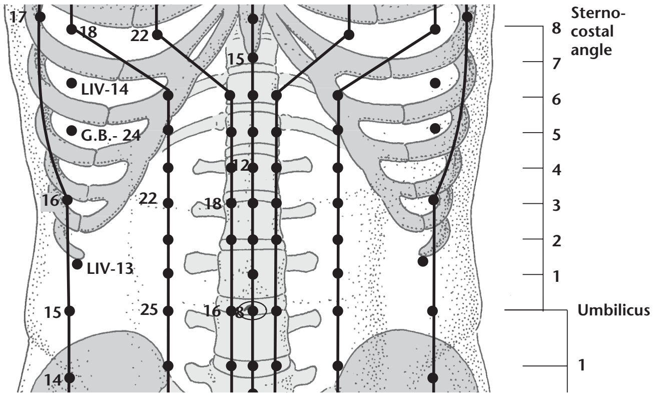
Vertically 0.5–1 cun. Caution: Peritoneum, pregnancy.

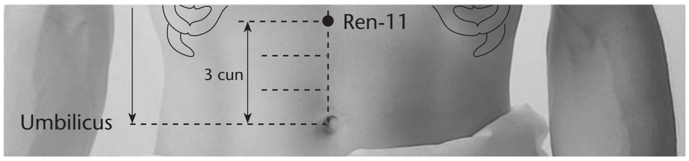
Actions/Indications

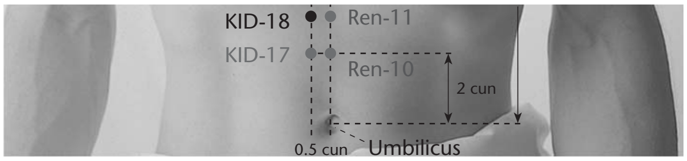
- Regulates the Stomach and Intestines
- Regulates the water passages


2 cun
ST-22
3 cun

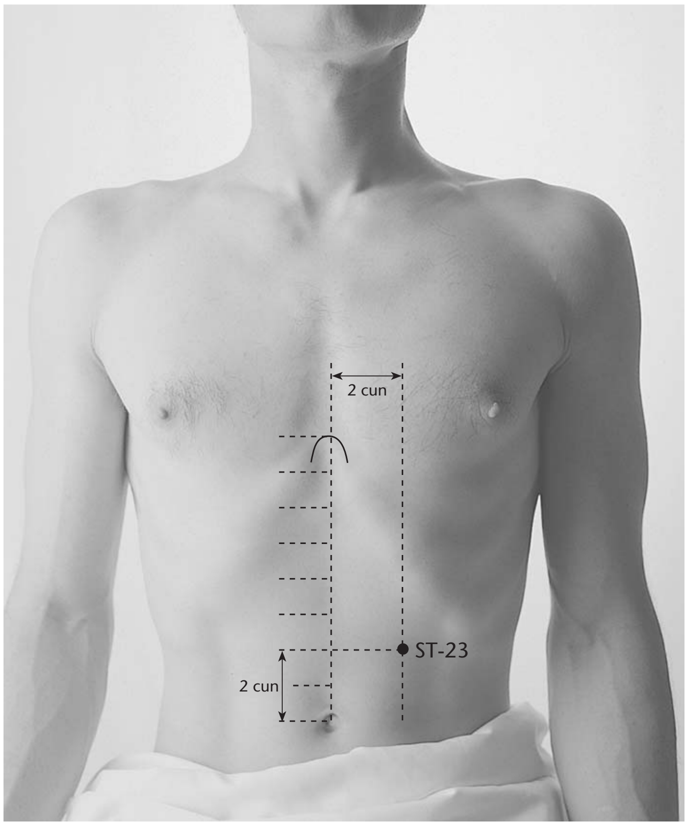

4 cun
SP-16
3 cun
SP-15

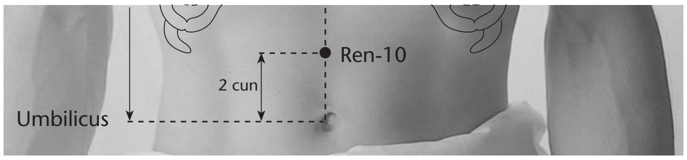

17
18
22
15
LIV-14
G.B.- 24
12
16
22
18
LIV-13
15
25
16
8
14
8
7
6
5
4
3
2
1
1
Sterno-
costal
angle
Umbilicus

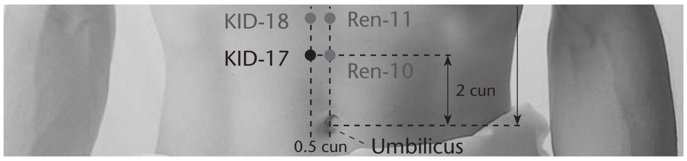

Ren-11
3 cun
Umbilicus

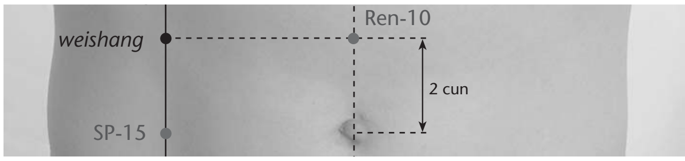

KID-18
Ren-11
KID-17
Ren-10
2 cun
0.5 cun
Umbilicus

Supreme Unity TAIYI ST-23









Location

2 cun above the umbilicus and 2 cun lateral to the anterior midline.

How to find

The distance between the sternocostal angle and the centre of the umbilicus is divided into 8 cun, which can vary considerably from the patient's finger cun; therefore, only proportional cun measurements should be used (helpful tool: elastic tape → 2.3.1). First, measure 2 cun up from the umbilicus. **Or:** Measure the midpoint of the lower half of the distance between the umbilicus and the subcostal angle (→ **Ren-12**: spreading hands technique → 2.3.3). **ST-23** is located 2 cun lateral from here.
Located on the same level are → **Ren-10** (anterior midline), → **KID-17** (0.5 cun lateral to the anterior midline) and → **Ex-CA** (*weishang*; 4 cun lateral to the midline).

Needling

Vertically 0.5–1 cun. Caution: Peritoneum, pregnancy.

Actions/Indications

- Harmonises the Middle Burner, strengthens the Spleen
- Benefits the Heart and calms the *shen*

ST-24 *Slippery Flesh Gate* HUAROUMEN

Location

1 cun above the umbilicus and 2 cun lateral to the anterior midline.

How to find

The distance between the sternocostal angle and the centre of the umbilicus is divided into 8 cun, which can vary considerably from the patient's finger cun; therefore, only proportional cun measurements should be used (helpful tool: elastic tape → 2.3.1). **ST-24** is located 1 cun above the umbilicus and 2 cun lateral to the anterior midline.

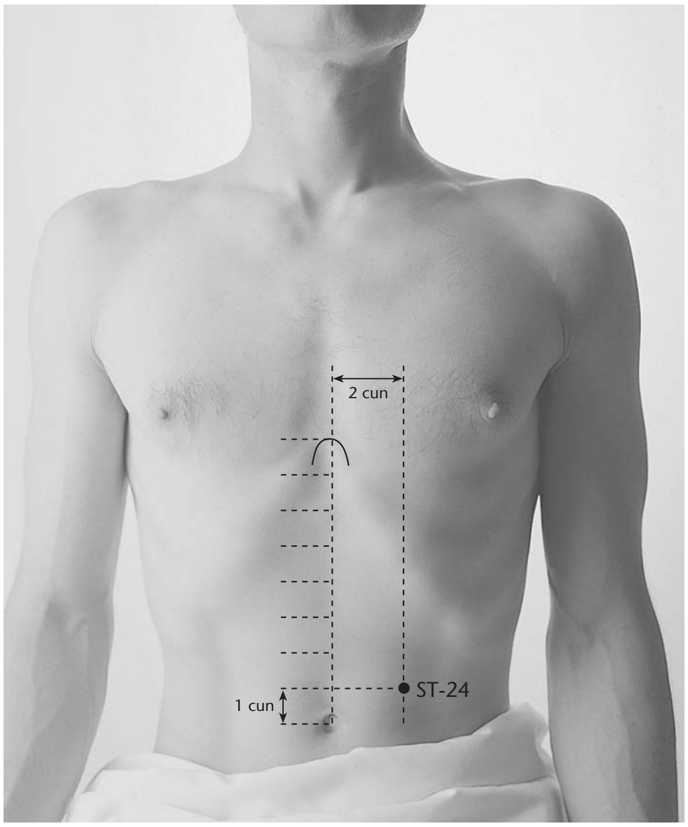
Located on the same level is → **Ren-19** (anterior midline); often, also → **LIV-13** (at the free end of the 11th rib) will be located at this level.

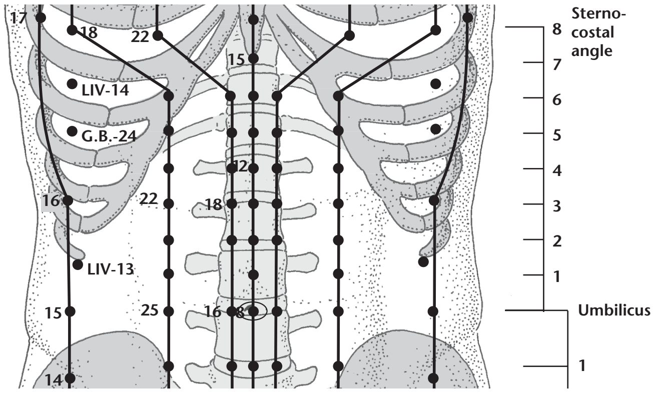
Needling

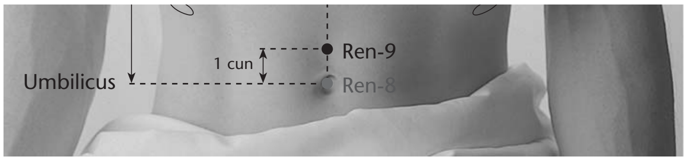
Vertically 0.5–1 cun. Caution: Peritoneum, pregnancy.

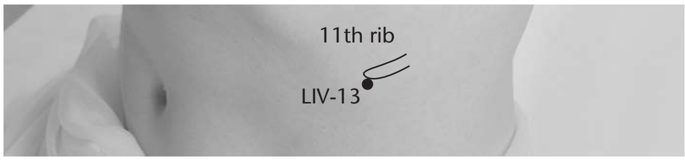
Actions/Indications

- Regulates the Stomach
- Transforms Phlegm and calms the *shen*

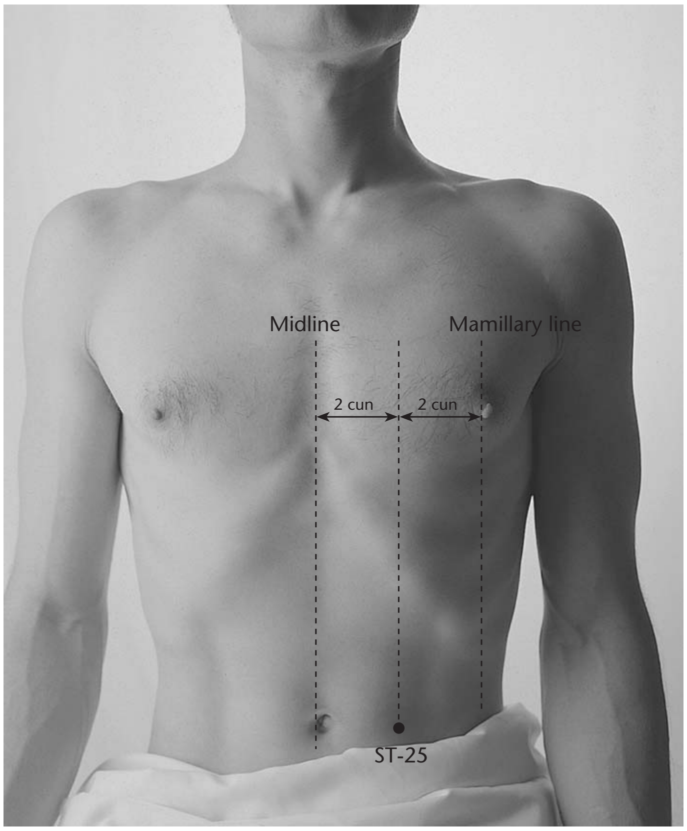

2 cun
1 cun
ST-24


17
18
22
15
LIV-14
G.B.-24
12
16
22
18
LIV-13
15
25
16
8
14
8
Sterno-costal angle
7
6
5
4
3
2
1
Umbilicus
1


Umbilicus
1 cun
Ren-9
Ren-8


11th rib
LIV-13

Heaven's Pivot TIANSHU ST-25



Location

2 cun lateral to the umbilicus.

How to find

Measure 2 cun lateral from the centre of the umbilicus. **For reference:** On the abdomen, 2 cun lateral corresponds to the midpoint between the anterior midline and the mamillary line (➞ 3.5). Located on the same level are ➞ **Ren-8/KID-16/SP-15/G.B.-26** (umbilicus/0.5 cun lateral to the umbilicus/mamillary line or 4 cun lateral to the umbilicus/at the level of the umbilicus and directly inferior to the free end of the 11th rib).

Needling

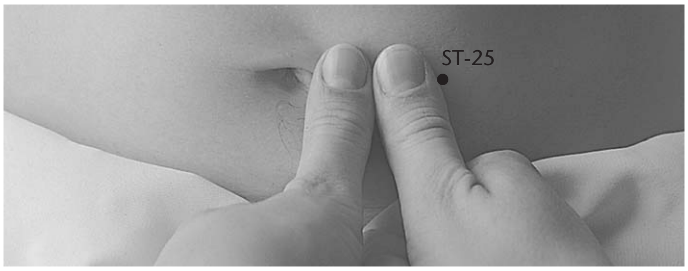
Vertically 0.5–1.5 cun. For gynaecological disorders, obliquely in an inferior direction towards the uterus. Caution: Peritoneum, pregnancy. The needle may reach the aponeuroses of the oblique abdominal musculature at the transition to the sheath of the rectus abdominis muscle.

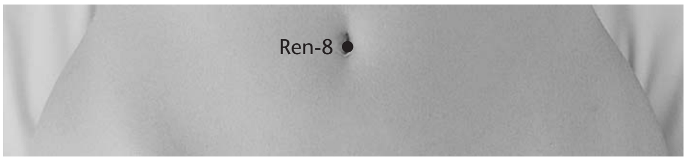
Actions/Indications

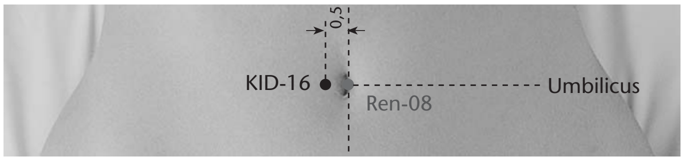
- Regulates the Spleen, Stomach and Intestines, eliminates Dampness and clears Damp-Heat
- Eliminates stagnation

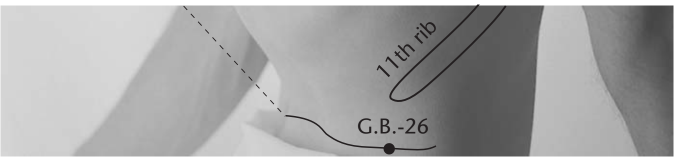
Special features

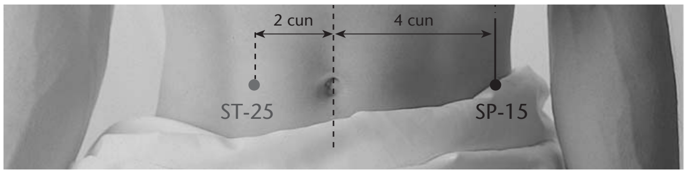
Front-*mu* point of the Large Intestine. Important point for disorders of the gastrointestinal tract.











ST-26 *Outer Mound* WAILING

Location

1 cun below the umbilicus and 2 cun lateral to the anterior midline.

How to find

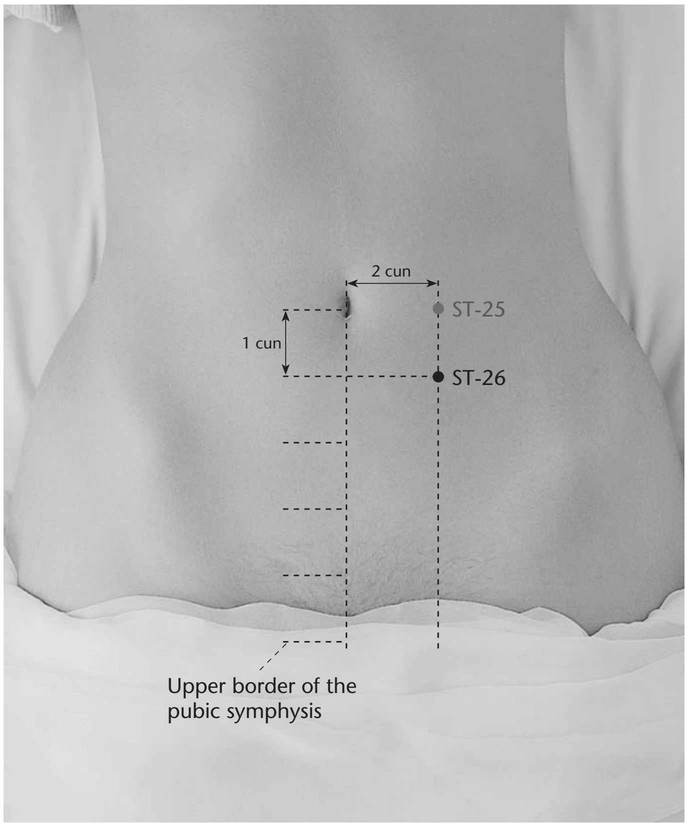
The distance between the umbilicus and the upper border of the pubic symphysis is divided into 5 proportional cun, which can vary considerably from the patient's finger cun; therefore, only proportional cun measurements should be used (helpful tool: elastic tape → 2.3.1). From the umbilicus, measure 1 cun down: **ST-26** is located 2 cun laterally from there.
Located on the same level are → **Ren-7** (anterior midline) and → **KID-15** (0.5 cun lateral to the anterior midline).

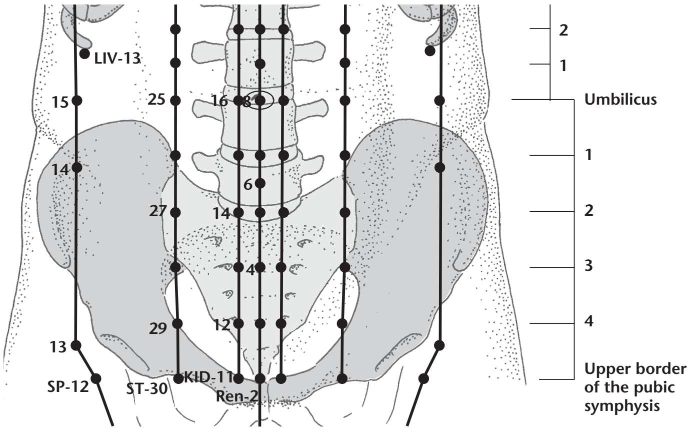
Needling

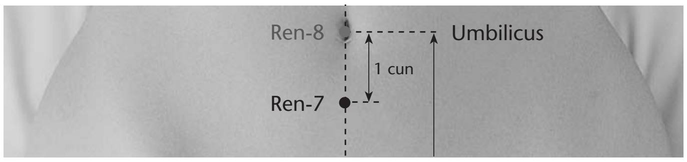
Vertically 0.5–1 cun. Caution: Peritoneum, pregnancy.

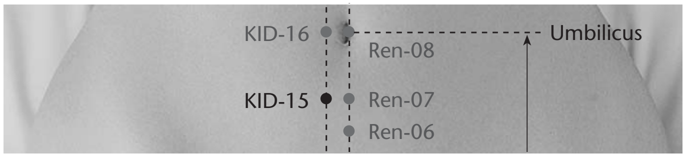
Actions/Indications

- Regulates the Qi, alleviates pain and Cold

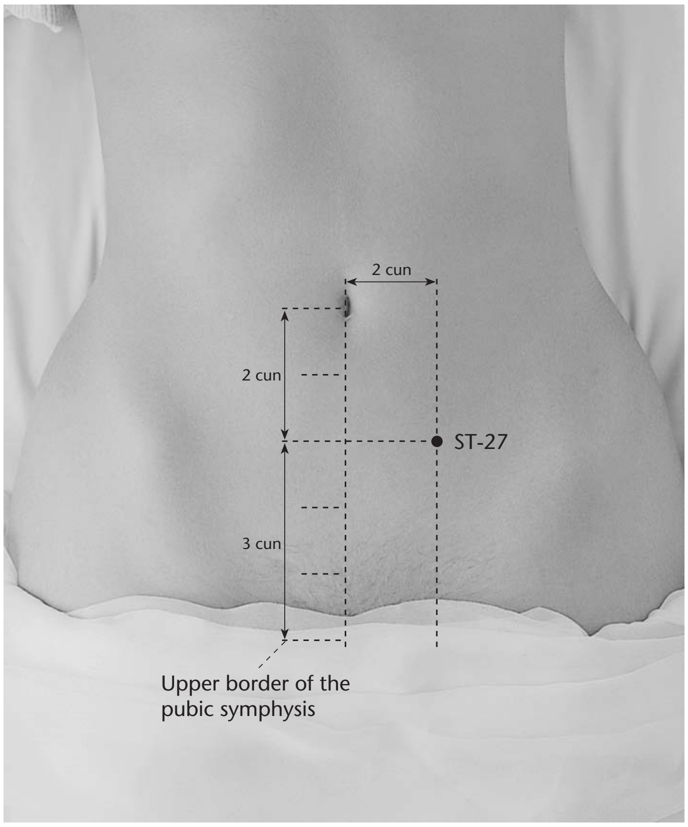

2 cun
ST-25
1 cun
ST-26
Upper border of the pubic symphysis


LIV-13
15
25
16
8
14
6
27
14
4
29
12
13
SP-12
ST-30
KID-11
Ren-2
2
1
Umbilicus
1
2
3
4
Upper border of the pubic symphysis


Ren-8
Umbilicus
1 cun
Ren-7


KID-16
Ren-08
Umbilicus
KID-15
Ren-07
Ren-06

The Great DAJU ST-27


2 cun
2 cun
ST-27
3 cun
Upper border of the pubic symphysis

Location

2 cun below the umbilicus and 2 cun lateral to the anterior midline.

How to find

The distance between the umbilicus and the upper border of the pubic symphysis is divided into 5 proportional cun, which can vary considerably from the patient's finger cun; therefore, only proportional cun measurements should be used (helpful tool: elastic tape ➞ 2.3.1). From the umbilicus, measure 2 cun down and 2 cun laterally, where **ST-27** is located.

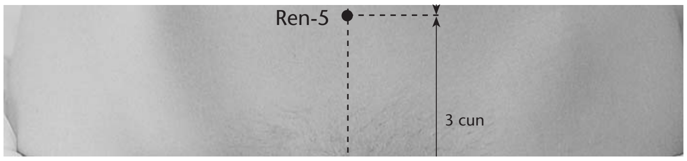
Located on the same level are ➞ **Ren-5** (anterior midline) and ➞ **KID-14** (0.5 cun lateral to the anterior midline).

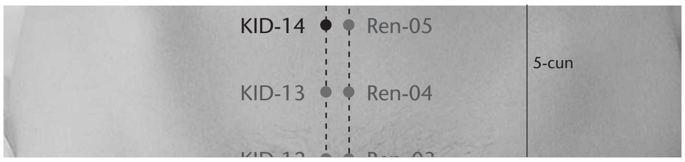
Needling

Vertically 0.5–1 cun. Caution: Peritoneum, pregnancy.

Actions/Indications

- Regulates and strengthens the Qi
- Benefits the Kidneys and promotes diuresis, strengthens the Yang and Essence (*jing*)




KID-14
Ren-05
5-cun
KID-13
Ren-04

ST-28 *Water Passage* SHUIDAO

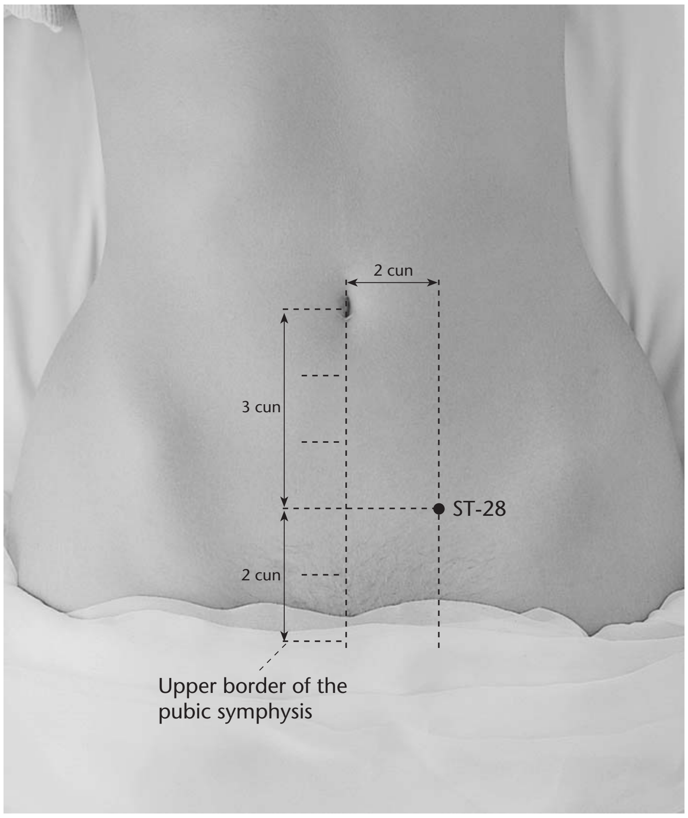
Location

3 cun below the umbilicus or 2 cun above the upper border of the pubic symphysis and 2 cun lateral to the anterior midline.

How to find

The distance between the umbilicus and the upper border of the pubic symphysis is divided into 5 proportional cun, which can vary considerably from the patient's finger cun; therefore, only proportional cun measurements should be used (helpful tool: elastic tape ➞ 2.3.1). From the upper border of the pubic symphysis, measure 2 cun up or measure 3 cun down from the umbilicus. **ST-28** is located 2 cun laterally from there.

Located on the same level are ➞ **Ren-4** (anterior midline), ➞ **KID-13** (0.5 cun lateral to the anterior midline) and ➞ **Ex-CA** (*tituo/quimen/yijing*; 4/3/1 cun lateral to the anterior midline).


2 cun
3 cun
ST-28
2 cun
Upper border of the pubic symphysis

Needling

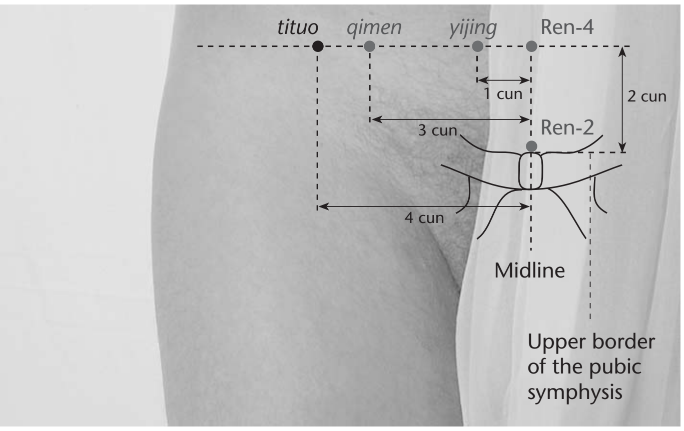
Vertically 0.5–1 cun. Caution: Peritoneum, urinary bladder, pregnancy.

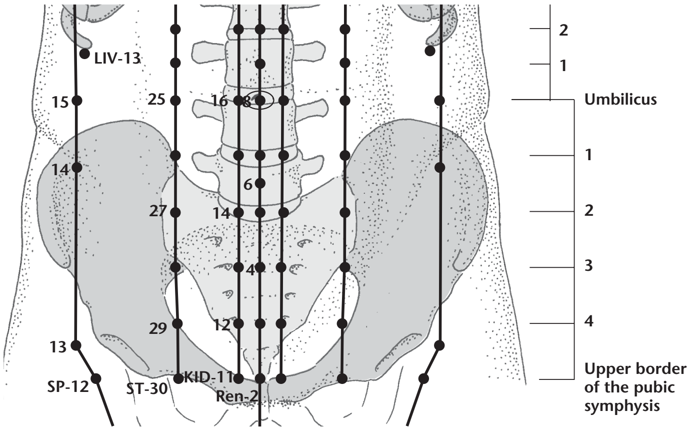
Actions/Indications

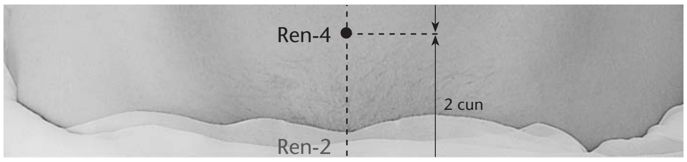
- Clears Damp-Heat, benefits the Lower Burner and eliminates stagnation

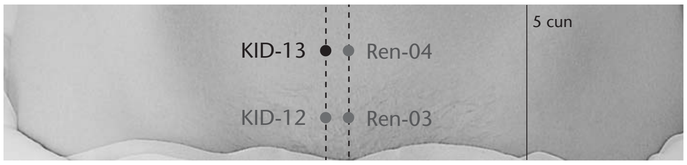
Special features

Important local point for the urogenital tract

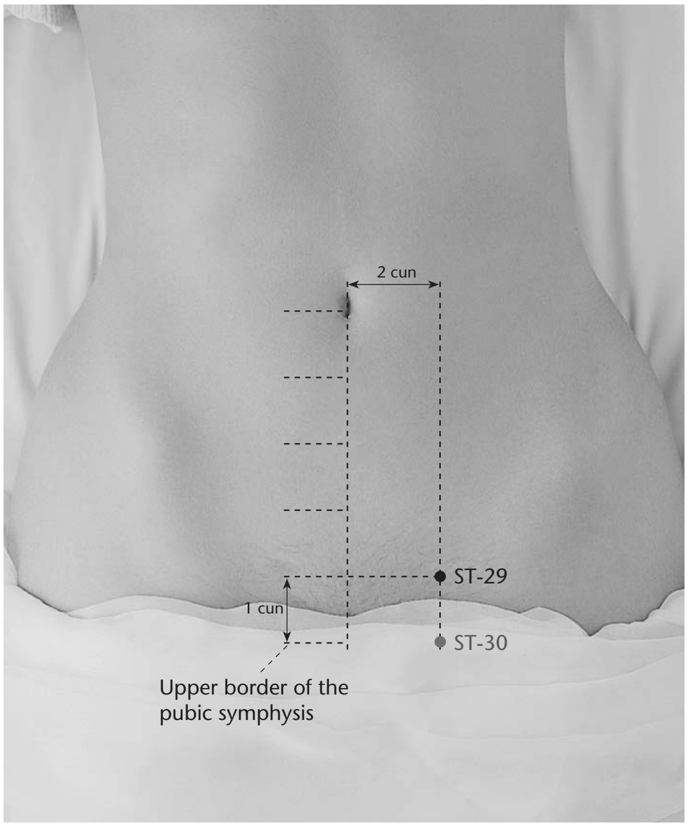

tituo
qimen
yijing
Ren-4
1 cun
2 cun
3 cun
Ren-2
4 cun
Midline
Upper border of the pubic symphysis

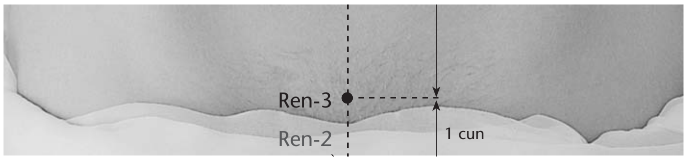

2
1
LIV-13
15
25
16
Umbilicus
1
14
6
27
14
2
3
29
12
4
13
SP-12
ST-30
KID-11
Ren-2
Upper border of the pubic symphysis

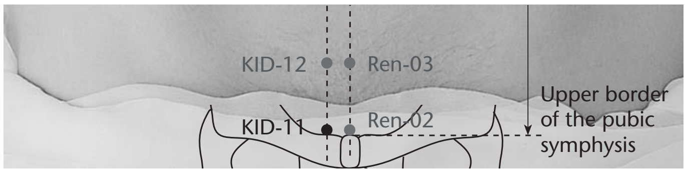

Ren-4
2 cun
Ren-2

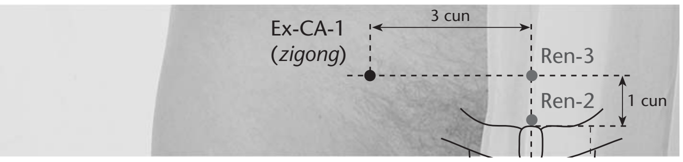

5 cun
KID-13
Ren-04
KID-12
Ren-03

Return GUILAI ST-29


2 cun
ST-29
1 cun
ST-30
Upper border of the pubic symphysis


Ren-3
Ren-2
1 cun


KID-12
Ren-03
KID-11
Ren-02
Upper border of the pubic symphysis


Ex-CA-1
(*zigong*)
3 cun
Ren-3
Ren-2
1 cun

Location

1 cun above the upper border of the pubic symphysis or 4 cun below the umbilicus and 2 cun lateral to the anterior midline.

How to find

The distance between the umbilicus and the upper border of the pubic symphysis is divided into 5 proportional cun, which can vary considerably from the patient's finger cun; therefore, only proportional cun measurements should be used (helpful tool: elastic tape → 2.3.1). From the upper border of the pubic symphysis, measure 1 cun up and 2 cun lateral to **ST-29**.
Located on the same level are → **Ren-3** (anterior midline), → **KID-12** (0.5 cun lateral to the anterior midline) and → **Ex-CA** (*zigong*; 3 cun lateral to the anterior midline).

Needling

Vertically 0.5–1 cun. Caution: Peritoneum, urinary bladder, pregnancy.

Actions/Indications

- Warms and regulates the Lower Burner and menstruation

Special features

Commonly treated with moxibustion, the combination of acupuncture and moxibustion being particularly beneficial. Important local point for the urogenital tract.

ST-30 *Rushing Qi* QICHONG

Location

2 cun lateral to the upper border of the pubic symphysis and medial to the femoral artery and vein, approximately 1 cun superior to the inguinal groove.

How to find

First, locate the upper border of the pubic symphysis (location of → **Ren-2**). Then locate **ST-30** 2 cun lateral from there (on the vertical line halfway between the anterior midline and the mamillary line). This often corresponds with a location 1 cun superior to the inguinal groove and medial to the femoral artery/vein.
Located on the same level are → **Ren-2/KID-11/SP-12** (anterior midline/0.5 cun lateral to the anterior midline/3.5 cun lateral to the anterior midline). → **LIV-12** is located in the inguinal groove, 1 cun inferior and 0.5 cun lateral to **ST-30**.

Needling

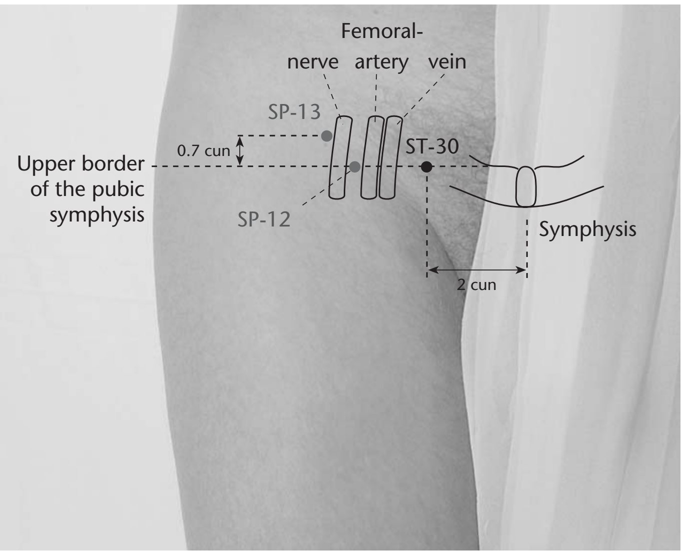
0.5–1 cun vertically or 1.5 cun slightly obliquely towards the external genitalia for disorders of the urogenital tract. Caution: Femoral artery, urinary bladder (quite superficial in a superior direction); in men, the spermatic ducts (quite superficial in an inferior direction), pregnancy. Ask the patient to empty their bladder before needling this point.

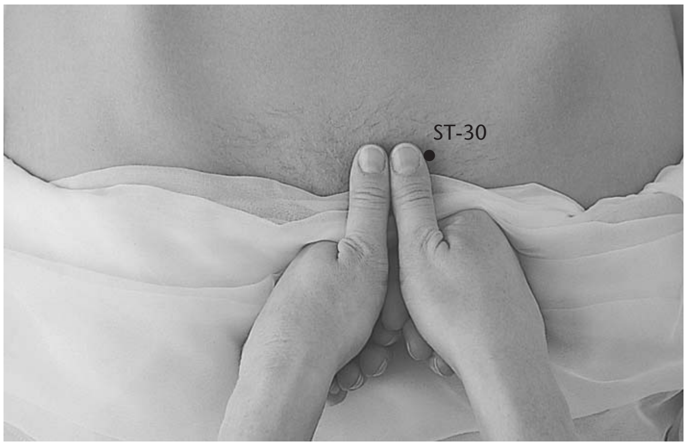
Actions/Indications

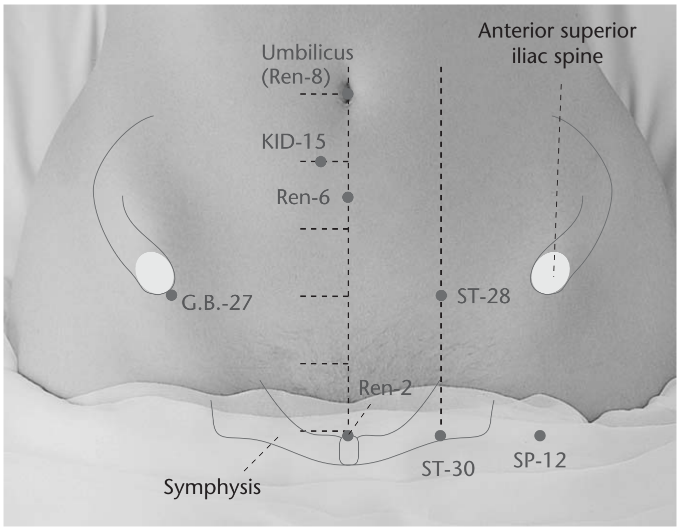
- Regulates the Qi in the Lower Burner
- Strengthens the Sea of Grain (later Heaven Qi)

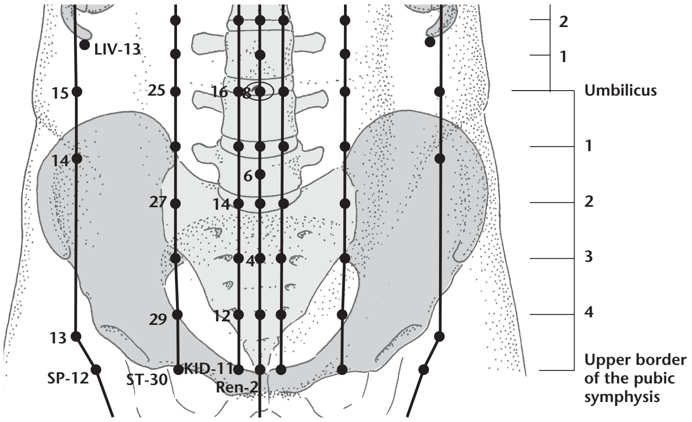
Special features

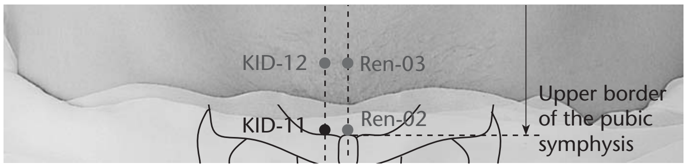
Meeting point with the *chong mai* (according to some authors, also with the G.B. channel), Sea of Grain point. Wide usage for disorders of the Lower Burner.

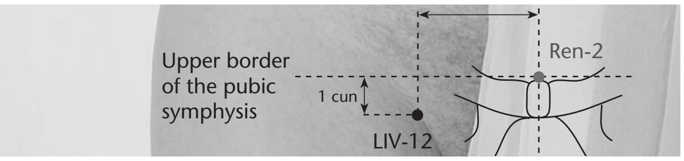

Femoral-
nerve
artery
vein
SP-13
0.7 cun
ST-30
Upper border of the pubic symphysis
SP-12
Symphysis
2 cun



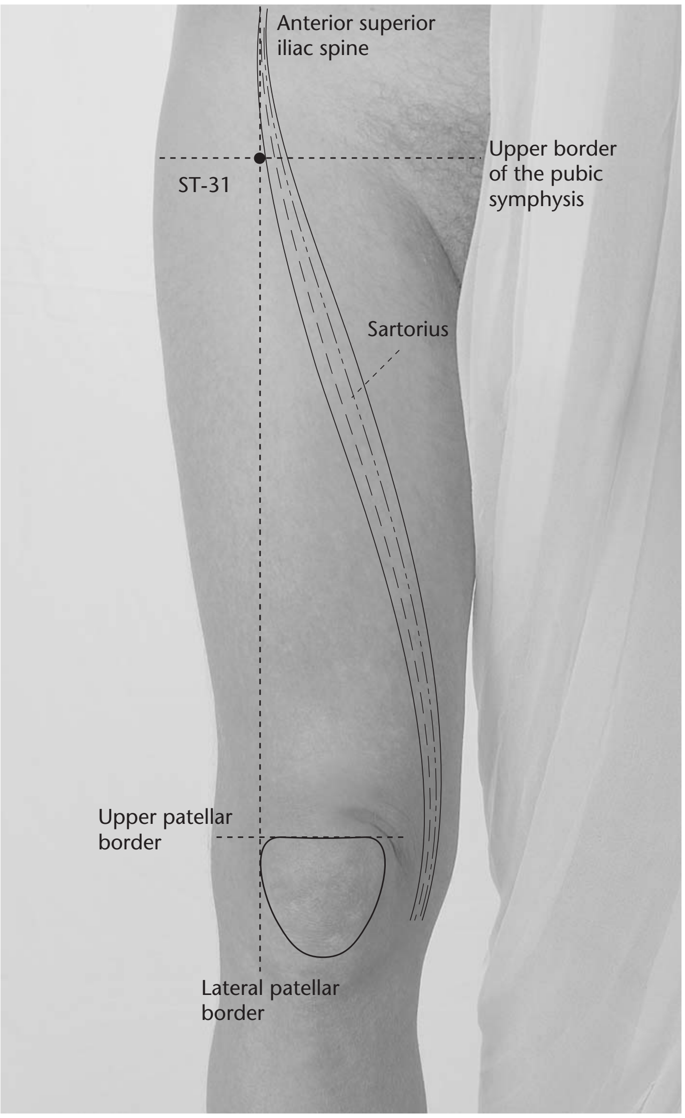

Umbilicus (Ren-8)
Anterior superior iliac spine
KID-15
Ren-6
G.B.-27
ST-28
Ren-2
ST-30
SP-12
Symphysis


LIV-13
15
25
16
8
14
6
27
14
4
29
12
13
SP-12
ST-30
KID-11
Ren-2
2
1
Umbilicus
1
2
3
4
Upper border of the pubic symphysis


KID-12
Ren-03
Upper border of the pubic symphysis
KID-11
Ren-02


Ren-2
Upper border of the pubic symphysis
1 cun
LIV-12

Thigh Gate BIGUAN ST-31


Anterior superior iliac spine
Upper border of the pubic symphysis
ST-31
Sartorius
Upper patellar border
Lateral patellar border

Location

Inferior to the anterior superior iliac spine and lateral to the sartorius muscle, at the level of the lower border of the pubic symphysis.

How to find

The sartorius muscle originates at the anterior superior iliac spine (ASIS) and crosses the thigh towards the medial aspect of the knee. With the knee and hip slightly flexed and with active lateral rotation, it can be isolated easily. **ST-31** is located on the lateral border of the muscle, at the crossing point of a vertical line connecting the ASIS and the lateral upper border of the patella and a horizontal line at the level of the lower border of the pubic symphysis.

Needling

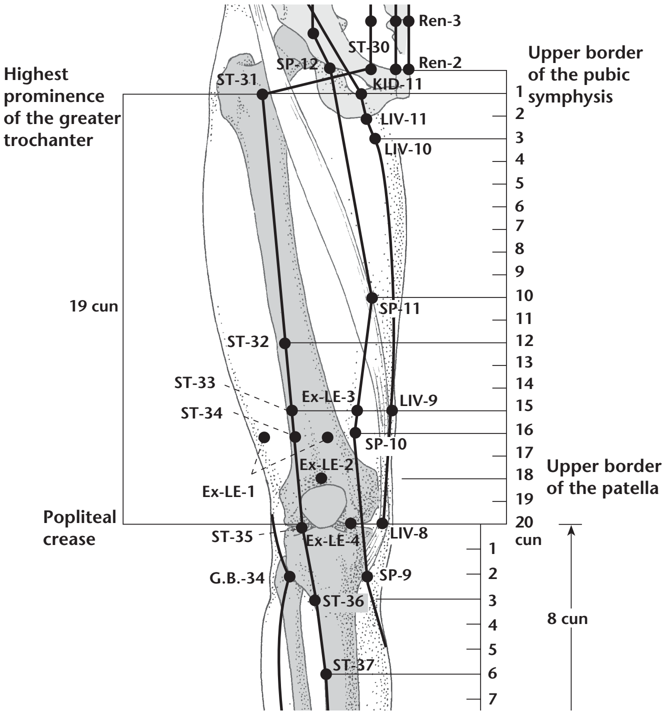
Vertically 0.5–2 cun

Actions/Indications

- Opens the channel, warms and expels pathogenic factors

Special features

Particularly useful for Cold *bi*-syndrome, disorders of the knees and lower back. The chain-and-lock method in combination (➞ 8) with ➞ **ST-36** and ➞ **ST-41** is often used for paraesthesia and pain in the hip and leg radiating along the channel.


Ren-3
ST-30
Ren-2
SP-12
ST-31
KID-11
LIV-11
LIV-10
Highest prominence of the greater trochanter
Upper border of the pubic symphysis
19 cun
SP-11
ST-32
ST-33
ST-34
Ex-LE-3
LIV-9
SP-10
Ex-LE-2
Ex-LE-1
Upper border of the patella
Popliteal crease
ST-35
Ex-LE-4
LIV-8
G.B.-34
SP-9
ST-36
ST-37
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20 cun
1
2
3
4
5
6
7
8 cun

ST-32 Crouching Rabbit FUTU

Location

On the thigh, on a line connecting the lateral patellar border and the anterior superior iliac spine, 6 cun superior to the upper, lateral border of the patella.

How to find

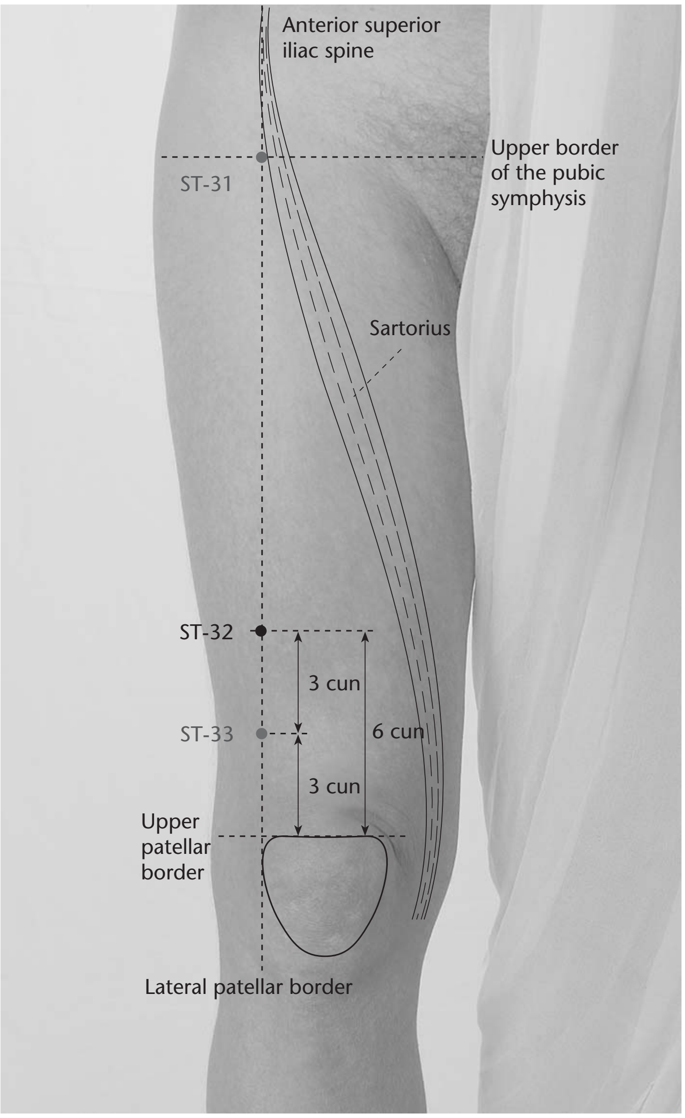
Divide the distance between the tip of the greater trochanter and the lateral upper border of the patella into three sections. **ST-32** is located at the junction of the lower and the middle third of the thigh in a depression on the quadriceps muscle.

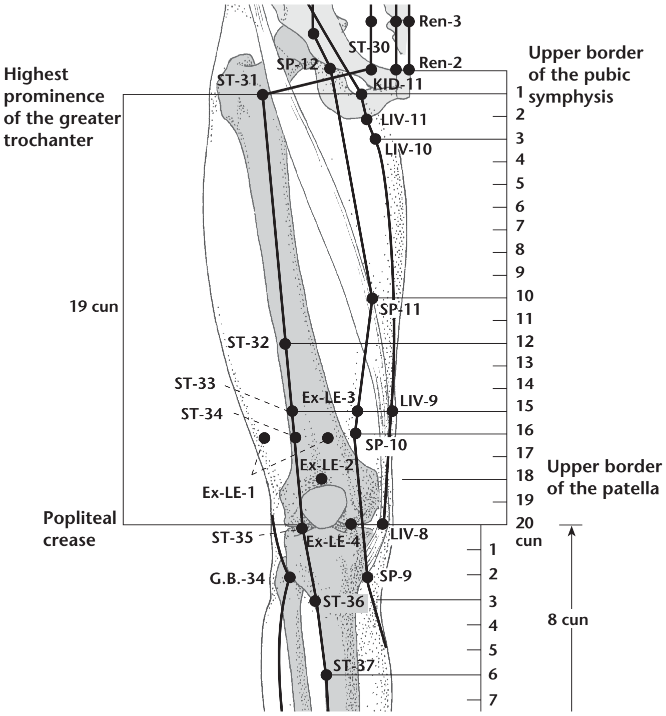
Needling

Vertically 0.5–2 cun

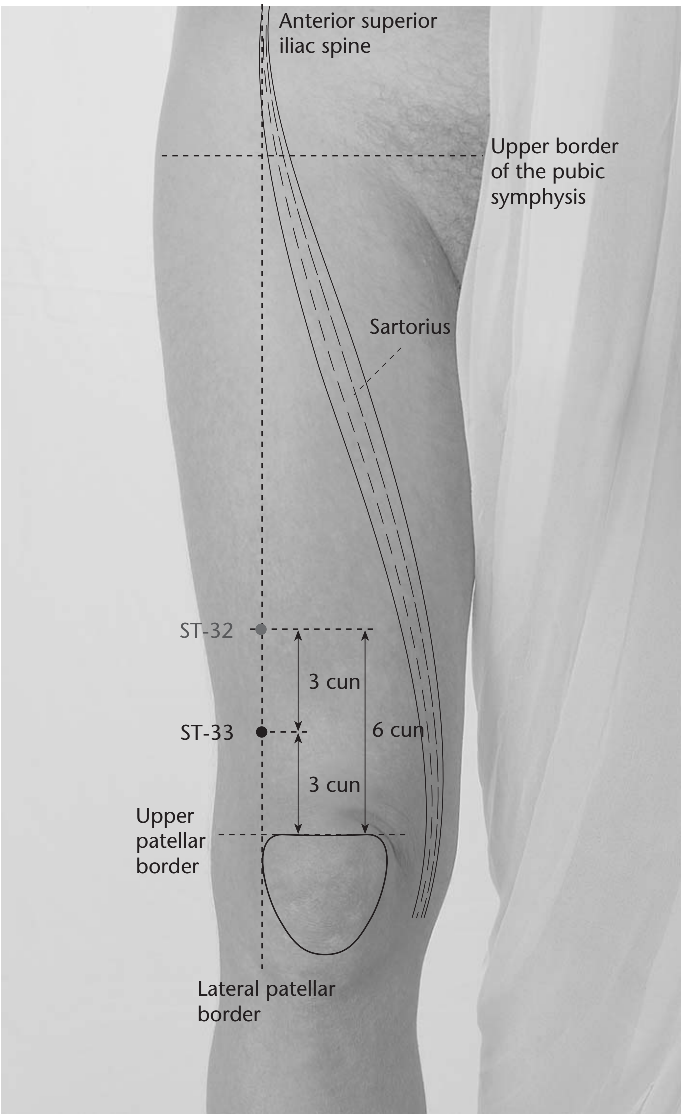
Actions/Indications

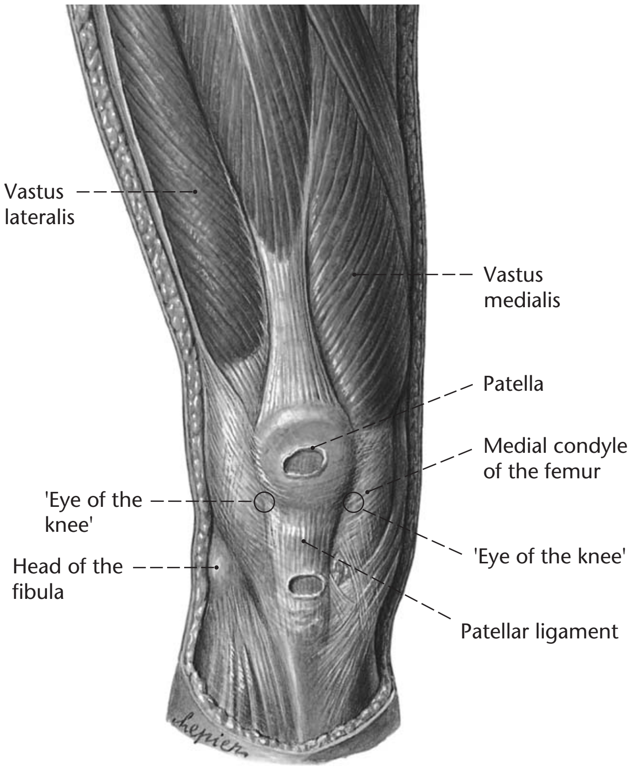
- Opens the channel and expels Wind, Dampness and Cold


Anterior superior iliac spine
Upper border of the pubic symphysis
ST-31
Sartorius
ST-32
3 cun
ST-33
6 cun
3 cun
Upper patellar border
Lateral patellar border


Ren-3
ST-30
Ren-2
SP-12
KID-11
ST-31
Highest prominence of the greater trochanter
Upper border of the pubic symphysis
LIV-11
LIV-10
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20 cun
19 cun
SP-11
ST-32
ST-33
ST-34
Ex-LE-3
LIV-9
SP-10
Ex-LE-2
Ex-LE-1
Upper border of the patella
Popliteal crease
ST-35
Ex-LE-4
LIV-8
G.B.-34
SP-9
ST-36
ST-37
1
2
3
4
5
6
7
8 cun

Yin Market YINSHI ST-33


Anterior superior iliac spine
Upper border of the pubic symphysis
Sartorius
ST-32
3 cun
ST-33
6 cun
3 cun
Upper patellar border
Lateral patellar border


Vastus lateralis
Vastus medialis
Patella
Medial condyle of the femur
'Eye of the knee'
'Eye of the knee'
Head of the fibula
Patellar ligament

Location

On a line joining the lateral patellar border and the anterior superior iliac spine, 3 cun superior to the upper lateral border of the patella.

How to find

Measure 3 cun up from the upper lateral border of the patella, on the connecting line to the anterior superior iliac spine. **ST-33** is located in a groove at the junction of the rectus femoris and vastus lateralis muscles.

Needling

Vertically 0.5–1.5 cun

Actions/Indications

- Opens the channel and expels pathogenic factors

ST-34 *Ridge Mound* LIANGQIU

Location

On a line joining the lateral patellar border and the anterior superior iliac spine, 2 cun proximal to the upper lateral border of the patella, in a groove of the vastus lateralis muscle.

How to find

Locate the lateral upper border of the patella and from there measure 2 cun proximally. **ST-34** is located in a palpable groove on the vastus lateralis muscle of the quadriceps femoris group. This point projects on the line joining the lateral upper border of the patella and the anterior superior iliac spine (ASIS → 3.5).
Located on the same level are the points → **Ex-LE-1** (each 1.5 cun lateral and medial to **ST-34**). → **SP-10** is located in a comparable position on the medial aspect of the thigh (2 cun proximal to the medial upper border of the patella and in a groove on the vastus medialis muscle).

Needling

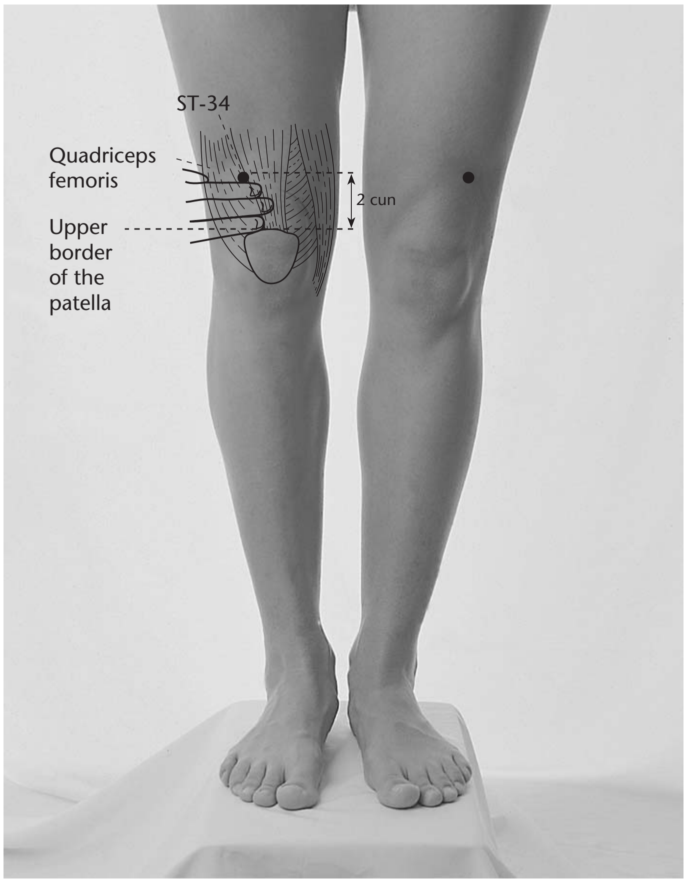
Vertically or obliquely 1–1.5 cun

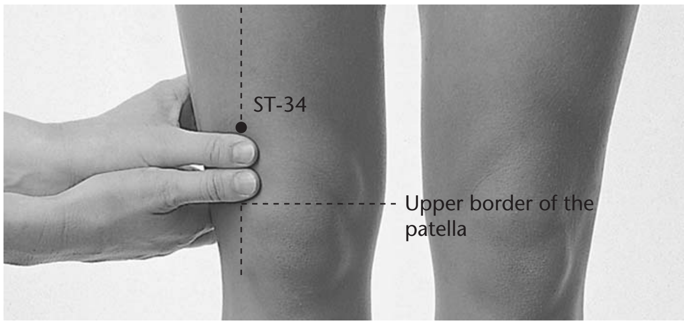
Actions/Indications

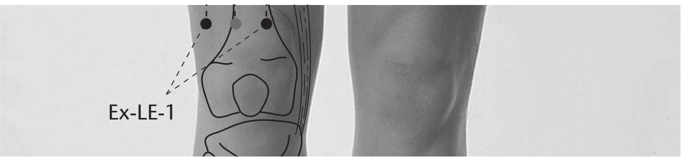
- Regulates the Stomach Qi, alleviates acute conditions
- Opens the channel and alleviates pain

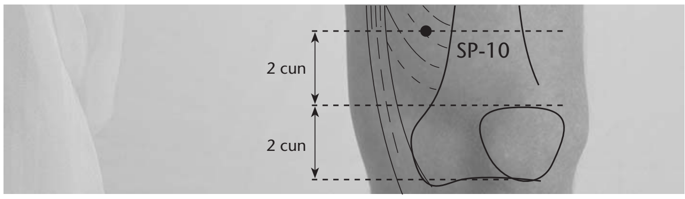
Special features

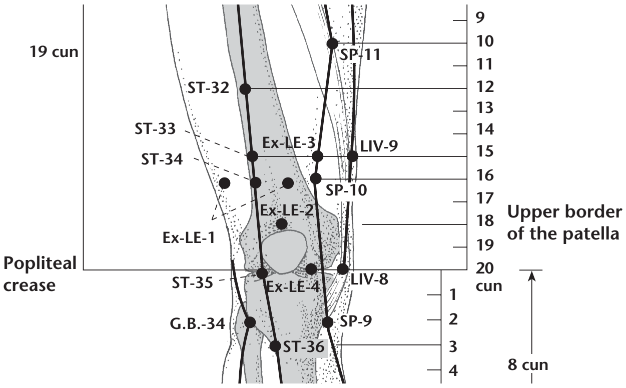
Xi-cleft point. Important local point for disorders of the knee. Modern application for acute epigastric pain – strongly reducing needling techniques have an immediate and calming effect on gastrointestinal peristalsis.


ST-34
Quadriceps femoris
2 cun
Upper border of the patella

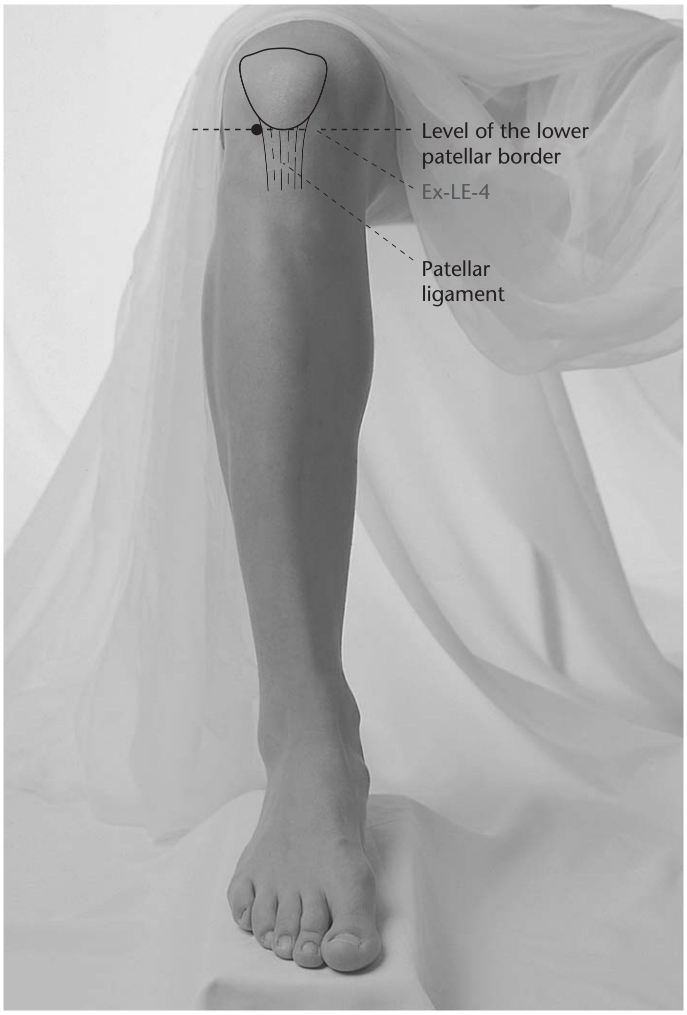

ST-34
Upper border of the patella

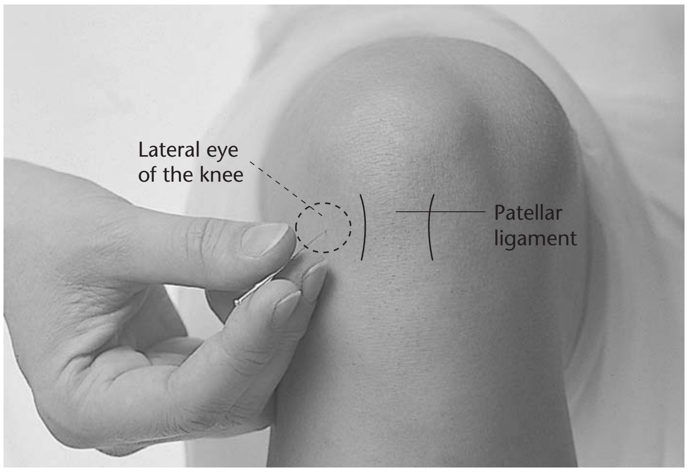


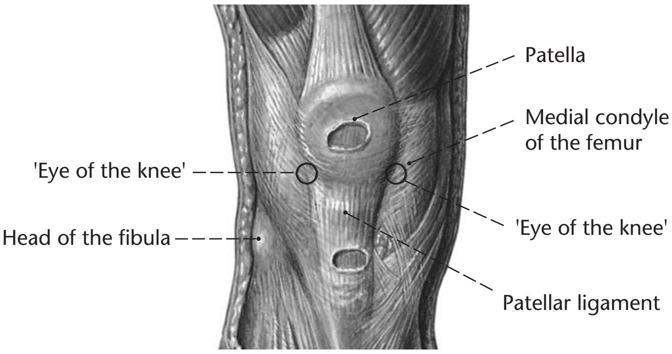

2 cun
2 cun
SP-10


19 cun
SP-11
ST-32
ST-33
ST-34
Ex-LE-3
LIV-9
SP-10
Ex-LE-2
Ex-LE-1
Popliteal crease
ST-35
Ex-LE-4
LIV-8
G.B.-34
SP-9
ST-36
9
10
11
12
13
14
15
16
17
18
19
20
cun
1
2
3
4
Upper border of the patella
8 cun

Calf's Nose DUBI ST-35


Level of the lower patellar border
Ex-LE-4
Patellar ligament


Lateral eye of the knee
Patellar ligament


Patella
Medial condyle of the femur
'Eye of the knee'
Head of the fibula
'Eye of the knee'
Patellar ligament

Location

With the knee flexed, in the depression inferior to the patella and lateral to the patellar ligament.

How to find

This point is best located and needled with the knee slightly flexed (use knee support). **ST-35** is located in a depression on the lower lateral border of the patella, in a groove lateral to the patellar ligament. It projects onto the level of the knee joint space and more or less corresponds with the arthroscopic access to the joint. **ST-35** is also known as 'lateral eye of the knee' and is part of the extra point → **Ex-LE-5** (*xiyan*).

Needling

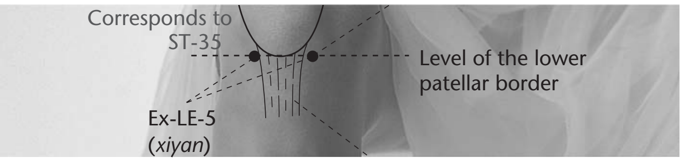
0.5–1 cun slightly obliquely in a medial direction, towards the medial eye of the knee → **Ex-LE-4** (*neixiyan*). Caution: Knee joint (the location of this point corresponds approximately with the arthroscopic access to this joint!).

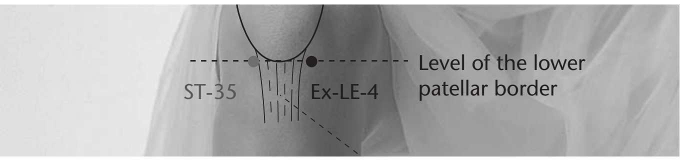
Actions/Indications

- Expels Wind and Dampness, reduces swellings, opens the channel, alleviates pain

Special features

Important local point for all disorders of the knee


Corresponds to ST-35
Level of the lower patellar border
Ex-LE-5 (*xiyan*)


ST-35
Ex-LE-4
Level of the lower patellar border

ST-36 Leg Three Miles ZUSANLI

Location

3 cun distal to → **ST-35** ('lateral eye of the knee') and 1 fingerbreadth lateral to the anterior crest of the tibia, on the tibialis anterior muscle.

How to find

First, locate → **ST-35** ('lateral eye of the knee', at the level of the knee joint space). From → **ST-35**, palpate 3 cun (1 handbreadth) down and 1 fingerbreadth towards lateral by placing the middle finger adjacent to the tibial crest. There, **ST-36** is located in a depression, which can be palpated 'dynamically' (choose the point according to pressure sensitivity). **Or:** Palpate the lower border of the tibial tuberosity and 'dynamically' locate **ST-36** 1 fingerbreadth lateral to it.

Needling

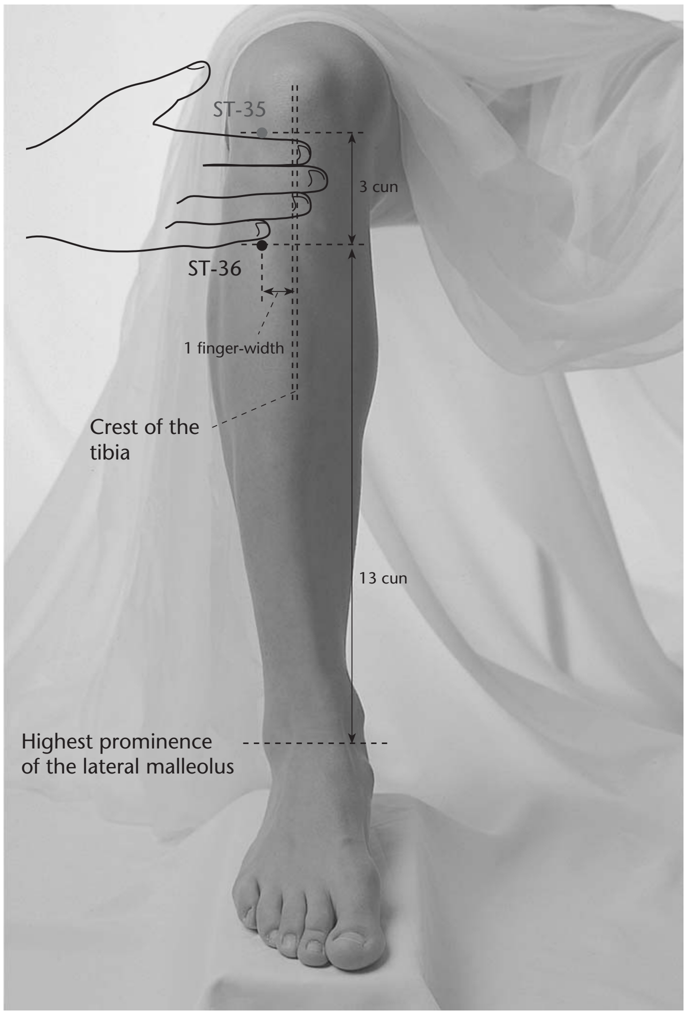
Vertically 1–1.5 cun. Moxibustion is often used on this point.

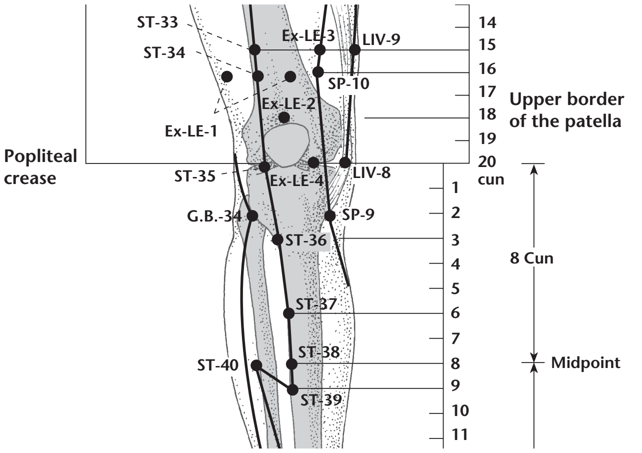
Actions/Indications

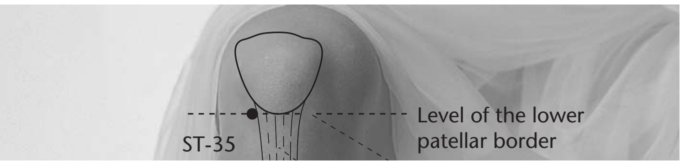
- Regulates the Stomach, strengthens the Spleen, transforms Dampness
- Tonifies Qi and Yang, nourishes the Blood and Yin
- Calms the *shen*
- Opens the channel

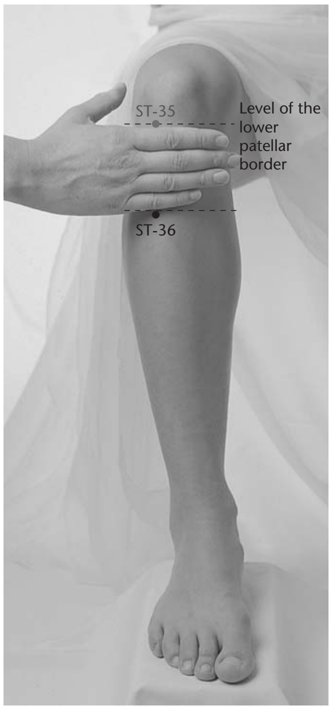
Special features

He-sea point, Earth point, *ben* point (Five Phases point), lower *he*-sea point of the Stomach, *Gao Wu* command point for disorders of the abdomen, Ma Dan Yang point, Sea of Water and Grain point. Main point to tonify Qi and Blood for general weakness. Very important point.

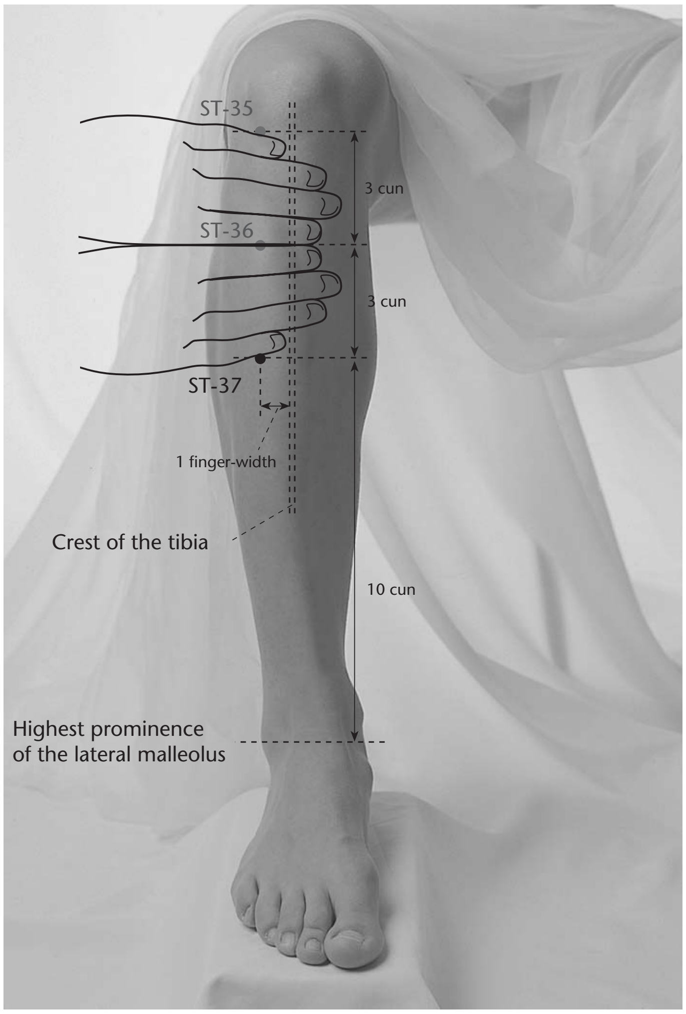

ST-35
3 cun
ST-36
1 finger-width
Crest of the tibia
13 cun
Highest prominence of the lateral malleolus


ST-33
ST-34
Ex-LE-3
LIV-9
SP-10
Ex-LE-2
Ex-LE-1
Popliteal crease
ST-35
Ex-LE-4
LIV-8
G.B.-34
SP-9
ST-36
ST-37
ST-38
ST-40
ST-39
14
15
16
17
18
19
20 cun
Upper border of the patella
1
2
3
4
5
6
7
8
9
10
11
8 Cun
Midpoint


ST-35
Level of the lower patellar border


ST-35
Level of the lower patellar border
ST-36

Upper Great Emptiness SHANGJUXU ST-37


ST-35
3 cun
ST-36
3 cun
ST-37
1 finger-width
Crest of the tibia
10 cun
Highest prominence
of the lateral malleolus

Location

6 cun distal to → **ST-35** (at the knee joint space) or 3 cun distal to → **ST-36** and 1 fingerbreadth lateral to the anterior crest of the tibia.

How to find

First, find → **ST-35** ('lateral eye of the knee', level with the knee joint space). From → **ST-35**, measure 6 cun (2 handbreadths) in a distal direction and, at that level, 1 fingerbreadth towards lateral (place the middle finger onto the anterior crest of the tibia). There, **ST-37** is located in a depression, which can be 'dynamically' palpated (choose the point according to pressure sensitivity). **Or:** Find the midpoint of the line joining → **ST-35** and → **ST-41** (in the depression between the tendons of the extensor digitorum longus and the hallucis longus, level with the highest prominence of the lateral malleolus) by using the spreading hands technique (→ 2.3.3). **ST-37** is located 2 cun proximal and 1 fingerbreadth lateral to this point.

Needling

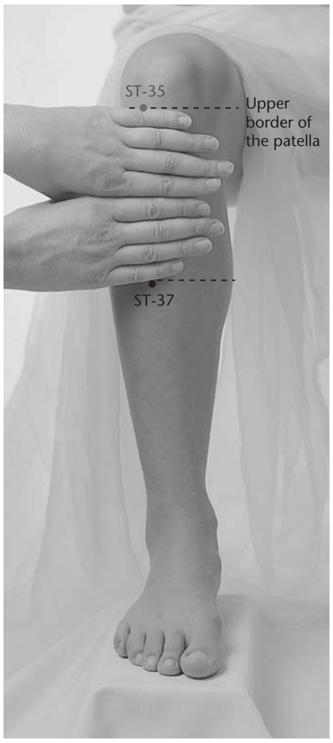
Vertically or obliquely 1–1.5 cun

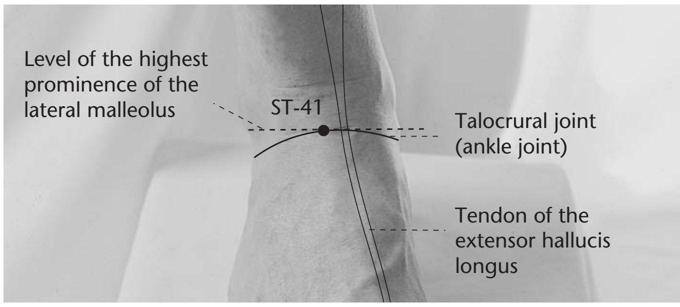
Actions/Indications

- Regulates the Spleen, Stomach and Intestines, eliminates stagnation, clears Damp-Heat
- Opens the channel, alleviates pain

Special features

Lower *he*-sea point of the Large Intestine, Sea of Blood point.


ST-35
Upper
border of
the patella
ST-37


Level of the highest
prominence of the
lateral malleolus
ST-41
Talocrural joint
(ankle joint)
Tendon of the
extensor hallucis
longus

ST-38 *Lines Opening* TIAOKOU

Location

At the midpoint of the line joining → **ST-35** and → **ST-41** and 1 fingerbreadth lateral to the anterior crest of the tibia.

How to find

Quick method: Spreading-hands technique (→ 2.3.3): place the small fingers on → **ST-35** ('lateral eye of the knee', level with the knee joint space) and → **ST-41** (in the depression between the tendons of the extensor digitorum longus and the hallucis longus, level with the highest prominence of the lateral malleolus) and determine the midpoint of this line, using the thumbs. **ST-38** is located in a depression 1 fingerbreadth (middle fingerbreadth, measured from the anterior crest of the tibia) lateral to the midpoint. **ST-38** may be palpated 'dynamically' (according to pressure sensitivity). **Or:** From → **ST-35**, measure 8 cun (→ 2 handbreadths and 3 fingerbreadths) distally and 1 fingerbreadth laterally.
Located on the same level are → **ST-40** (1 fingerbreadth more laterally) and → **BL-57** (dorsal aspect of the lower leg, on the midpoint of the line joining → **BL-40** and → **BL-60**).

Needling

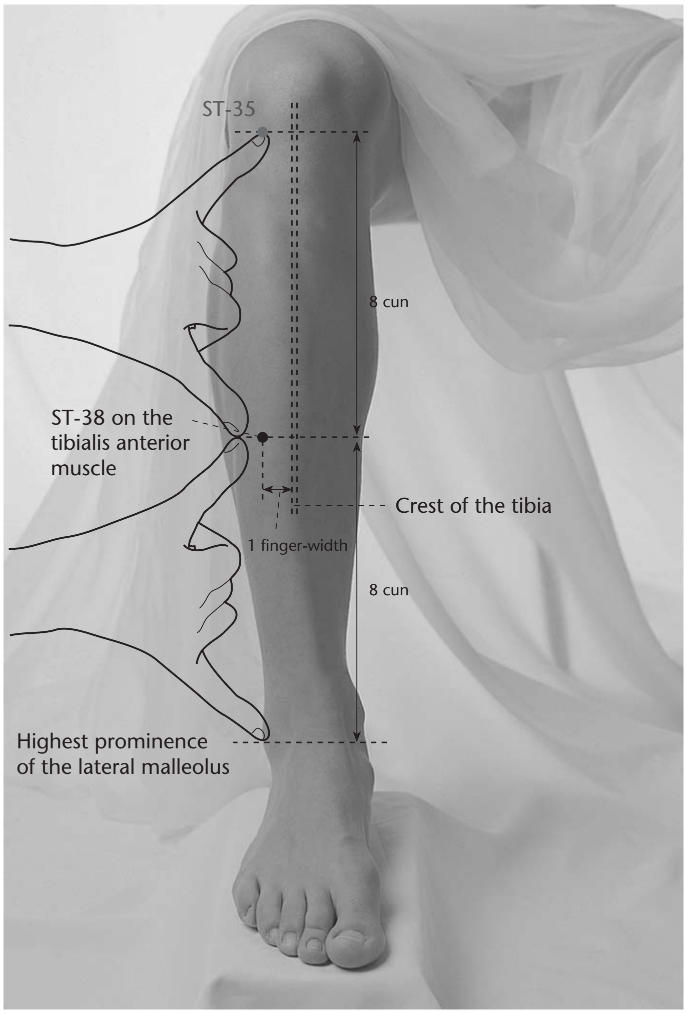
Vertically or obliquely 1–1.5 cun

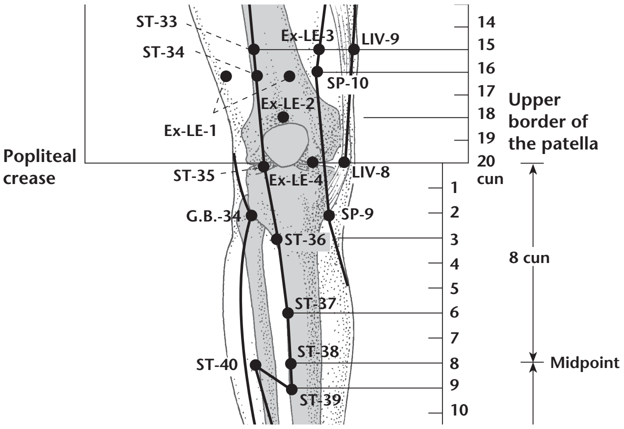
Actions/Indications

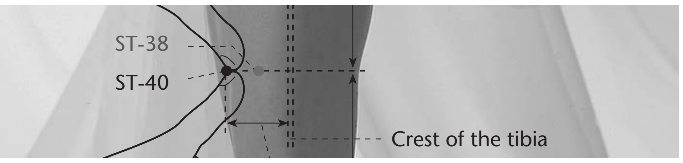
- Expels Wind-Damp, opens the channel, alleviates pain, benefits the shoulder

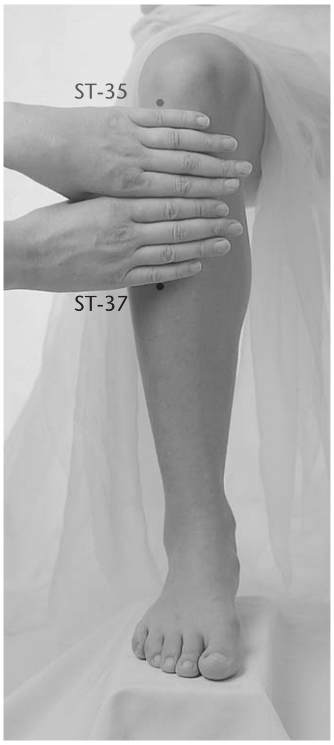
Special features

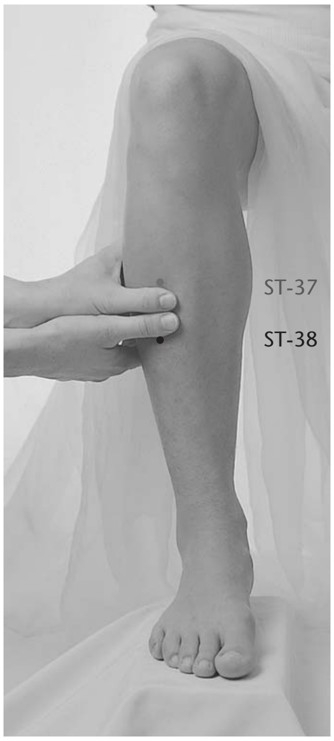
Very effective distal point for disorders of the shoulder. For limited range of motion of the shoulder joint: apply strong reducing needling techniques while the patient moves their shoulder joint.


ST-35
8 cun
ST-38 on the tibialis anterior muscle
Crest of the tibia
1 finger-width
8 cun
Highest prominence of the lateral malleolus

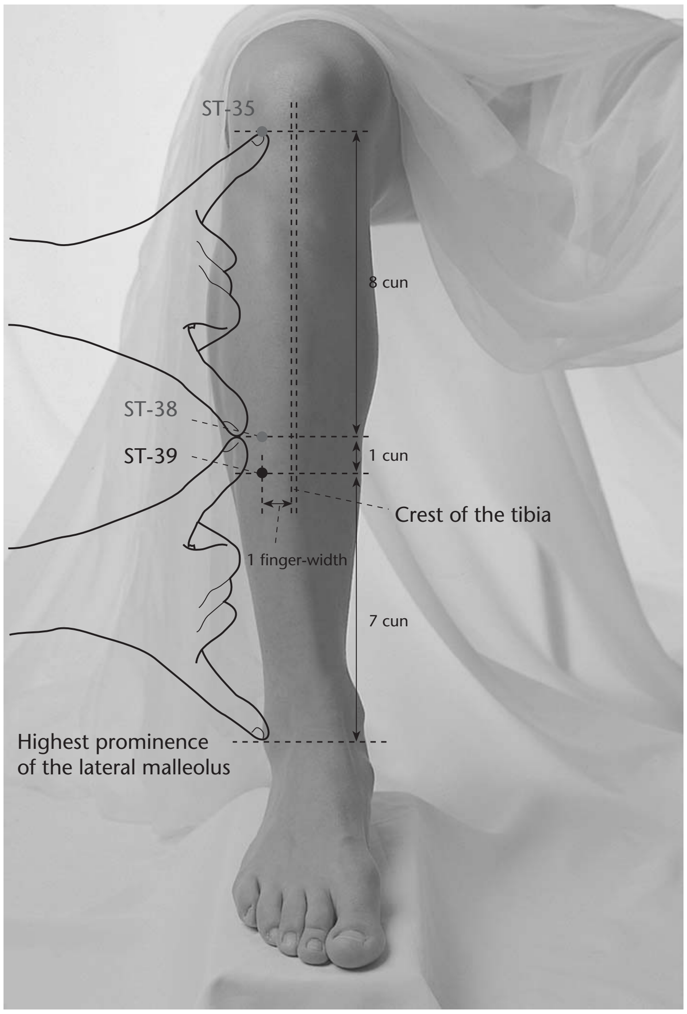

ST-33
ST-34
Ex-LE-3
LIV-9
SP-10
Ex-LE-2
Ex-LE-1
Popliteal crease
ST-35
Ex-LE-4
LIV-8
G.B.-34
SP-9
ST-36
ST-37
ST-38
ST-40
ST-39
14
15
16
17
18
19
20
cun
Upper border of the patella
1
2
3
4
5
6
7
8
9
10
8 cun
Midpoint


ST-38
ST-40
Crest of the tibia





Lower Great Void XIAJUXU **ST-39**


ST-35
8 cun
ST-38
ST-39
1 cun
Crest of the tibia
1 finger-width
7 cun
Highest prominence
of the lateral malleolus

Location

1 cun distal to ➞ **ST-38** (midpoint of the line joining ➞ **ST-35** and ➞ **ST-41**) and 1 fingerbreadth lateral to the anterior crest of the tibia.

How to find

Quick method: Spreading-hands technique (➞ 2.3.3): Place the little fingers on ➞ **ST-35** ('lateral eye of the knee', level with the knee joint space) and ➞ **ST-41** (in the depression between the tendons of the extensor digitorum longus and the hallucis longus, level with the highest prominence of the lateral malleolus) and determine the midpoint of this line (level with ➞ **ST-38**), using the thumbs. **ST-39** is located in a depression 1 cun distal and 1 fingerbreadth (middle fingerbreadth, measured from the anterior crest of the tibia) lateral to this point. **ST-39** may be palpated 'dynamically' (according to pressure sensitivity).

Located on the same level (7 cun proximal to the lateral malleolus) are ➞ **G.B.-35** (on the posterior border of the fibula), ➞ **G.B.-36** (on the anterior border of the fibula) and ➞ **BL-58** (on the lateral border of the gastrocnemius muscle).

Needling

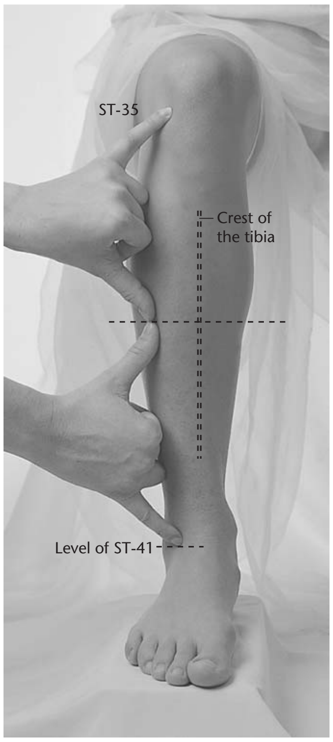
Vertically or obliquely 1–1.5 cun

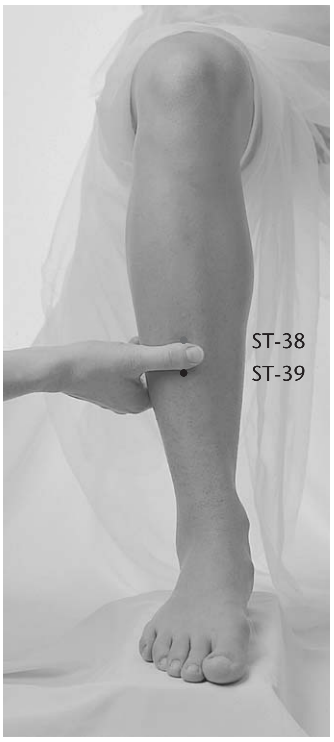
Actions/Indications

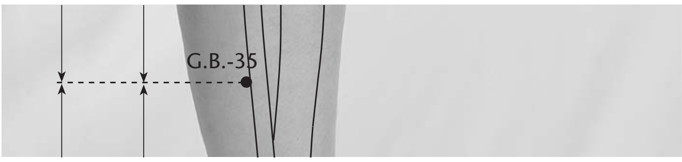
- Moves the Small Intestine Qi, eliminates stagnation, clears Damp-Heat
- Opens the channel, alleviates pain

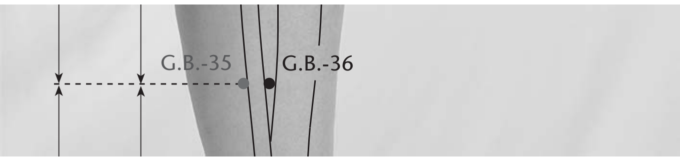
Special features

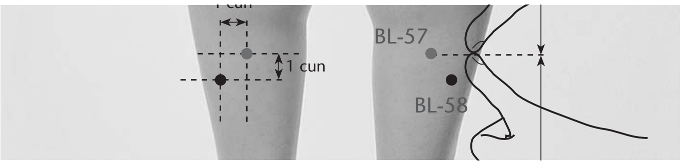
Lower *he*-sea point of the Small Intestine, Sea of Blood point.


ST-35
Crest of
the tibia
Level of ST-41








1 cun
BL-57
BL-58

ST-40 *Abundant Bulge* FENGLONG

Location

At the midpoint of the line joining → **ST-35** and → **ST-41** and 2 fingerbreadths lateral to the anterior crest of the tibia or 1 fingerbreadth lateral to → **ST-38**, between the extensor digitorum longus and peroneus brevis muscles.

How to find

Quick method: Spreading-hands technique (→ 2.3.3): Place the little fingers on → **ST-35** ('lateral eye of the knee', level with the knee joint space) and → **ST-41** (in the depression between the tendons of the extensor digitorum longus and the hallucis longus, level with the highest prominence of the lateral malleolus) and determine the midpoint of this line, using the thumb. **ST-40** is located in a depression 2 fingerbreadths (2 middle fingerbreadths, measured from the anterior crest of the tibia) lateral to this point. **ST-40** may be palpated 'dynamically' (according to pressure sensitivity). Located on the same level (8 cun proximal to the highest prominence of the lateral malleolus) are → **ST-38** (1 fingerbreadth lateral to the tibia) and → **BL-57** (on the dorsal aspect of the lower leg, halfway between → **BL-40** and → **BL-60**).

Needling

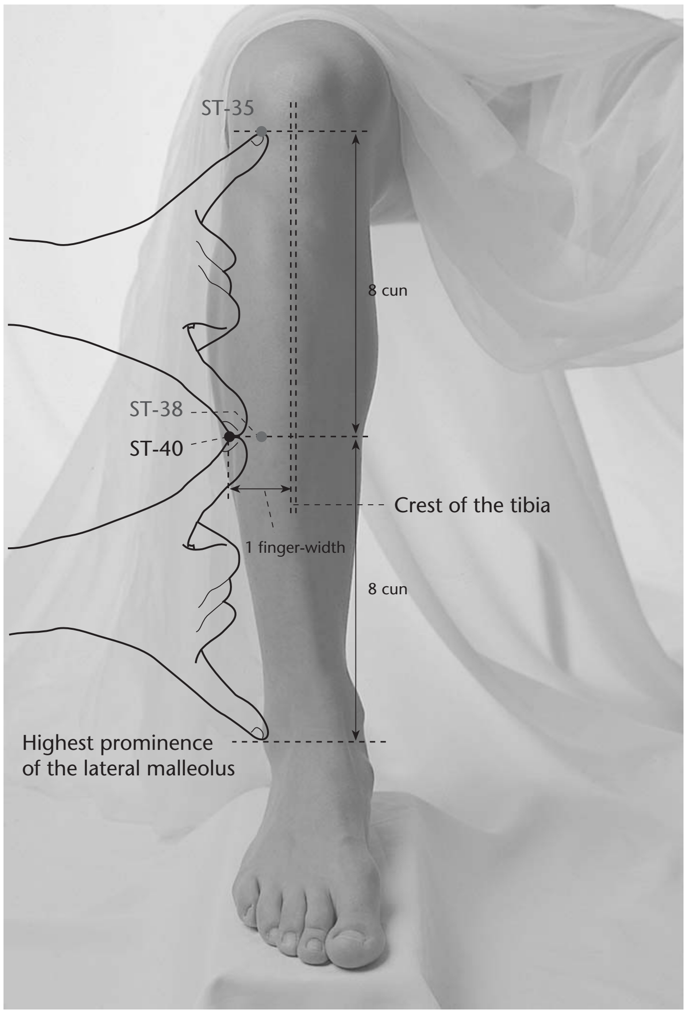
Vertically or obliquely 1–1.5 cun

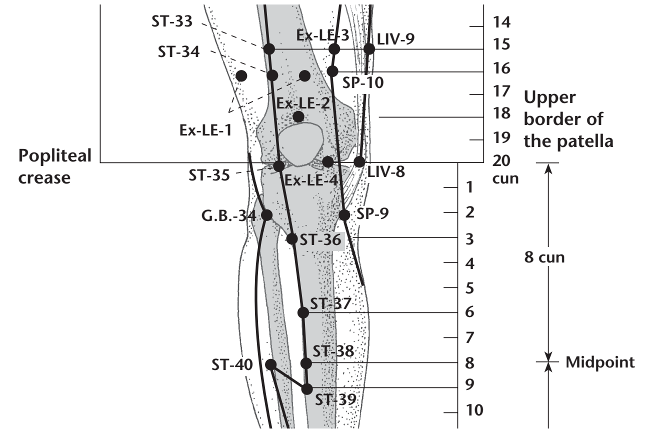
Actions/Indications

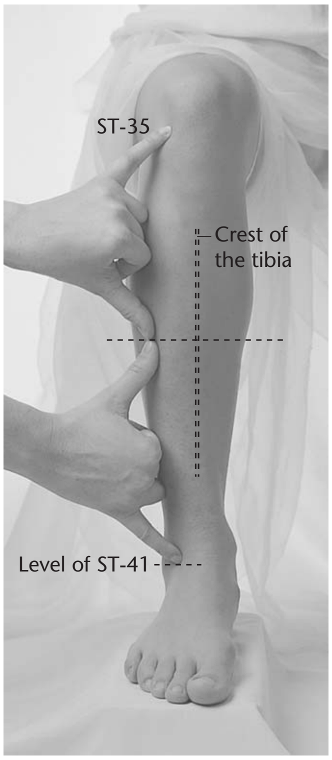
- Transforms Dampness and Phlegm, clears Phlegm in the Lung and Heart, calms the *shen*

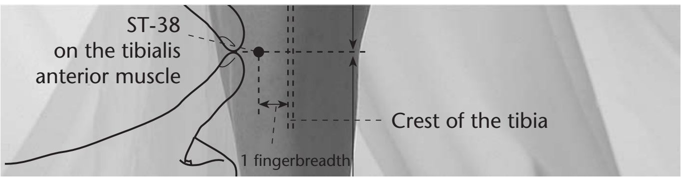
Special features

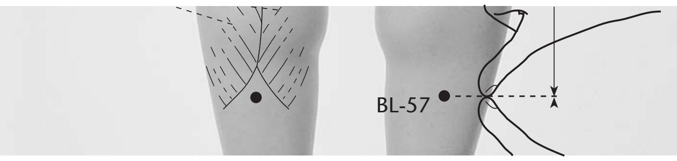
Luo-connecting point. Main acupuncture point for eliminating Phlegm.


ST-35
8 cun
ST-38
ST-40
Crest of the tibia
1 finger-width
8 cun
Highest prominence
of the lateral malleolus

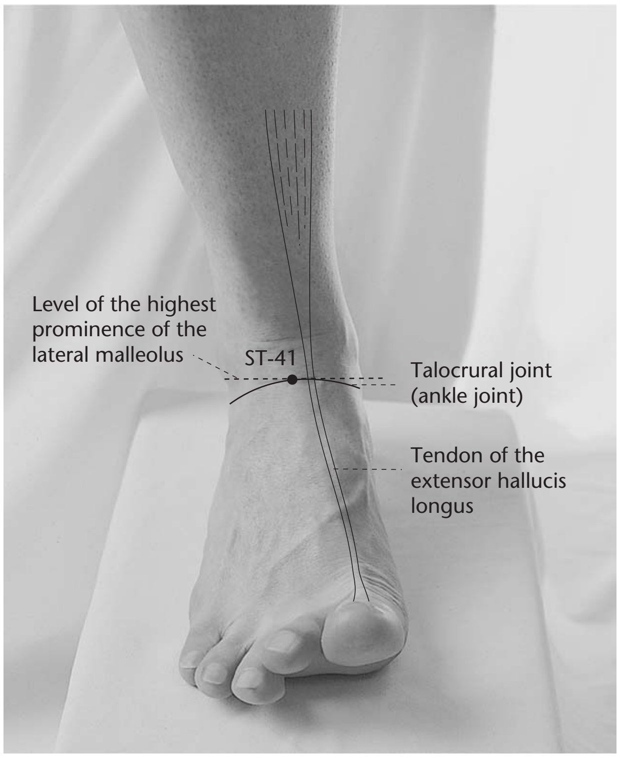

ST-33
ST-34
Ex-LE-3
LIV-9
SP-10
Ex-LE-2
Ex-LE-1
Popliteal
crease
ST-35
Ex-LE-4
LIV-8
G.B.-34
SP-9
ST-36
ST-37
ST-38
ST-40
ST-39
14
15
16
17
18
19
20
cun
Upper
border of
the patella
1
2
3
4
5
6
7
8
9
10
8 cun
Midpoint


ST-35
Crest of
the tibia
Level of ST-41


ST-38
on the tibialis
anterior muscle
Crest of the tibia
1 fingerbreadth



Stream Divide JIEXI **ST-41**


Level of the highest prominence of the lateral malleolus
ST-41
Talocrural joint (ankle joint)
Tendon of the extensor hallucis longus

Location

On the ankle, on the level of the highest prominence of the lateral malleolus, in the depression between the tendons of the extensor digitorum and the extensor hallucis longus.

How to find

With the patient extending their big toe against resistance, the tendon of the extensor hallucis longus muscle will become more distinct. **ST-41** is located lateral to this tendon, in an obvious depression on the level of the highest prominence of the lateral malleolus (→ 3.6.2) and ankle joint space.
Located on the same level is → **LIV-4** (medial to the tendon, halfway between → **SP-5** and **ST-41**).

Needling

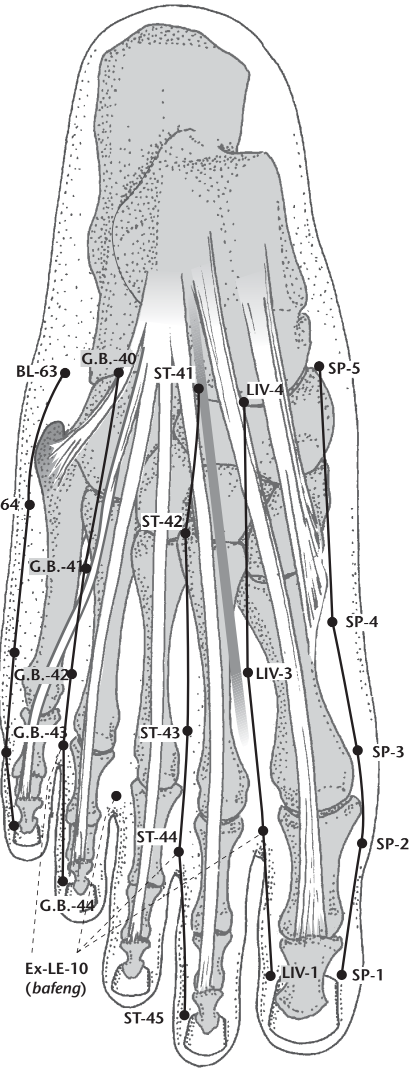
0.5–1 cun vertically or obliquely deep to the tendons in a medial direction towards → **SP-5** or in a lateral direction towards → **G.B.-40**. Caution: Tibial artery/vein/nerve lie deep to this point.

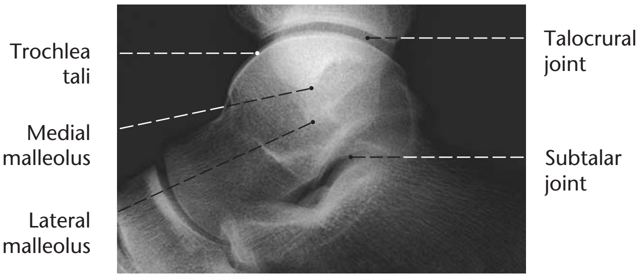
Actions/Indications

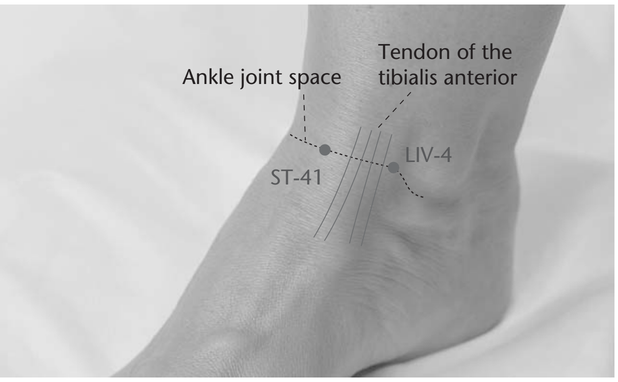
- Clears Heat from the Stomach and Stomach channel
- Calms the *shen*
- Opens the channel and *luo* vessels, alleviates pain

Special features

Jing-river point, Fire point, tonification point. Important local point for disorders of the ankle joint. Important distal point for frontal headaches caused by Stomach Heat or Stomach Fire.


BL-63
G.B.-40
ST-41
SP-5
LIV-4
BL-64
ST-42
G.B.-41
SP-4
BL-65
G.B.-42
LIV-3
G.B.-43
ST-43
SP-3
BL-66
BL-67
ST-44
SP-2
G.B.-44
Ex-LE-10
(*bafeng*)
LIV-1
SP-1
ST-45


Trochlea tali
Medial malleolus
Lateral malleolus
Talocrural joint
Subtalar joint


Ankle joint space
Tendon of the tibialis anterior
LIV-4
ST-41

ST-42 *Rushing Yang* CHONGYANG

Location

On the highest point of the dorsum of the foot, between the tendons of the extensor hallucis longus and the extensor digitorum longus, directly lateral to the point where the dorsalis pedis artery may be palpated. The point is bordered proximally by the 2nd and 3rd metatarsal bones and distally by the 2nd and 3rd cuneiform bones. **Alternative location:** Sometimes, this point may be located lateral to the medial portion of the extensor digitorum longus tendon (joining the 2nd toe).

How to find

With the palpating finger, glide from → **ST-43** (in the depression between the base of the 2nd and 3rd metatarsal bones) proximally towards → **ST-41** (in the depression between the tendons of extensor digitorum longus and hallucis longus). Locate **ST-42** at the highest point of the dorsum of the foot, in a depression lateral to the pulse. In most cases, **ST-42** is located lateral to the tendon of the extensor hallucis longus, which becomes more distinct by extending the big toe.

Needling

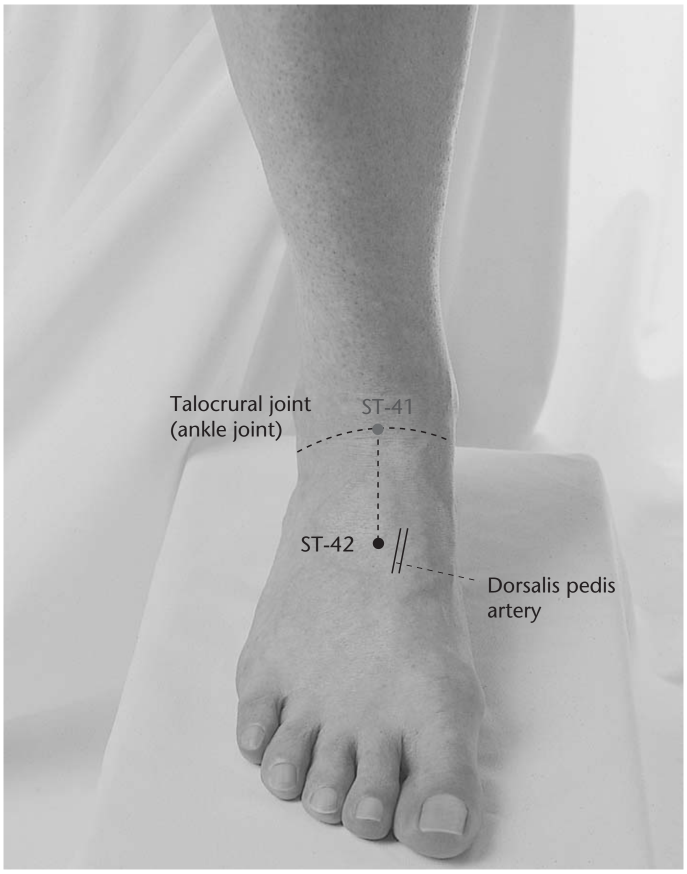
Vertically 0.2–0.5 cun. Caution: Dorsalis pedis artery.

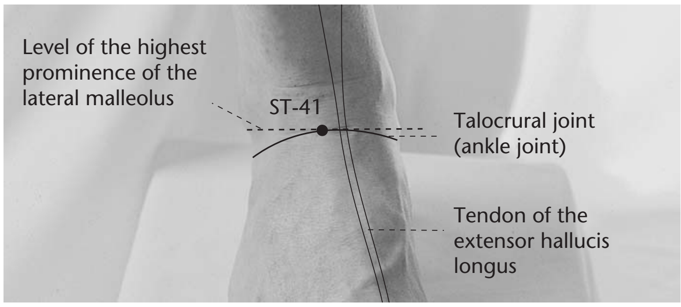
Actions/Indications

- Clears Heat from the Stomach channel, regulates the Stomach
- Calms the *shen*
- Opens the channel and *luo* vessels

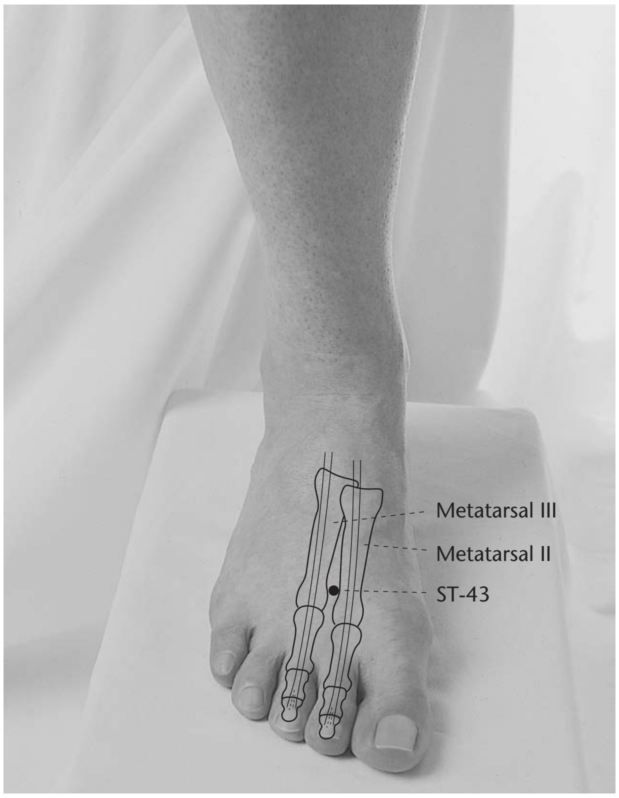
Special features

Yuan-source point, exit point.


Talocrural joint (ankle joint)
ST-41
ST-42
Dorsalis pedis artery


Level of the highest prominence of the lateral malleolus
ST-41
Talocrural joint (ankle joint)
Tendon of the extensor hallucis longus

Sunken Valley XIANGU **ST-43**


Metatarsal III
Metatarsal II
ST-43

Location

On the dorsum of the foot, in the depression between the 2nd and 3rd metatarsal bones, at the level of the junction of the shafts and the heads of these metatarsal bones.

How to find

Palpate from distal (toes) towards proximal (ankle) between the 2nd and 3rd metatarsal bones, until the finger glides into a depression distal to the metatarsophalangeal joint, where **ST-43** is located. It is approximately on the same level as the junction of the shafts and the heads of the two metatarsal bones.

Needling

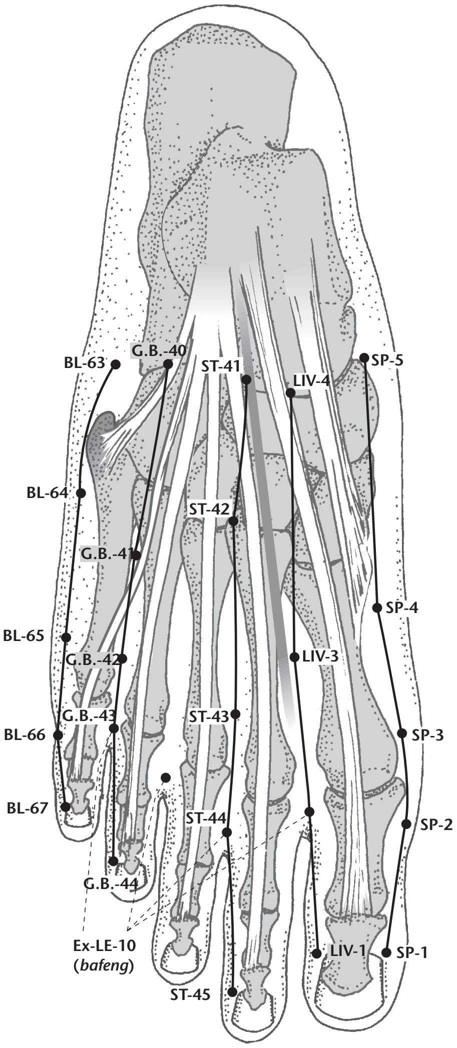
Vertically or obliquely 0.5–1 cun

Actions/Indications

- Regulates the Spleen, Stomach and Intestines, reduces oedema

Special features

Shu-stream point, Wood point, generally used for 'inflammatory' joint disorders (*bi*-syndromes).


BL-63
G.B.-40
ST-41
SP-5
LIV-4
BL-64
ST-42
G.B.-41
SP-4
BL-65
G.B.-42
LIV-3
G.B.-43
ST-43
BL-66
SP-3
BL-67
ST-44
SP-2
G.B.-44
Ex-LE-10
(*bafeng*)
LIV-1
SP-1
ST-45

ST-44 *Inner Court* NEITING

Location

Between the 2nd and the 3rd toes, proximal to the interdigital fold.

How to find

Locate **ST-44** just proximal to the interdigital fold between the 2nd and the 3rd toes.

Needling

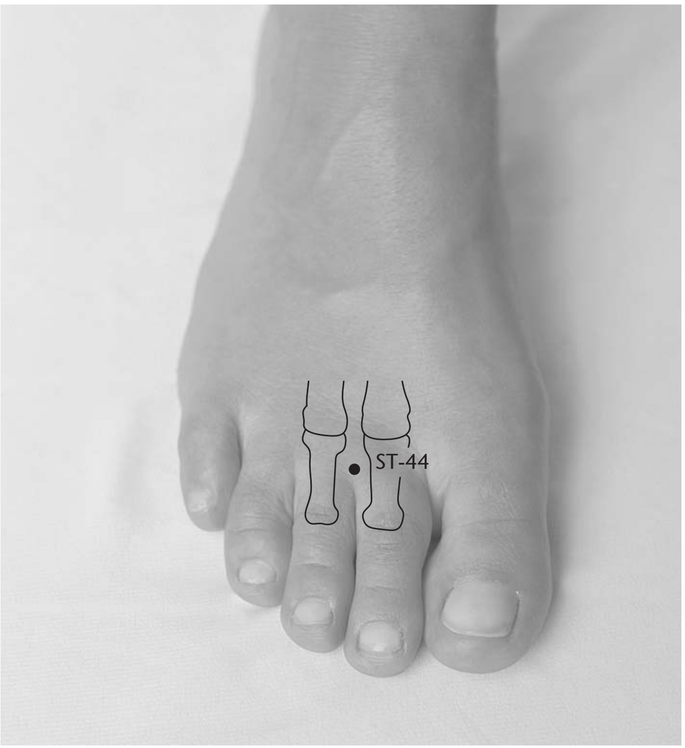
0.5–1 cun vertically or obliquely in a proximal direction

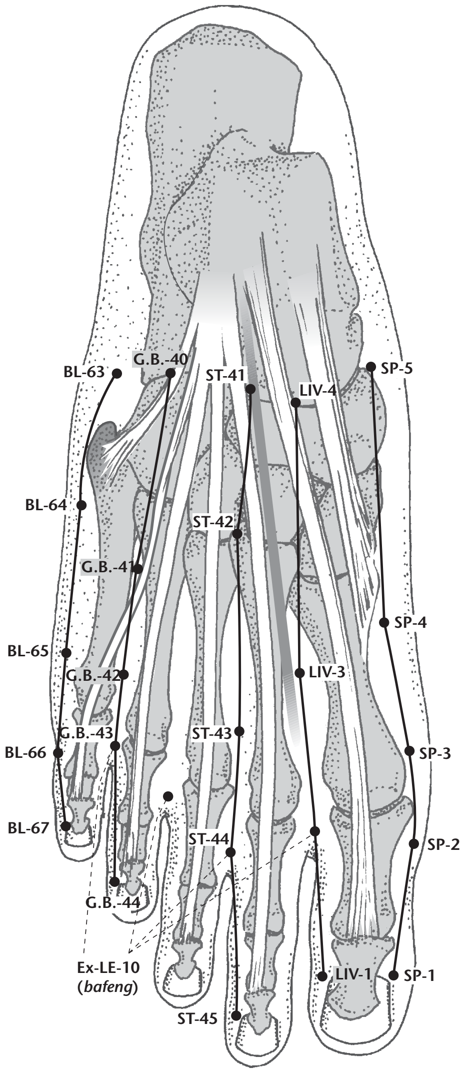
Actions/Indications

- Opens the channel, expels Wind and clears Heat, alleviates pain
- Regulates the Intestines, clears Damp-Heat
- Calms the *shen*

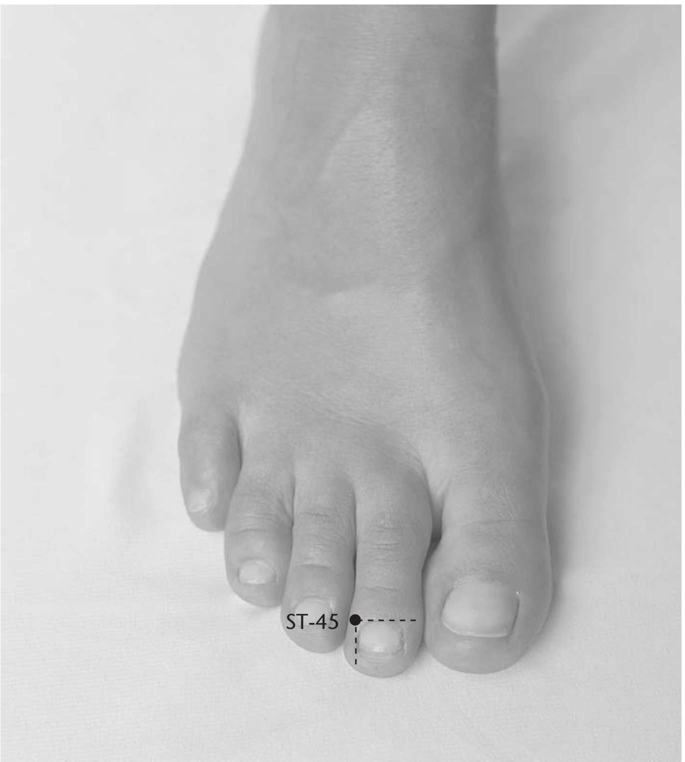
Special features

Ying-spring point, Water point, Ma Dan Yang Heavenly Star point. Major point for clearing Heat from the head and face.




BL-63
G.B.-40
ST-41
LIV-4
SP-5
BL-64
ST-42
G.B.-41
SP-4
BL-65
G.B.-42
LIV-3
G.B.-43
ST-43
BL-66
SP-3
BL-67
ST-44
SP-2
G.B.-44
Ex-LE-10
(*bafeng*)
LIV-1
SP-1
ST-45

Strict Exchange LIDUI **ST-45**



Location

On the 2nd toe, 0.1 cun from the lateral corner of the nail.

How to find

ST-45 is located at the junction of two tangents drawn along the lateral and proximal border of the nail of the 2nd toe, approximately 0.1 cun from the margin of the nail.

Needling

0.1 cun vertically or obliquely in a proximal direction or prick to bleed.

Actions/Indications

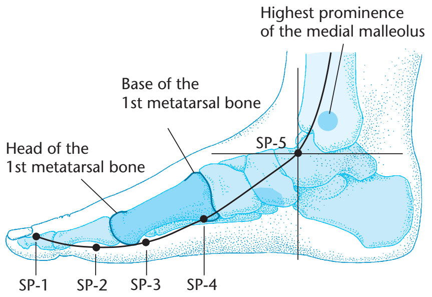
- Opens the channel and clears Heat from the *yangming* channels (L.I./ST)
- Calms and regulates the *shen*

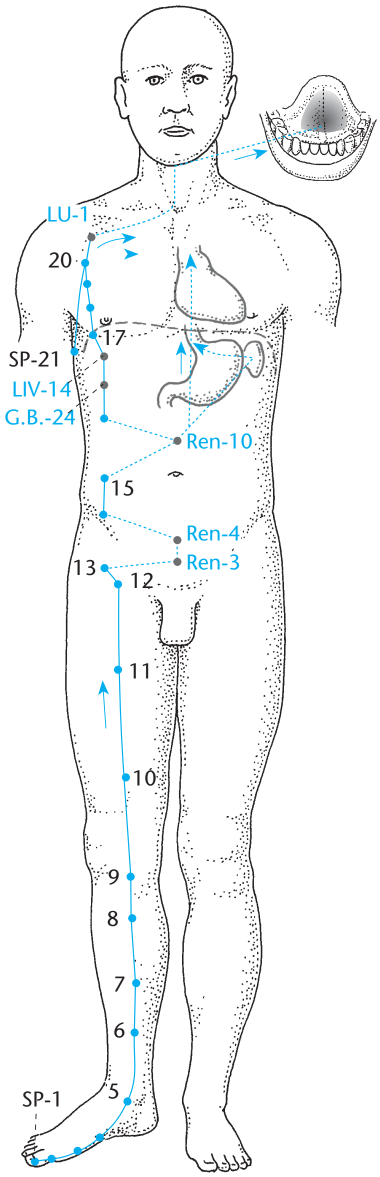
Special features

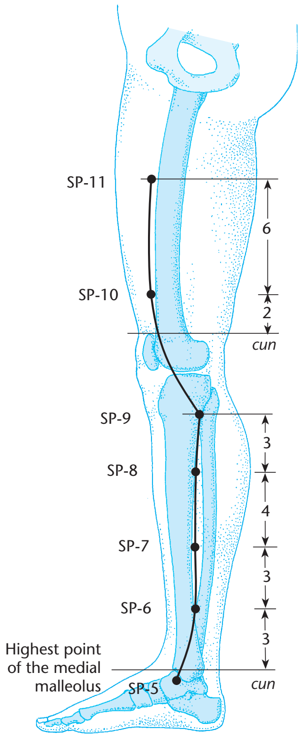
Jing-well point, Metal point, sedation point, important distal point for all Heat disorders affecting the head. For severe insomnia due to Fire or Phlegm-Heat, apply moxibustion (‘small Fire attracting big Fire’ technique).

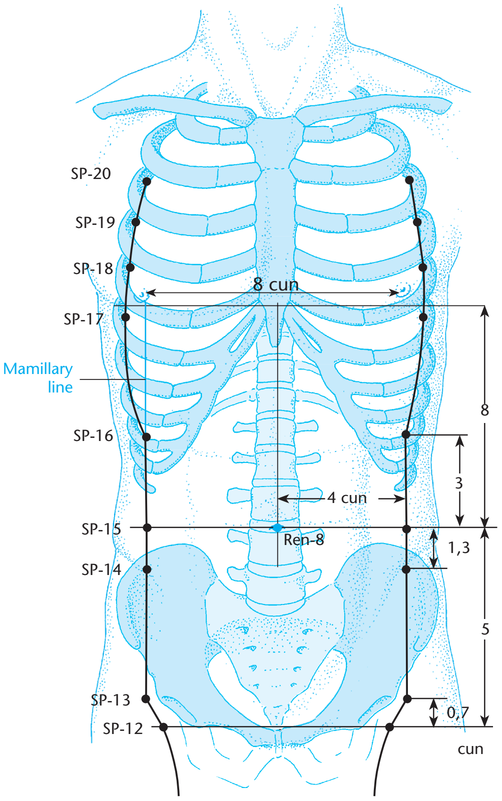
4.4 The Spleen Channel System – Foot *taiyin* (*zu tai yin jing luo*)

4.4.1 The Spleen Primary Channel (*zu tai yin jing*)


Highest prominence of the medial malleolus
Base of the 1st metatarsal bone
Head of the 1st metatarsal bone
SP-5
SP-1
SP-2
SP-3
SP-4


LU-1
20
SP-21
LIV-14
G.B.-24
17
Ren-10
15
Ren-4
Ren-3
13
12
11
10
9
8
7
6
5
SP-1

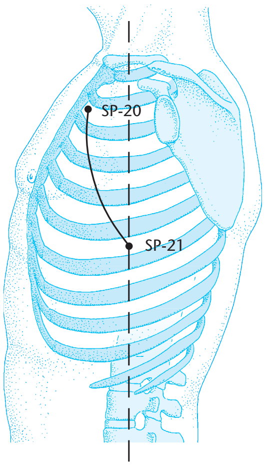

SP-11
6
SP-10
2
cun
SP-9
3
SP-8
4
SP-7
3
SP-6
3
Highest point of the medial malleolus
SP-5
cun


SP-20
SP-19
SP-18
8 cun
SP-17
Mamillary line
8
SP-16
3
4 cun
SP-15
Ren-8
1,3
SP-14
5
SP-13
SP-12
0,7
cun

Pathway

The **external pathway** of the Spleen primary channel begins at **SP-1** (*yinbai*) on the big toe at the medial corner of the nail. This point is reached by a branch that separates from the Stomach primary channel at ➞ **ST-42** (*chongyang*) (foot Yin–Yang connection of the first great circuit).

➡ From **SP-1** the channel courses along the medial aspect of the foot



Mid-axillary line

- ascends anterior to the medial malleolus and continues along the posterior border of the medial crest of the tibia
- passes the anteromedial region of the knee and thigh
- ascends the abdomen lateral to the midline to the second intercostal space, passing on its way → **Ren-3** (*zhongji*), → **Ren-4** (*guanyuan*), → **Ren-10** (*xiawan*), → **G.B.-24** (*riyue*) and → **LIV-14** (*qimen*)
- curves downward again and terminates 6 cun inferior to the axilla on the midaxillary line at **SP-21** (*dabao*).

According to Solinas et al (1998), its **inner pathway** branches off at → **Ren-10** (*xiawan*) and enters the Spleen (*pi*), its pertaining *zang*-Organ, and connects with the Stomach (*wei*), its paired *fu*-Organ. From the Stomach (*wei*), an **Interior branch** passes the diaphragm, ascends part of the oesophagus and enters the Heart (*xin*), where it connects with the Heart primary channel (*shou shao yin jing*) (deep Yin–Yin connection → 1.2). From **SP-20** (*zhourong*), a **further branch** ascends to → **LU-1** *(zhongfu)* at the level of the first intercostal space to form the hand–foot pairing (Yin axes of the first great circuit, *taiyin*). The branch ascends further to the tongue, reaches the root of the tongue and disperses on its lower surface.

Clinical importance (→ 1.2)

Exterior (*biao*) signs and symptoms: Heavy sensations of the head and body, sensation of weakness in the legs, general fever, pain in the lower cheek, muscular atrophy and weakness of the legs and medial hip region, cold knees, feet and legs, oedema

Interior (*li*) or *zangfu*-Organ signs and symptoms: Abdominal pain, diarrhoea or loose stools with undigested food, borborygmus, belching and dizziness, abdominal masses, loss of appetite, a sallow complexion, retention of urine

Excess (*shi*) → Spasms, foot pain

Deficiency (*xu*) → Abdominal fullness, borborygmus, diarrhoea with undigested food

Connections and meeting points of the Spleen primary channel (→ 1.2)

Connections with other channels

Stomach primary channel (*zu yang ming jing*)

Connection: Foot Yin–Yang connection of the first great circuit
Location: ST-42 SP-1 (on the foot).
Circulation: Circadian (according to the Organ clock)
Importance: Interior–Exterior relationship

Lung primary channel (*shou tai yin jing*)

Connection: Paired according to the six channel theory (hand–foot pairing) → *tai yin* (Yin axes of the first great circuit)
Location: SP-20 → LU-1 (on the thorax). A branch of the Spleen primary channel ascends from **SP-20** (*zhourong*) to **LU-1** (*zhongfu*)
Circulation: Non-circadian (**not** according to the Organ clock)
Importance: Above–below relationship

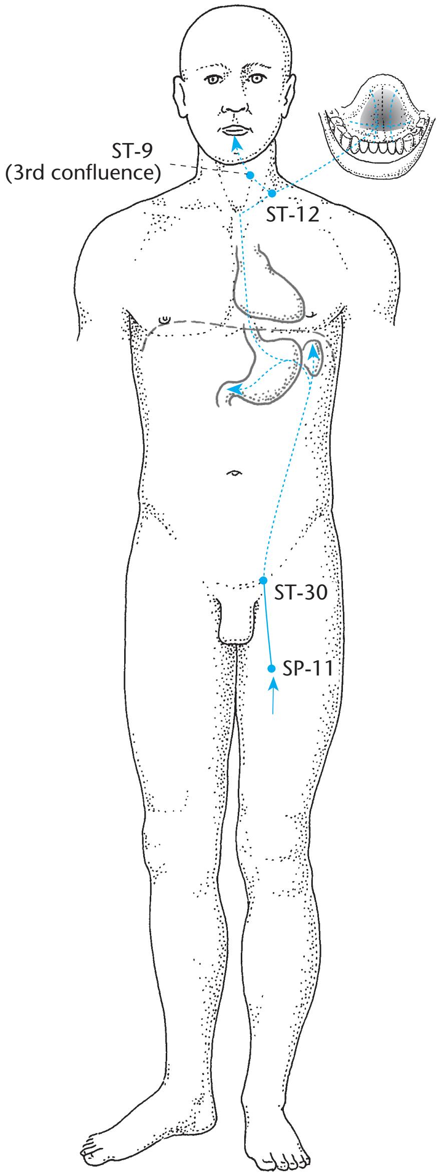
Heart primary channel (*shou shao yin jing*)

Connection: Deep Yin–*Yin* connection
Location: SP → HE (on the thorax). An internal branch of the Spleen primary channel spreads inside the Heart (*xin*) and connects with the Heart primary channel.
Circulation: Circadian (according to the Organ clock)
Importance: The Heart primary channel receives Nutritive Qi (*ying qi*) from the Spleen primary channel (first circulation of the *ying qi* → 1.1.4)

Connections with other *zangfu*-Organs

Spleen (*pi*), Stomach (*wei*), Heart (*xin*)

4.4.2 The Spleen Divergent Channel (*zu tai yin jing bie*)



Pathway

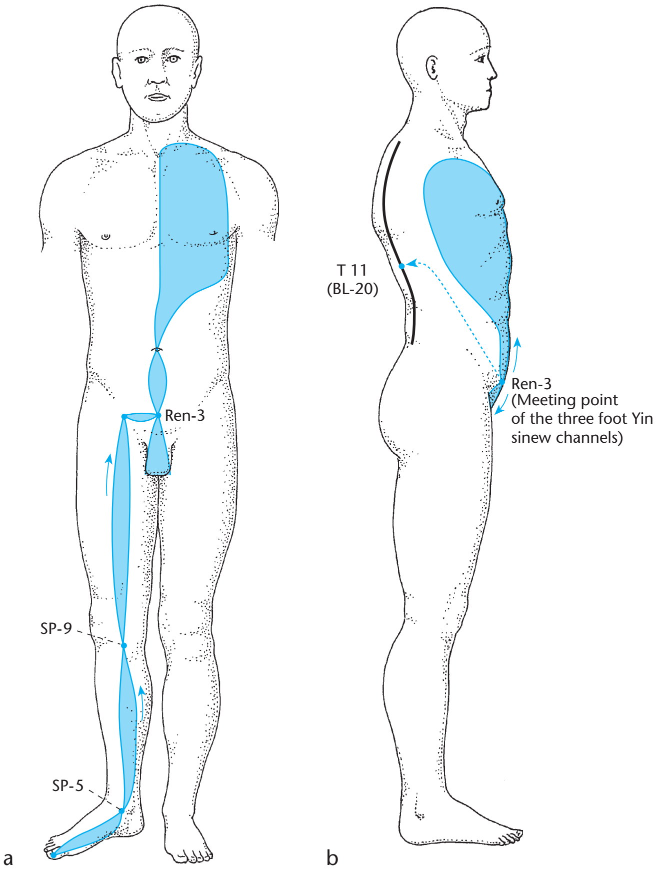
The Spleen divergent channel separates from the Spleen primary channel near **SP-11** (*jimen*) on the anteromedial aspect of the thigh, at the medial border of the sartorius muscle. It

- ➡ penetrates the abdomen in the inguinal region at → **ST-30** (*qichong*)
- ➡ connects with the Stomach (*wei*), Spleen (*pi*) and Heart (*xin*)
- ➡ ascends along the oesophagus to the suprasternal fossa and travels laterally to → **ST-12** (*quepen*) in the supraclavicular fossa
- ➡ crosses the Stomach primary channel and the Stomach divergent channel at → **ST-9** (*renying*) where they meet to connect at one of the six *he*-confluences (here: ST/SP as third confluence → 1.3).

Clinical importance

- Strengthens the relationship between the Spleen and the Stomach (*zangfu*-Organs). Points on the Spleen primary channel can therefore be used for disorders of the Stomach, and vice versa points on the Stomach primary channel can treat disorders of the Spleen. In clinical practice, Spleen points are used for the whole gastrointestinal tract.
- Meets the Stomach primary channel at → **ST-30**; this is also a Sea of Water and Grain point, which can be used for many digestive disorders.
- Links the Spleen primary channel with the Heart; in combination with other points, SP points can be used for Qi and Blood deficiency as well as for psycho-emotional disorders.
- Connects the Spleen primary channel and the neck region and can therefore be used for chronic disorders of the neck and thyroid caused by retention of Phlegm (for example **SP-3** with **ST-40**, **P-5**).
- Connects the Spleen primary channel with the mouth and tongue and can therefore be used for disorders/ulcers of the tongue and mouth caused by retention of Phlegm (for example **SP-2, SP-3, SP-6**).

4.4.3 The Spleen Sinew Channel (*zu tai yin jing jin*)



Pathway

The Spleen sinew channel begins on the medial aspect of the big toe at **SP-1** (*yinbai*)

➡ runs along the medial border of the foot

➡ binds (*jie*) anterior to the medial malleolus at **SP-5** (*shangqiu*)

➡ ascends along the medial aspect of the tibia to **SP-9** (*yinlingquan*) and binds (*jie*) anterior to the medial head of the tibia

➡ runs along the medial aspect of the thigh and binds (*jie*) on the medial aspect of the inguinal region

➡ continues to → **Ren-3** (*zhongji*) where it meets the other sinew channels of the foot Yin channels

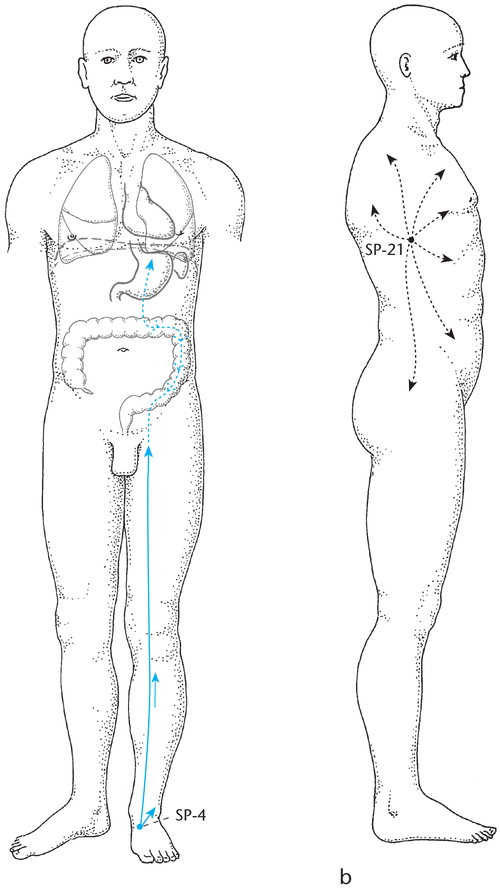
At → **Ren-3** the sinew channel separates into three branches:

- **One branch** runs to the genital region
- **A further branch** ascends along the anterior midline, covering the *ren mai* and binding (*jie*) at the umbilical region. It penetrates the abdomen and spreads in the costal and thoracic region.
- **A third branch** penetrates deeper into the body and ends at the spinal region at → **BL-20** (*pishu*).

Clinical importance

- **Pathology:** Distending pain of the big toe, pain at the medial malleolus, cramps and pain in the calves, pain of the medial aspect of the knees and thighs, pain in the inguinal and genital region (radiating to the umbilicus, thorax and back).
- **Indication:** Mainly for *bi*-syndromes (Painful Obstruction Syndrome) and *wei*-syndrome (atrophy syndrome) along the Spleen channel, especially along the medial aspect of the leg. The area covered by the Spleen sinew channel is larger than that covered by the Spleen primary channel. This explains why Spleen primary channel points can also be used for disorders and diseases of the external genitalia and the umbilical region.

4.4.4 The Spleen *luo*-Connecting Vessel System (*zu tai yin luo mai*)



Pathway

The Spleen *luo*-connecting channel separates from the Spleen primary channel at its *luo*-connecting point **SP-4** (*gongsun*) (→ 8.1.2). It forms a three-dimensional reticulate network, dividing into multiple branches and sub-branches (*sun luo, fu luo, xue luo* → 1.5) within the surrounding tissue.

➡ Horizontal divisions run to the Interiorly–Exteriorly paired Stomach primary channel, according to some schools of thought (for example Ngyen Van Nghi → Appendix) they travel as a **transverse** Spleen *luo*-connecting vessel to the *yuan*-source point → **ST-42** (*chongyang*).

- A **longitudinal** division follows the pathway of the Spleen primary channel, enters the abdomen in the inguinal region and connects with the Large Intestine (*dachang*) and the Stomach (*wei*).

Clinical importance (→ 8.1.2)

Pathology

- **Excess (*shi*)**: Colicky pain in the Stomach and Large Intestine
- **Deficiency (*xu*)** → *Gu zhang* (drum-like abdominal distension) such as digestive disorders in children, abdominal fullness and distension, ascites
- **Counterflow Qi:** Acute vomiting, diarrhoea, severe abdominal pain

The great *luo*-connecting vessel of the Spleen (*zu tai yin luo mai*)

Pathway

The great *luo*-connecting vessel of the Spleen begins on the lateral aspect of the thorax at → **SP-21** (*dabao*). It contains the Blood of the *luo*-connecting vessel and disperses to the vessels of the whole body, covering them in a net-like fashion (→ 1.5, → 8.1.2).

Clinical importance (→ 8.1.2)

- **Excess (*shi*)**: Pain in the whole body, polyarthritis, *bi*-Syndrome (Painful Obstruction Syndrome)
- **Deficiency (*xu*)**: Muscular atrophy and weakness, weakness of the joints, weakness in the whole body.

4.4.5 Cutaneous Region (*tai yin pi bu*)

See description and figures → 1.6

4.4.6 Points of the Spleen Primary Channel (Overview)

Specific points according to their function

- ***Yuan*-source point (→ 8.1.1): SP-3** (*taibai*) 🟦⬛
- ***Luo*-connecting point (→ 8.1.2.): SP-4** (*gongsun*) 🟦⬛/ SP-21 (*dabao*) 🟦🟦
- ***Xi*-cleft point (→ 8.1.3): SP-8** (*diji*) 🟦⬛
- **Associated Back-*shu* point (→ 8.1.4): BL-20** (*pishu*) 🟦🟦
- **Associated Front-*mu* point (→ 8.1.5): LIV-13** (*zhangmen*) 🟦🟦
- **Five *shu*-transporting points (→ 8.1.6):**
  jing-well point (Wood): **SP-1** (*yinbai*) 🟦⬛
  ying-spring point (Fire), tonification point: **SP-2** (*dadu*)
  shu-stream point (Earth), *ben* point: **SP-3** (*taibai*) 🟦⬛
  jing-river point (Metal), sedation point: **SP-5** (*shangqiu*) 🟦⬛
  he-sea point (Water): **SP-9** (*yinlingquan*) 🟦🟦
- ***Hui*-meeting point (→ 8.1.7): –**
- **Opening point (→ 8.1.8) of the *chong mai*: SP-4** (*gongsun*) 🟦⬛
- **Lower *he*-sea points (→ 8.1.9): –**
- ***Jiaohui*-meeting points (→ 8.1.10):**
  – with the Kidney and Liver primary channels (meeting point of the three foot *Yin* channels and the *yin qiao mai**: **SP-6** (*sanyinjiao*) 🟦🟦
  – with the LIV and T.B.* channels and the *yin wei mai:* **SP-12** (*chongmen*)
  – with the LIV channel and the *yin wei mai*: **SP-13** (*fushe*)
  – with the *yin wei mai*: **SP-15** (*daheng*), **SP-16** (*fuai*)
  – of other channels with the SP channel: **LU-1**, **G.B.-24**, **LIV-14**, **Ren-3**, **Ren-4**, **Ren-10**, **Ren-17***
- **Gao Wu command point (→ 8.1.11):** –
- **Window of Heaven point (→ 8.1.12):** –
- **Points of the Four Seas (→ 8.1.13):** –
- **Ma Dan Yang Heavenly Star point(→ 8.1.14):** –
- **Sun Si Miao Ghost point (→ 8.1.15): SP-1** (*yinbai*) 🟦⬛
- **Other functional points:**
  – important point for diarrhoea: **SP-4** (*gongsun*) 🟦⬛
  – important point for Damp *bi*-syndrome: **SP-5** (*shangqiu*) 🟦⬛
  – important point for eliminating Dampness: **SP-9** (*yinlingquan*) 🟦🟦
  – important point for regulating the Blood: **SP-10** (*xuehai*) 🟦⬛
  – important point for general pain: **SP-21** (*dabao*) 🟦🟦

Points according to region

- **Local points (→ 8.2.1):** knee region – **SP-9** (*yinlingquan*) 🟦🟦; Large Intestine – **SP-15** (daheng) 🟦⬛; knee – **SP-9** (*yinlingquan*) 🟦🟦; foot – **SP-5** (*shangqiu*) 🟦⬛; toes – **SP-3** (*taibai*) 🟦⬛
- **Adjacent points (→ 8.2.1):** Spleen/Stomach – **SP-15** (*daheng*) 🟦⬛; hypochondrium – **SP-21** (*dabao*) 🟦🟦; knee – **SP-10** (*xuehai*) 🟦⬛; toes – **SP-4** (*gongsun*) 🟦⬛, **SP-5** (*shangqiu*) 🟦⬛, **SP-9** (*yinlingquan*) 🟦🟦
- **Distal points (→ 8.2.1):** for the Spleen/Stomach, upper abdominal region – **SP-4** (*gongsun*) 🟦⬛; for the female genital organs, urogenital region – **SP-6** (*sanyinjiao*) 🟦🟦; lower abdomen – **SP-1** (*yinbai*) 🟦⬛; for the hand and knee – **SP-5** (*shangqiu*) 🟦⬛

Specific points according to the channel pathway (in numerical order):

- **SP-1** (*yinbai*) 🟦⬛: Sun Si Miao Ghost point (→ 8.1.15); distal point for the lower abdomen (→ 8.2.1); *jing*-well point (Wood) (→ 8.1.6)
- **SP-2** (*dadu*): *ying*-spring point (Fire) (→ 8.1.6), tonification point
- **SP-3** (*taibai*) 🟦⬛: *yuan*-source point (→ 8.1.1), *shu*-stream point (→ 8.1.6), *ben* point (Five Phase point) (→ 8.1.6)

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* Mentioned by only some authors.

- **SP-4** (*gongsun*) 🟦■: *luo*-connecting point of the Spleen (→ 8.1.2); opening point of the *chong mai* (→ 8.1.8); distal point for the Spleen/Stomach, upper abdomen (→ 8.2.1); important point for diarrhoea; adjacent point for the toes (→ 8.2.1)
- **SP-5** (*shangqiu*) 🟦■: *jing*-river point (Metal) (→ 8.1.6); Sedation point; important point for Damp *bi*-syndrome; local point for the foot (→ 8.2.1); distal point for the hand and knee (→ 8.2.1)
- **SP-6** (*sanyinjiao*) 🟦🟦: *jiaohui*-meeting point with the KID and LIV channels and the *yin qiao mai* (→ 8.1.10) (meeting point of the three foot Yin channels); distal point for the female genital system, the urogenital region (→ 8.2.1)
- **SP-8** (*diji*) 🟦■: *xi*-cleft point (→ 8.1.3)
- **SP-9** (*yinlingquan*) 🟦🟦: *he*-sea point (Water) (→ 8.1.6); important point for eliminating Dampness; local point for the knee region (→ 8.2.1); local point for the knees (→ 8.2.1)
- **SP-10** (*xuehai*) 🟦■: important point for regulating the Blood; adjacent point for the knees (→ 8.2.1)
- **SP-12** (*chongmen*): *jiaohui*-meeting point with the LIV and T.B.* channels and the *yin wei mai* (→ 8.1.10)
- **SP-13** (*fushe*): *jiaohui*-meeting point with the LIV channel and the *yin wei mai* (→ 8.1.10)
- **SP-15** (*daheng*) 🟦■: local point for the Large Intestine (→ 8.2.1); adjacent point for the Spleen/Stomach (→ 8.2.1); *jiaohui*-meeting point with the *yin wei mai* (→ 8.1.10)
- **SP-16** (*fuai*): *jiaohui*-meeting point with the *yin wei mai* (→ 8.1.10)
- **SP-21** (*dabao*) 🟦🟦: adjacent point for the hypochondrium (→ 8.2.1); Main-*luo*-connecting point of the Spleen (→ 8.1.2); important point for generalised pain

General location help

- **SP-13 – SP-16**: these points are all located 4 cun lateral to the anterior midline (= mamillary line) → **SP-13**: 0.7 cun superior to **SP-12; SP-14**: 1.3 cun inferior to the umbilicus; **SP-15**: at the level of the umbilicus; **SP-16**: 3 cun superior to the umbilicus.
- **SP-17 – SP-20**: these points are all located 6 cun lateral to the anterior midline in the fifth to second intercostal spaces.

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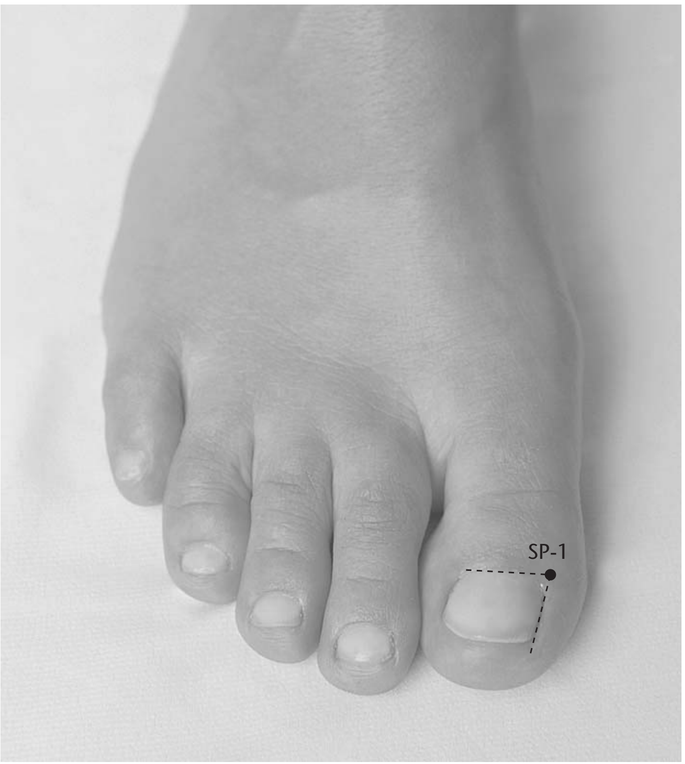
*Mentioned by only some authors.

Hidden White YINBAI **SP-1**



Location

On the big toe, 0.1 cun from the medial corner of the nail.

How to find

SP-1 is located at the junction of two tangents drawn along the medial and proximal border of the nail of the big toe, approximately 0.1 cun from the margin of the nail.

Needling

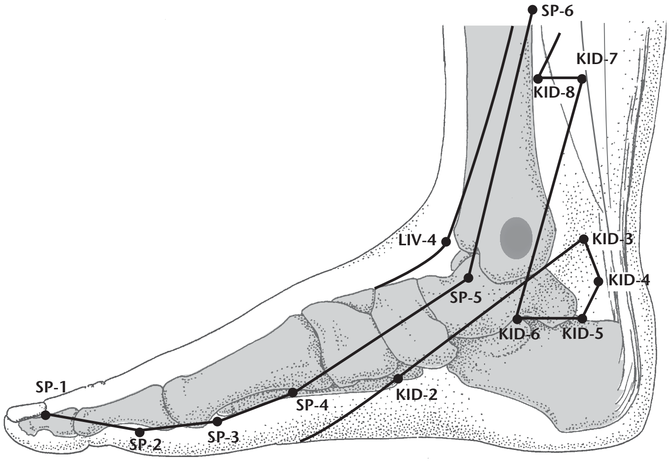
0.1–0.2 cun vertically or obliquely in a proximal direction or prick to bleed with a needle, lancet or three-edged needle.

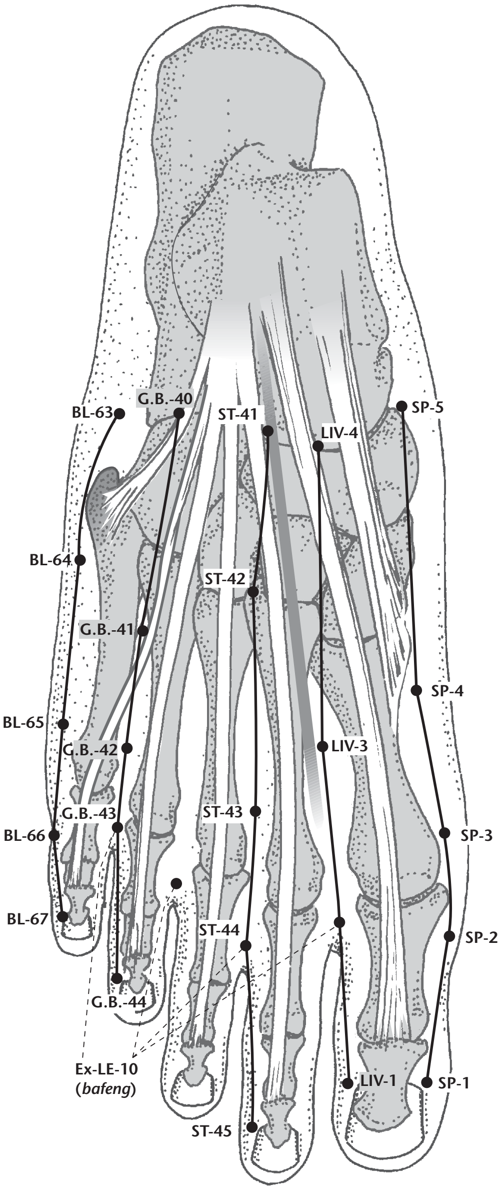
Actions/Indications

- Regulates the Blood
- Regulates the Spleen
- Unbinds the chest
- Calms the *shen*
- Revives consciousness

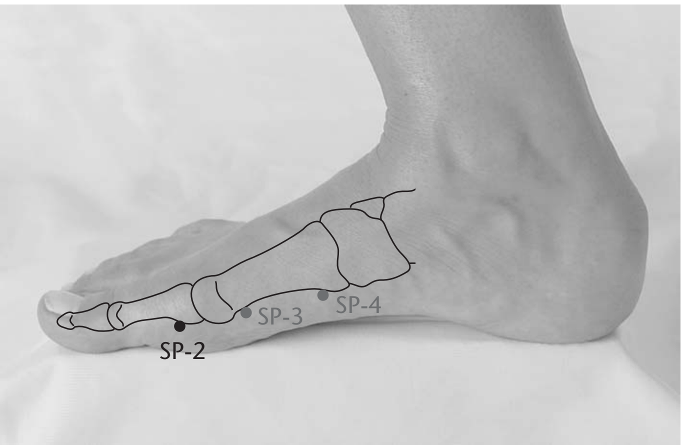
Special features

Jing-well point, Wood point, Sun Si Miao Ghost point, entry point, important distal point for the lower abdomen.


SP-6
KID-7
KID-8
LIV-4
KID-3
KID-4
SP-5
KID-6
KID-5
SP-1
SP-4
KID-2
SP-3
SP-2


BL-63
G.B.-40
ST-41
SP-5
LIV-4
BL-64
ST-42
G.B.-41
SP-4
BL-65
G.B.-42
LIV-3
G.B.-43
ST-43
SP-3
BL-66
BL-67
ST-44
SP-2
G.B.-44
Ex-LE-10
(*bafeng*)
LIV-1
SP-1
ST-45

SP-2 Great Metropolis DADU



Location

On the medial aspect of the big toe, at the junction of the shaft and the base of the proximal phalanx, distal to the 1st metatarsophalangeal joint.

How to find

On the medial aspect of the big toe, palpate from distal to proximal towards the metatarsophalangeal joint, until you can feel the junction of the shaft with the base of the proximal phalanx. **SP-2** is located distally to the base of the bone, which forms a distinct step, and slightly inferiorly to its outer curvature, at the border of the red and white skin (sole/dorsum of the foot).

Located in comparable positions are → **BL-66** on the lateral border of the foot, → **L.I.-2** on radial aspect and → **S.I.-2** on the ulnar aspect of the hand.

Needling

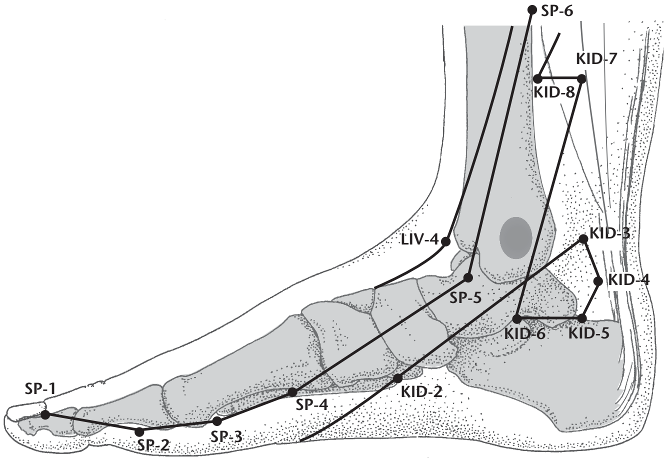
0.2–0.5 cun vertically or obliquely, just below the lower border of the bone. Caution: Painful point.

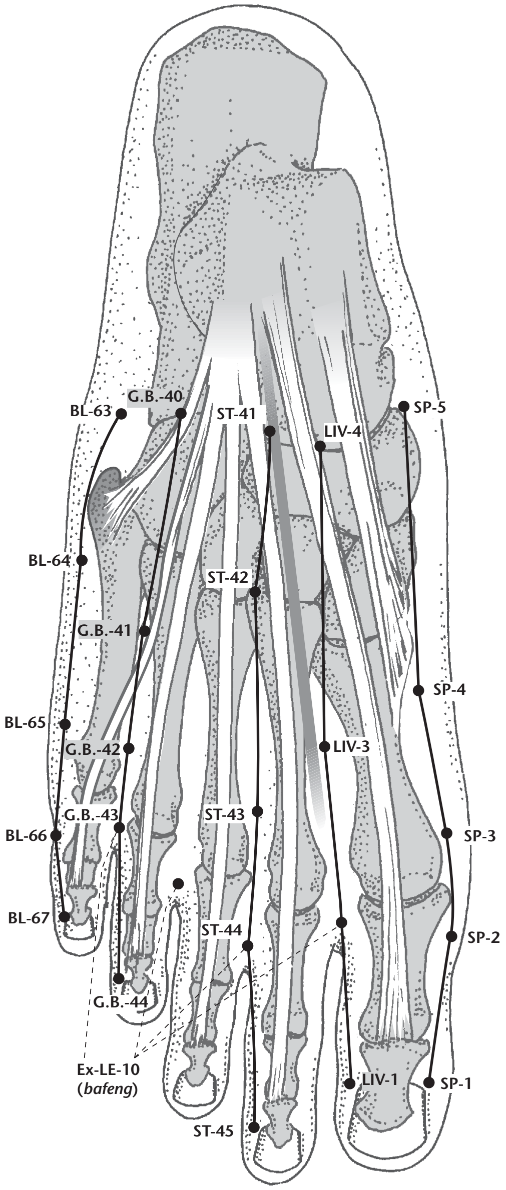
Actions/Indications

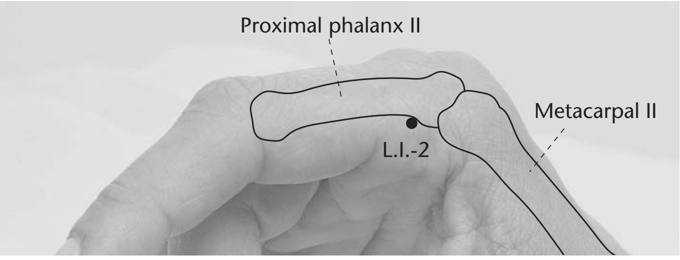
- Regulates and supports the Spleen, harmonises the Lower Burner and clears Heat

Special features

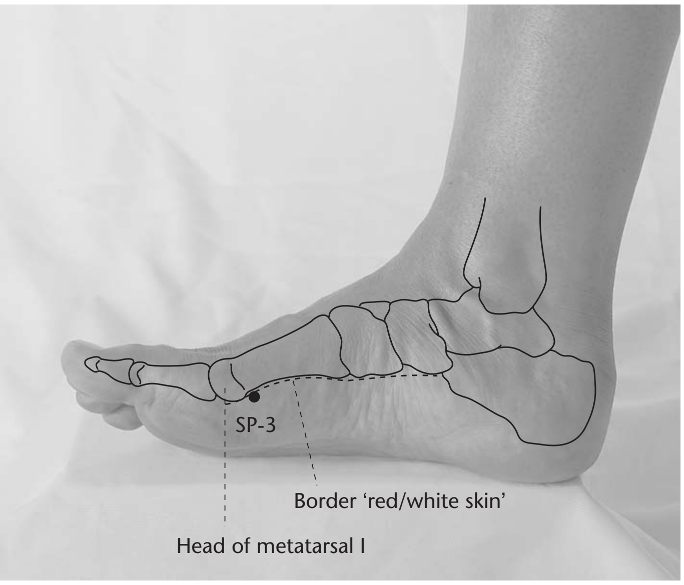
Ying-spring point, Fire point, tonification point.

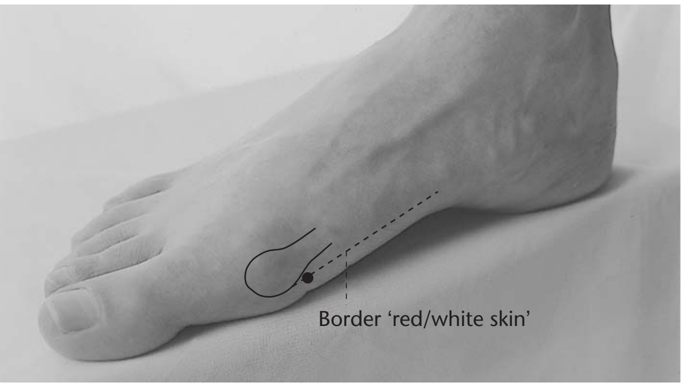

SP-6
KID-7
KID-8
LIV-4
KID-3
KID-4
SP-5
KID-6
KID-5
SP-1
KID-2
SP-4
SP-2
SP-3


G.B.-40
BL-63
ST-41
SP-5
LIV-4
BL-64
ST-42
G.B.-41
SP-4
BL-65
G.B.-42
LIV-3
G.B.-43
ST-43
BL-66
SP-3
BL-67
ST-44
SP-2
G.B.-44
Ex-LE-10
(*bafeng*)
LIV-1
SP-1
ST-45


Proximal phalanx II
Metacarpal II
L.I.-2

Supreme White TAIBAI SP-3


SP-3
Border 'red/white skin'
Head of metatarsal I


Border 'red/white skin'

Location

On the medial aspect of the foot, in the depression proximal to the head of the 1st metatarsal bone, at the border of the red and white skin.

How to find

When palpating along the border of the red and white skin on the medial aspect of the foot from distal (toes) to proximal (ankle), the metatarsophalangeal joint forms a prominent landmark. **SP-3** is located just proximal to this joint in a clearly palpable depression, which marks the junction of the head and the shaft of the 1st metatarsal bone.

Located in a comparable position is → **BL-65** (proximal to the head of the 5th metatarsal bone) on the lateral border of the foot. In comparable locations on the borders of the hand are → **L.I.-3** on the radial aspect and → **S.I.-3** on the ulnar aspect of the hand.

Needling

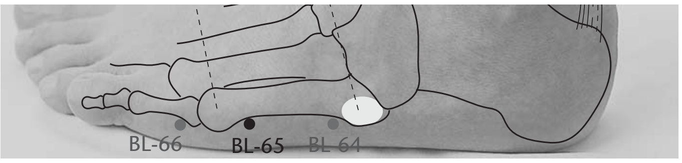
0.5–1 cun vertically or obliquely from medial towards lateral. Caution: Needling this point tends to be painful.

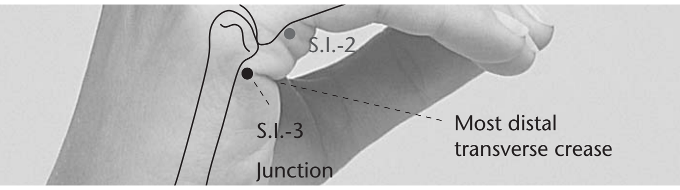
Actions/Indications

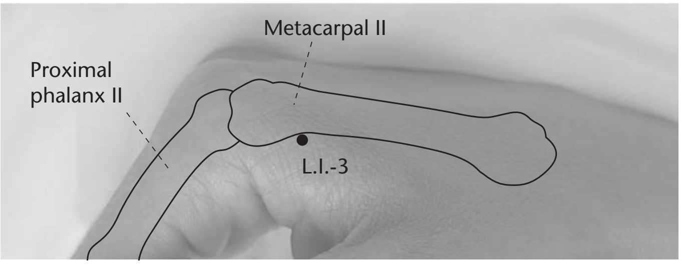
- Tonifies the Spleen, harmonises the Lower Burner
- Eliminates Dampness and Damp-Heat
- Regulates Qi locally

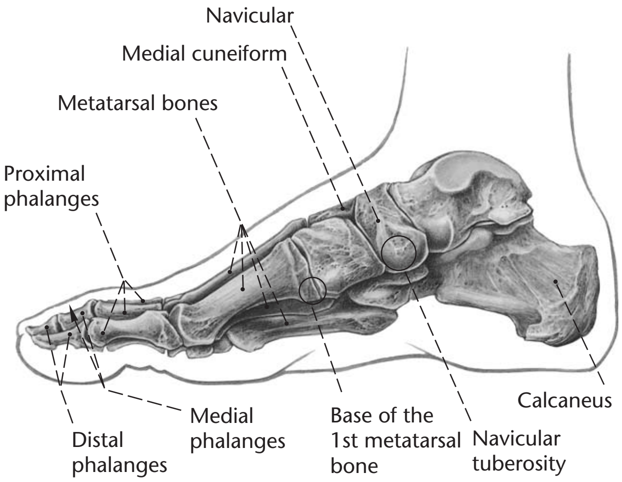
Special features

Yuan-source point, *shu*-stream point, Earth point, *ben* point (Five Phases). Important point for tonifying the Spleen.


BL-66
BL-65
BL-64


S.I.-2
S.I.-3
Most distal transverse crease
Junction


Metacarpal II
Proximal phalanx II
L.I.-3


Navicular
Medial cuneiform
Metatarsal bones
Proximal phalanges
Distal phalanges
Medial phalanges
Base of the 1st metatarsal bone
Navicular tuberosity
Calcaneus

SP-4 *Grandfather Grandson* GONGSUN

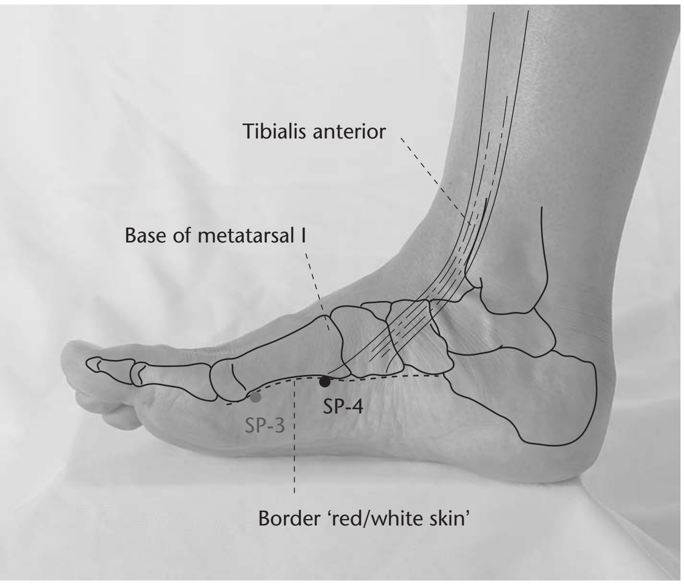
Location

In the depression distal to the base of the 1st metatarsal bone, on the border of the red and white skin.

How to find

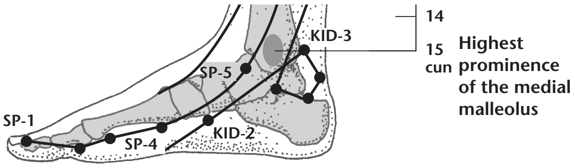
When palpating along the border of the red and white skin (sole/dorsum of the foot) on the medial aspect of the midfoot from proximal towards medial, the base of the 1st metatarsal bone (→ 2.6.2) forms a distinct bony prominence. **SP-4** is located in the depression distal to this prominence, at the junction of the shaft and the base of the bone.

→ **SP-3** is located slightly more distally at the junction of the head and the shaft of the 1st metatarsal bone. → **BL-64** is located in a comparable position on the lateral aspect of the midsection of the foot (at the junction of the shaft and the base of the 5th metatarsal bone).


Tibialis anterior
Base of metatarsal I
SP-4
SP-3
Border 'red/white skin'

Needling

0.5–1 cun vertically or obliquely from medial towards lateral. Caution: Needling may be painful.

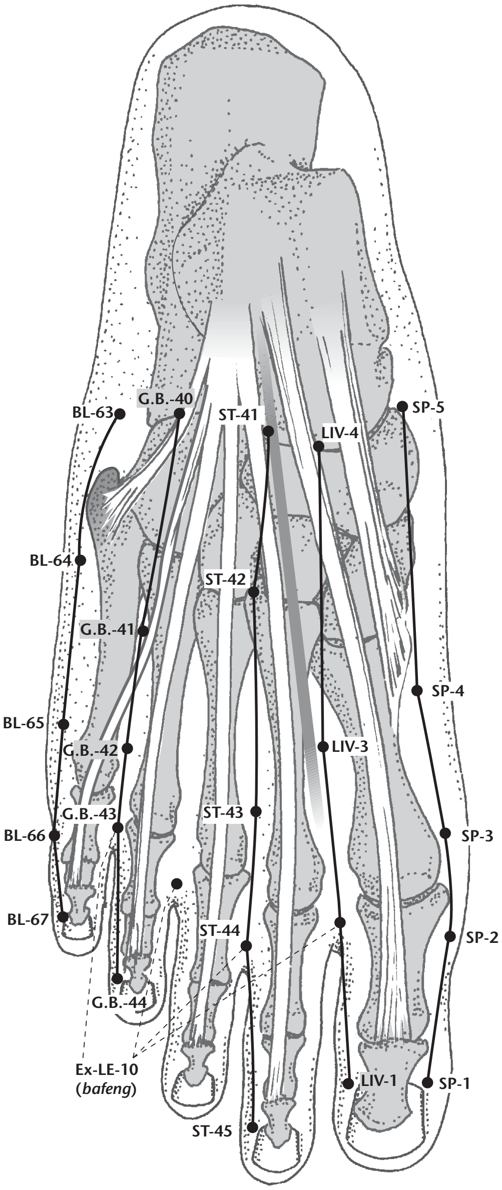

14
15 cun
Highest prominence of the medial malleolus
KID-3
SP-5
SP-1
KID-2
SP-4

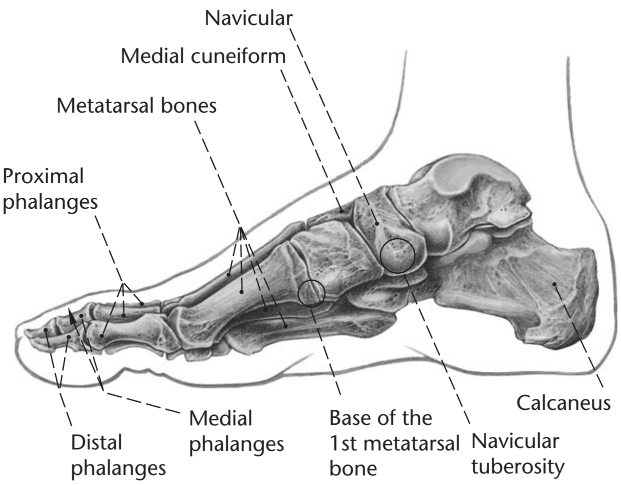
Actions/Indications

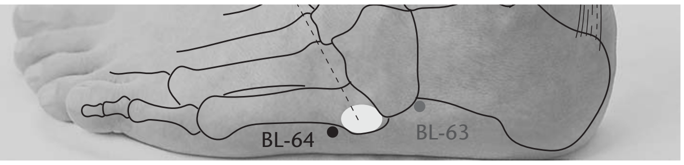
- Strengthens and regulates the Spleen Qi, eliminates Dampness
- Calms the *shen*
- Benefits the Heart and chest
- Regulates the *chong mai*
- Local point, for example for metatarsalgia

Special features

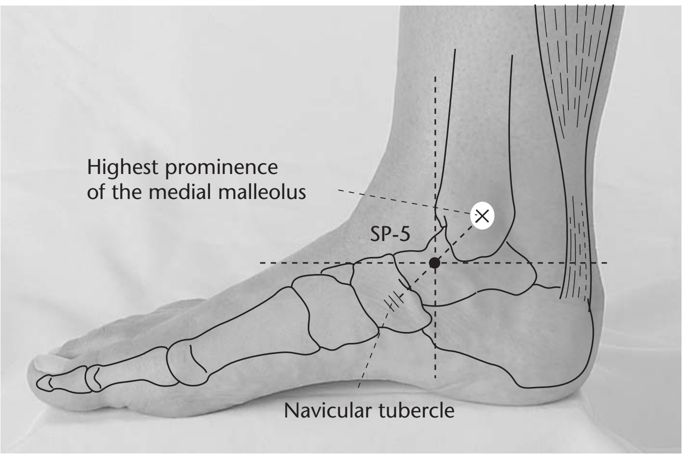
Luo-connecting point, opening (master) point of the *chong mai*. Important point for distension and pain in the upper and lower abdomen caused by Qi stagnation, Blood stasis or obstruction due to Dampness.

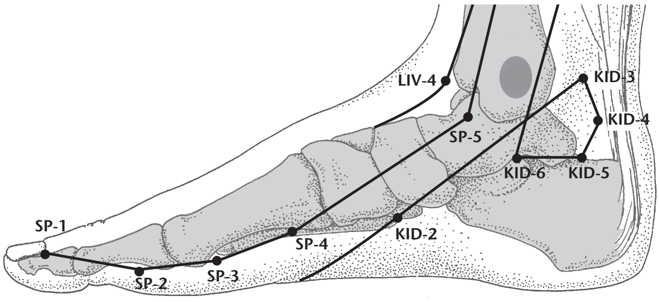

BL-63
G.B.-40
ST-41
SP-5
LIV-4
BL-64
ST-42
G.B.-41
SP-4
BL-65
G.B.-42
LIV-3
G.B.-43
ST-43
BL-66
SP-3
BL-67
ST-44
SP-2
G.B.-44
Ex-LE-10
(*bafeng*)
LIV-1
SP-1
ST-45

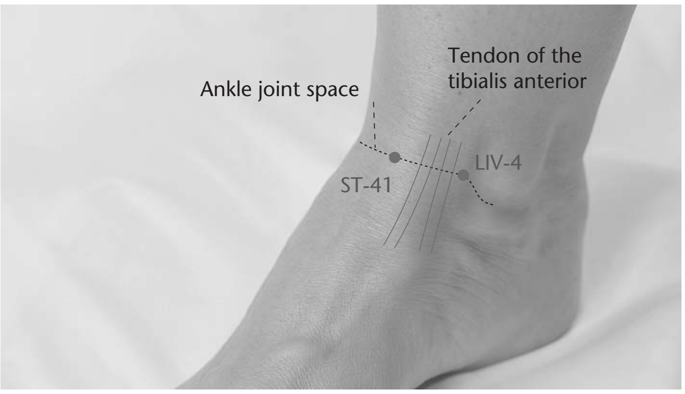

Navicular
Medial cuneiform
Metatarsal bones
Proximal phalanges
Calcaneus
Medial phalanges
Base of the 1st metatarsal bone
Navicular tuberosity
Distal phalanges

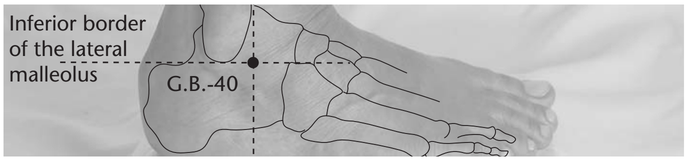


Shang Mound SHANGQIU SP-5


Highest prominence
of the medial malleolus
SP-5
Navicular tubercle


LIV-4
KID-3
KID-4
SP-5
KID-6
KID-5
SP-1
SP-4
KID-2
SP-2
SP-3


Ankle joint space
Tendon of the
tibialis anterior
LIV-4
ST-41


Inferior border
of the lateral
malleolus
G.B.-40

Location

In the depression at the junction of a vertical line drawn along the anterior border and a horizontal line drawn along the lower border of the medial malleolus. **Or**: In the depression halfway between the highest prominence of the medial malleolus and the tubercle of the navicular bone.

How to find

SP-5 is located in a depression anterior and inferior to the medial malleolus, at the junction of a vertical line drawn along the anterior border and a horizontal line drawn along the inferior border of the medial malleolus. **SP-5** is located distal to the tendon of the tibialis anterior muscle.

Located in a comparable position on the lateral aspect of the foot is → **G.B.-40** (in a depression at the junction of a vertical line drawn along the anterior border and a horizontal line drawn along the inferior border of the lateral malleolus).

Needling

0.3–0.6 cun vertically, obliquely or transversely (subcutaneously) deep to the tendons towards → **ST-41**.

Actions/Indications

- Tonifies the Spleen, eliminates Dampness, benefits the tendons and bones
- Moves Qi locally
- Calms the *shen*

Special features

Jing-river point, Metal point, sedation point. Important point for treating Damp *bi*-syndrome.

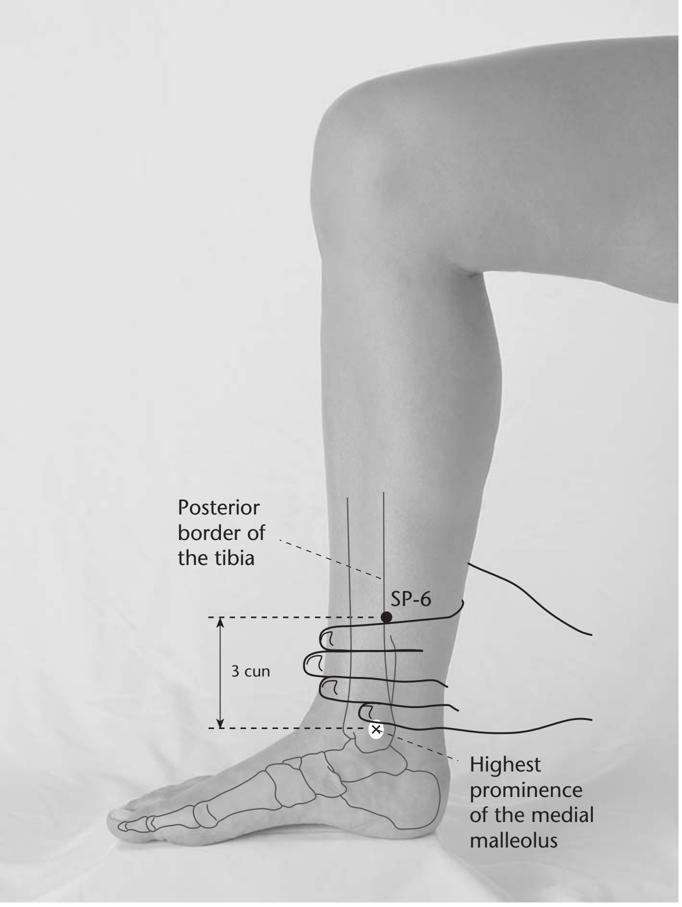
SP-6 *Three Yin Intersection* SANYINJIAO

Location

3 cun proximal to the highest prominence of the medial malleolus, on the posterior border of the medial crest of the tibia.

How to find

From the highest prominence of the medial malleolus (→ 3.6.2), measure 3 cun (1 handbreadth) in a superior direction, where **SP-6** is located in a depression at the posterior border of the medial crest of the tibia. This point is often sensitive to pressure. Sometimes, this depression is located more anteriorly, and locating **SP-6** should be based on pressure-sensitivity.
Located in a comparable position is → **G.B.-39** (3 cun proximal to the prominence of the lateral malleolus, on the anterior border of the fibula, intersecting point of the three foot Yang channels).


Posterior border of the tibia
SP-6
3 cun
Highest prominence of the medial malleolus

Needling

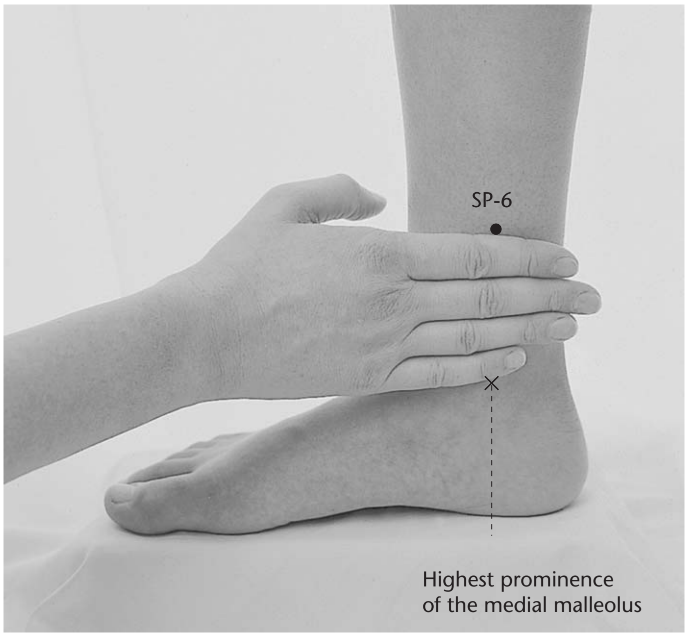
Vertically or obliquely 1–2 cun. Caution: Contraindicated during pregnancy, particularly with reducing needle techniques; exception: to promote labour.

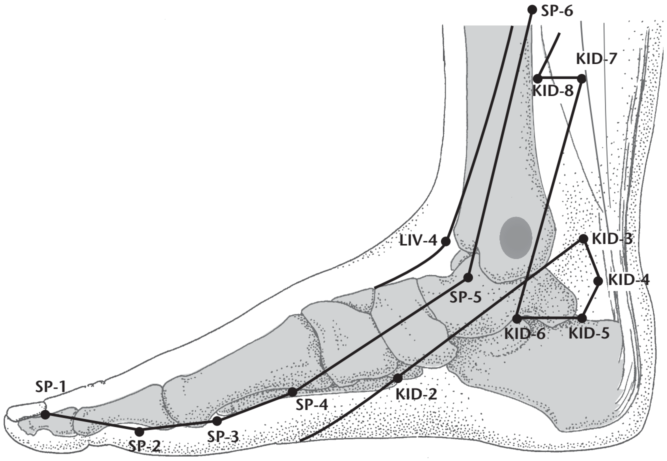
Actions/Indications

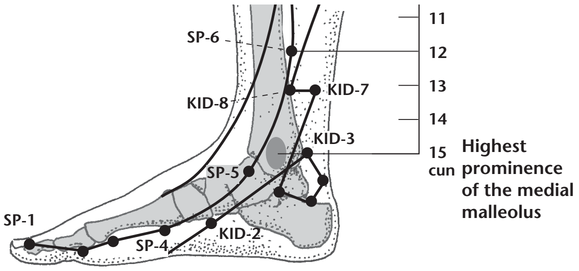
- Tonifies the Spleen and the Stomach, eliminates Dampness
- Nourishes the Blood and Yin, regulates menstruation, promotes labour
- Regulates urination, benefits the genitals, harmonises the Lower Burner
- Calms the *shen*

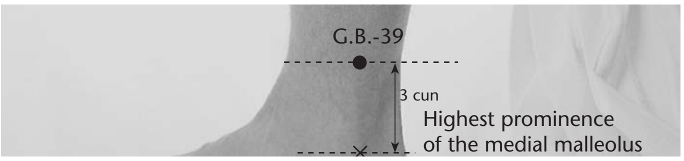
Special features

Meeting point with the Liver and Kidney channels (group *luo*-connecting point) and the *yin qiao mai*. Very important point for disorders of the Lower Burner (especially for gynaecological disorders, birth and urinary disorders), as well as for many digestive disorders and psychological disorders (caused by Blood and Yin deficiency).

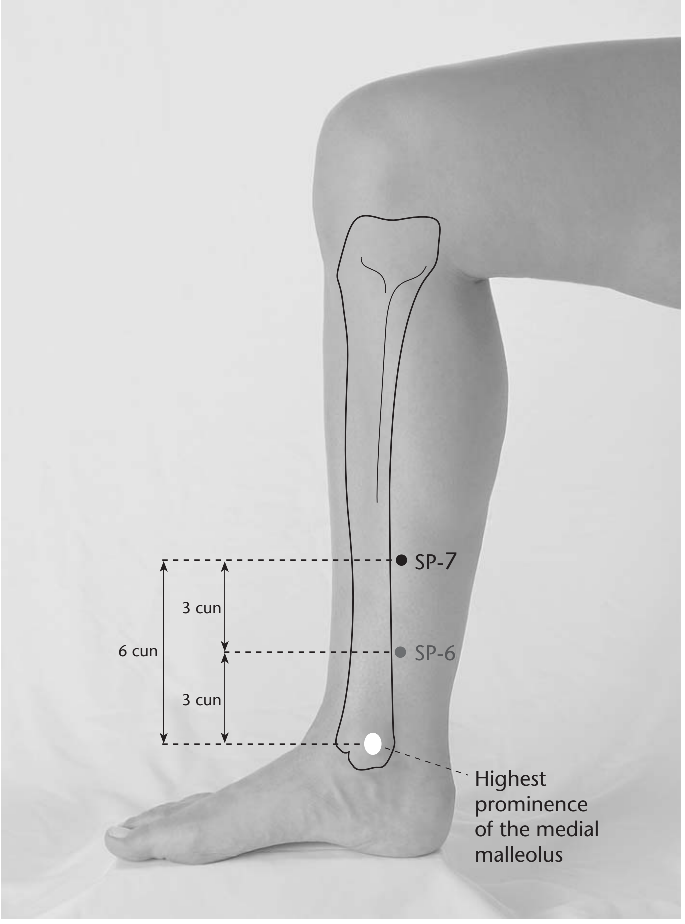

SP-6
Highest prominence of the medial malleolus

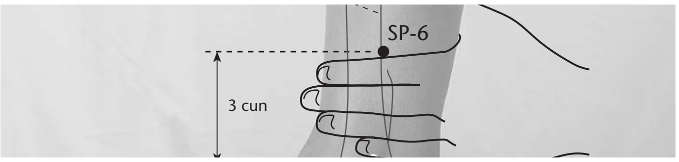

SP-6
KID-7
KID-8
LIV-4
KID-3
KID-4
SP-5
KID-6
KID-5
SP-1
KID-2
SP-4
SP-3
SP-2

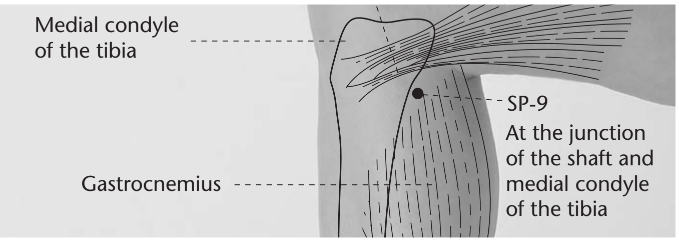

SP-6
11
12
13
14
15 cun
KID-8
KID-7
KID-3
Highest prominence of the medial malleolus
SP-5
SP-1
KID-2
SP-4


G.B.-39
3 cun
Highest prominence of the medial malleolus

Dripping Valley LOUGU SP-7


SP-7
3 cun
6 cun
SP-6
3 cun
Highest prominence of the medial malleolus




Medial condyle of the tibia
Gastrocnemius
SP-9
At the junction of the shaft and medial condyle of the tibia

Location

6 cun proximal to the highest prominence of the medial malleolus, on the posterior border of the medial crest of the tibia.

How to find

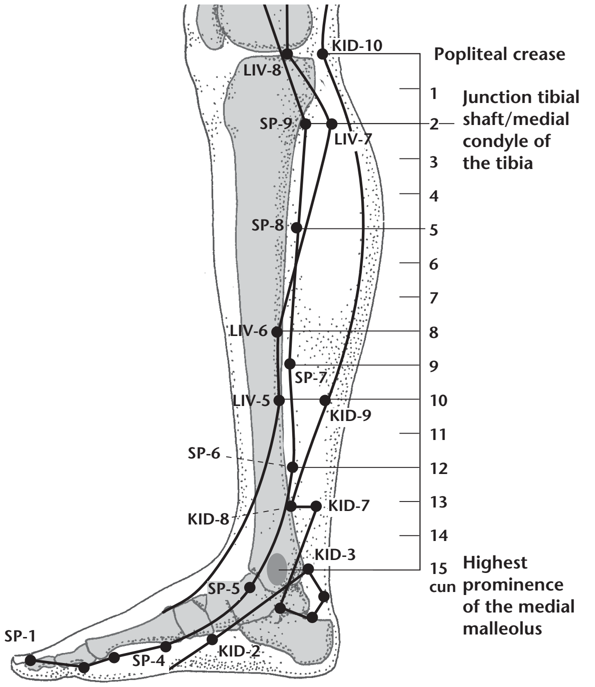
From the highest prominence of the medial malleolus, measure 6 cun in a superior direction, where **SP-7** is located at the posterior border of the medial crest of the tibia. **Or**: Spreading hands technique (→ 2.3.3): **SP-7** is located 0.5 cun distal to the midpoint of a line connecting → **SP-9** (distal to the tibial condyle) and the highest prominence of the medial malleolus. → **SP-6** is located midway between the tip of the malleolus and **SP-7** (3 cun superior/inferior respectively).

Needling

Vertically 1–1.5 cun

Actions/Indications

- Strengthens the Spleen, drains Dampness, opens the channel
- Promotes urination


KID-10
Popliteal crease
LIV-8
1
Junction tibial shaft/medial condyle of the tibia
SP-9
2
LIV-7
3
4
SP-8
5
6
7
LIV-6
8
9
SP-7
10
LIV-5
KID-9
11
SP-6
12
13
KID-7
KID-8
14
KID-3
15 cun
Highest prominence of the medial malleolus
SP-5
SP-1
KID-2
SP-4

SP-8 *Earth Pivot* DIJI

Location

3 cun distal to the junction of the shaft and the medial condyle of the tibia (➞ **SP-9**), at the posterior border of the medial crest of the tibia.

How to find

Measure 1 handbreadth directly inferior to the medial condyle of the tibia (➞ **SP-9**). **SP-8** is located 3 cun distal to ➞ **SP-9** on the posterior border of the medial crest of the tibia, on a line connecting ➞ **SP-9** and the highest prominence of the medial malleolus.

Needling

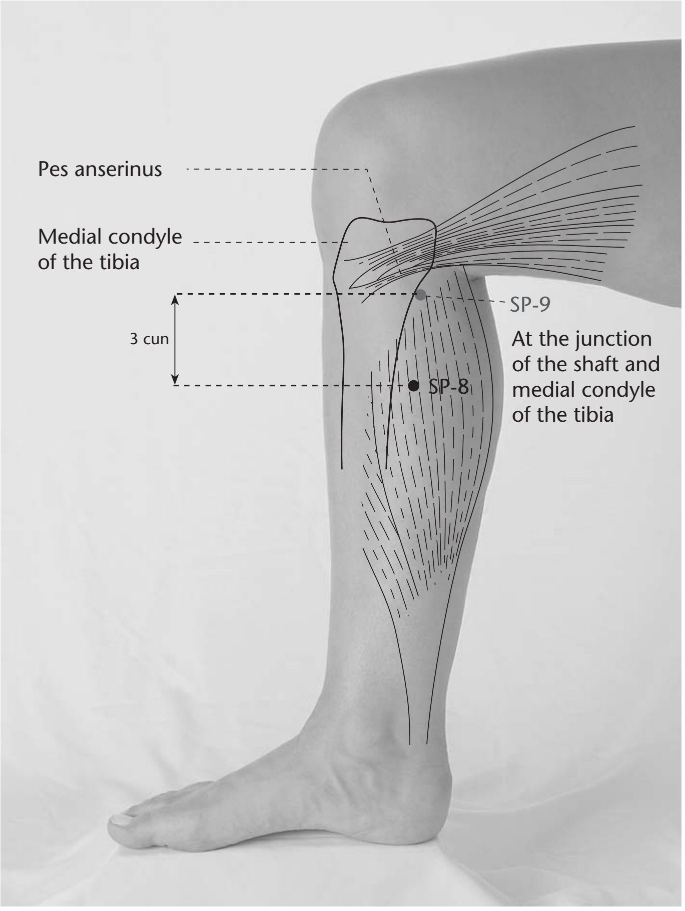
Vertically 1–1.5 cun

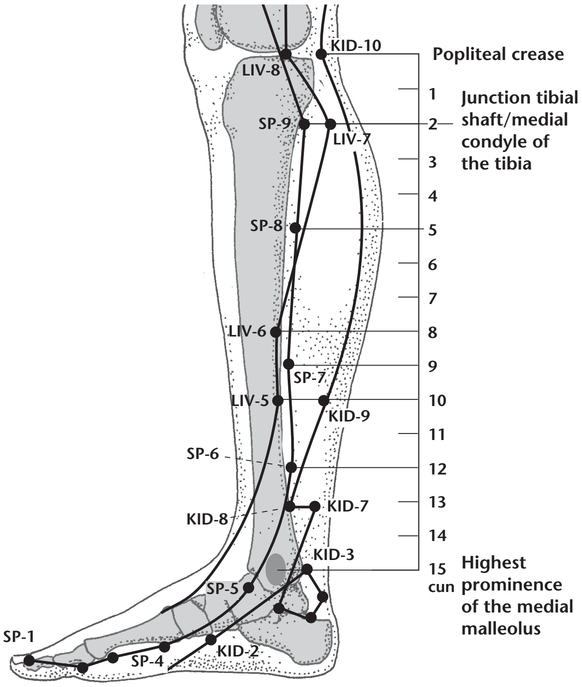
Actions/Indications

- Regulates the uterus and the Blood
- Regulates the Spleen and eliminates Dampness

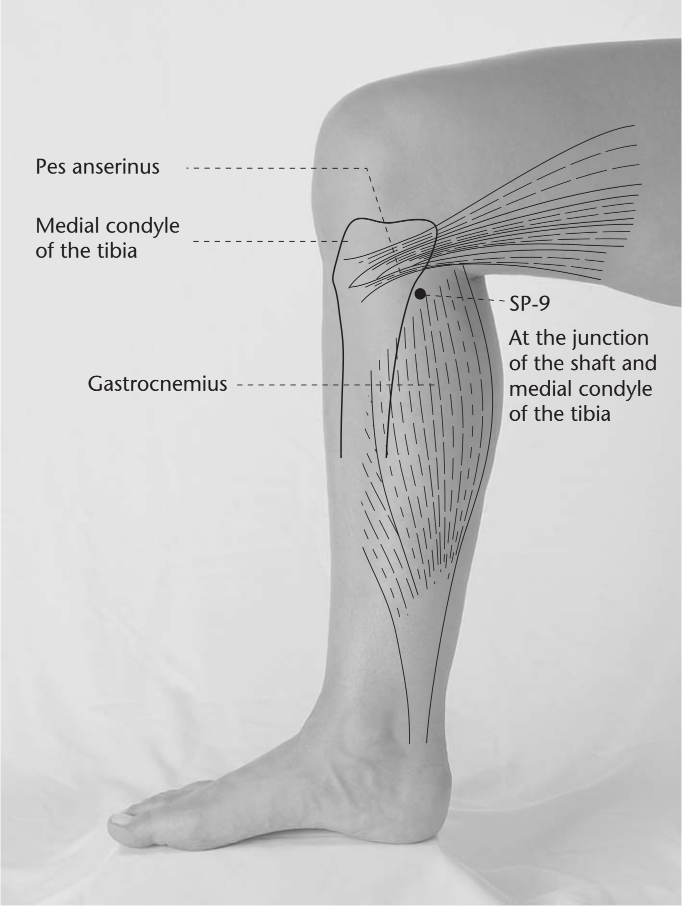
Special features

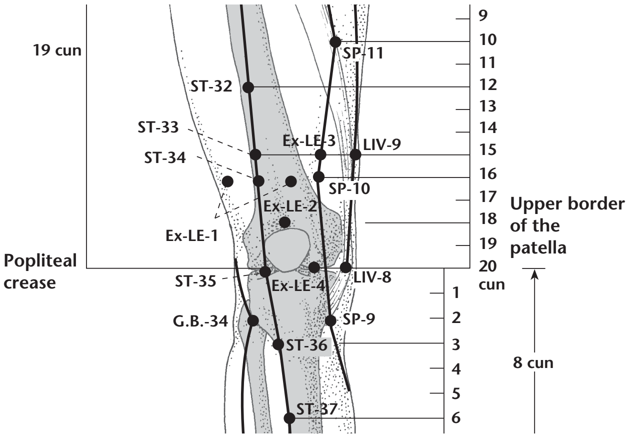
Xi-cleft point. Important point for acute dysmenorrhoea, often used in combination with ➞ **L.I.-4**.

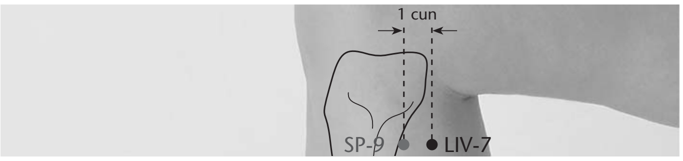

Pes anserinus
Medial condyle of the tibia
3 cun
SP-9
At the junction of the shaft and medial condyle of the tibia
SP-8

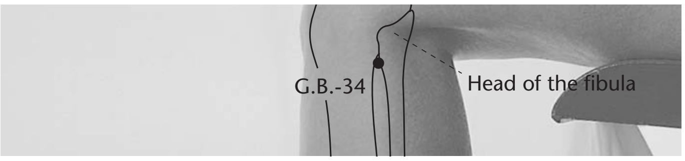

KID-10
Popliteal crease
LIV-8
1
Junction tibial shaft/medial condyle of the tibia
SP-9
2
LIV-7
3
4
SP-8
5
6
7
LIV-6
8
9
SP-7
LIV-5
10
KID-9
11
SP-6
12
13
KID-7
KID-8
14
KID-3
15 cun
Highest prominence of the medial malleolus
SP-5
SP-1
KID-2
SP-4

Yin Mound Spring YINLINGQUAN SP-9


Pes anserinus
Medial condyle of the tibia
SP-9
At the junction of the shaft and medial condyle of the tibia
Gastrocnemius


19 cun
ST-32
ST-33
ST-34
Ex-LE-1
Popliteal crease
ST-35
G.B.-34
SP-11
Ex-LE-3
LIV-9
SP-10
Ex-LE-2
Ex-LE-4
LIV-8
SP-9
ST-36
ST-37
9
10
11
12
13
14
15
16
17
18
19
20
cun
1
2
3
4
5
6
Upper border of the patella
8 cun


1 cun
SP-9
LIV-7


G.B.-34
Head of the fibula

Location

With the knee flexed, this point is located in a depression distal to the medial condyle of the tibia, at the junction of the shaft and the medial condyle.

How to find

Patient's position: Preferably locate and needle **SP-9** with the knee bent and the hip slightly externally rotated, so that the knee slightly lifts from the surface, or rest the knee in an externally rotated position on a knee support. **Location**: Palpate along the posterior border of the medial crest of the tibia towards the head of the tibia to locate **SP-9** in a pressure-sensitive depression at the junction of the shaft and the head of the tibia. This depression is located between the pes anserinus superficialis and the belly of the gastrocnemius muscle (→ 3.6.1).

Located on the same level but 1 cun posterior to **SP-9** is → **LIV-7**. Located on the lateral aspect of the lower leg is → **G.B.-34** (anterior and inferior to the head of the fibula).

Needling

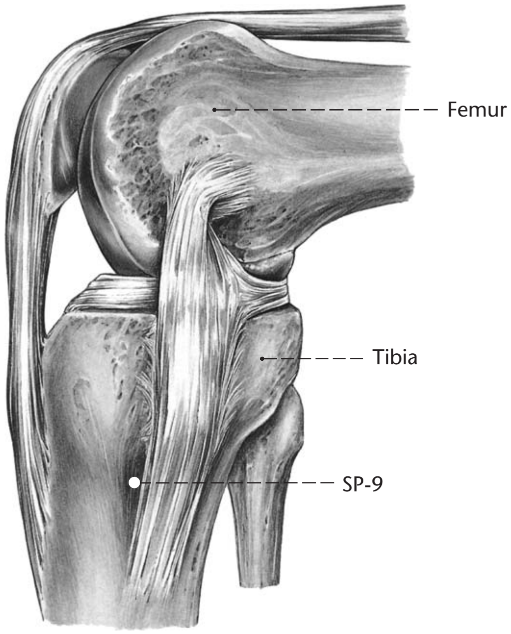
1–1.5 cun vertically, along the posterior border of the tibia.

Actions/Indications

- Regulates the Spleen, transforms Dampness, regulates the water passages, benefits the Lower Burner
- As local point for disorders of the knee, especially if there are swellings

Special features

He-sea point, Water point. One of the major points for eliminating Dampness anywhere in the body. Important local point for disorders of the knee. **SP-9** is located approximately on the same level as → **G.B.-34**. If indicated, this point tends to be very tender upon pressure.


Femur
Tibia
SP-9

SP-10 Sea of Blood XUEHAI

Location

With the knee flexed, **SP-10** is located 2 cun proximal and slightly medial to the medial superior border of the patella, in a depression on the vastus medialis muscle.

How to find

Measure 2 cun proximal to the medial superior border of the patella and locate **SP-10** by palpating slightly medially for a soft depression. **Or**: The practitioner places their left hand on the patient's right patella, with the heel of the palm level with the inferior patellar border and the extended fingers pointing in a superior direction. With the thumb and index finger forming an angle of 45°, the tip of the thumb will point to **SP-10**.

Needling

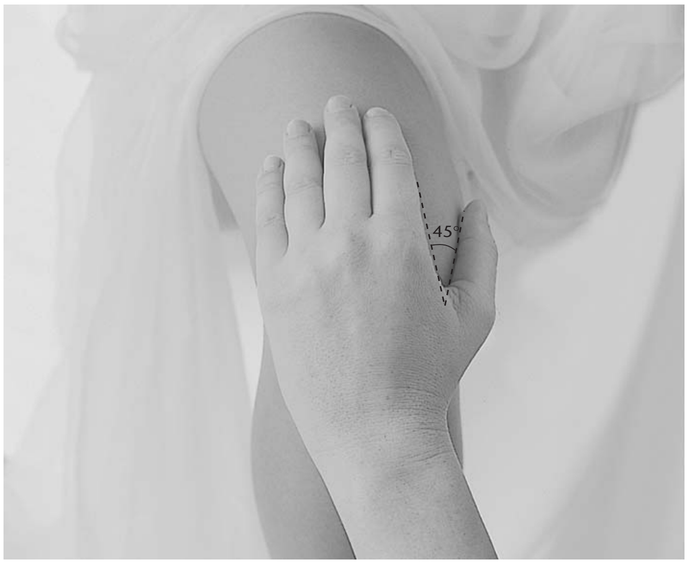
Vertically or obliquely 1–1.5 cun

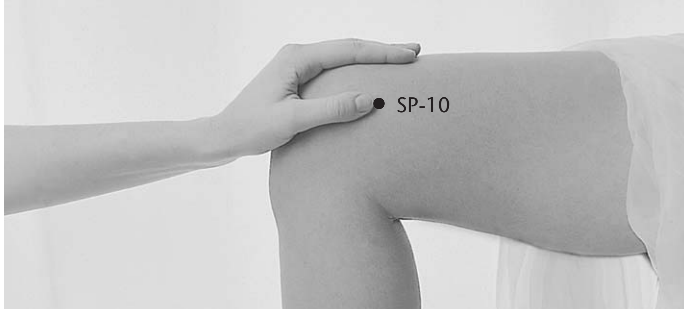
Actions/Indications

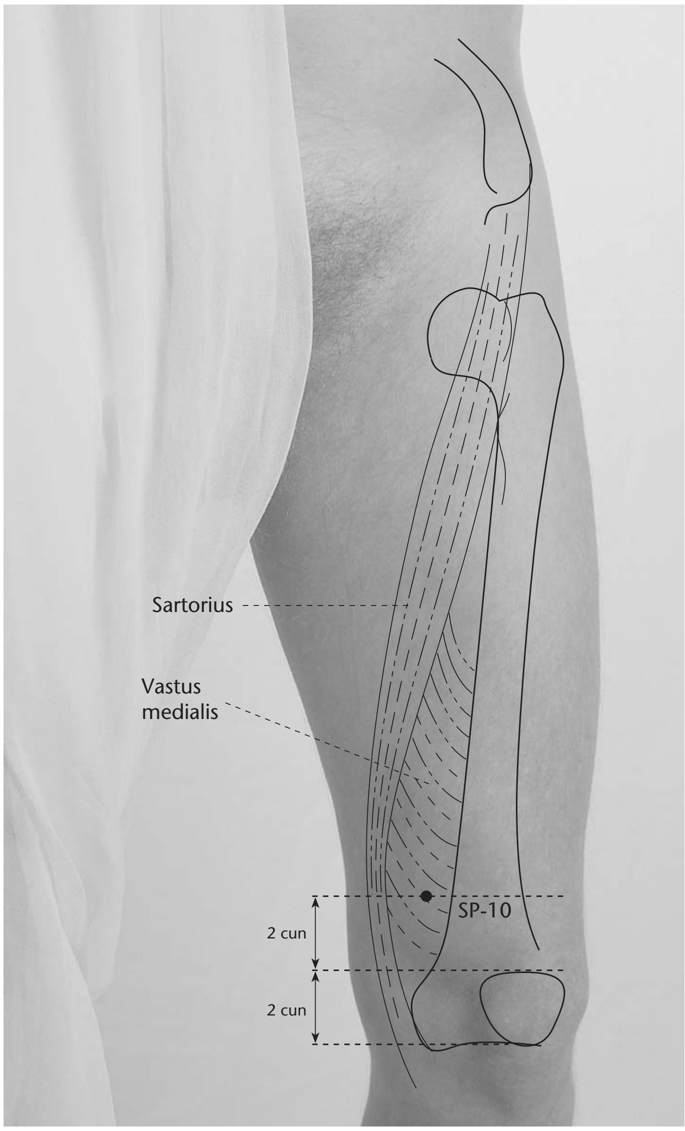
- Strengthens the Blood, dispels Blood stasis, cools the Blood, stops bleeding, regulates menstruation, benefits the skin
- Local point for disorders of the knee

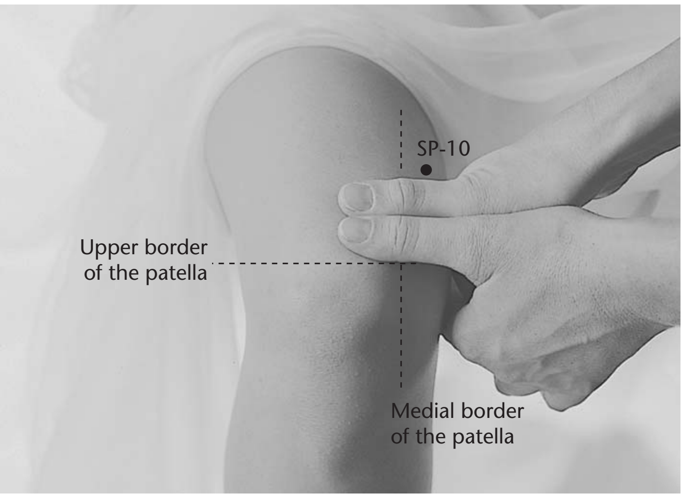
Special features

Important point for regulating the Blood

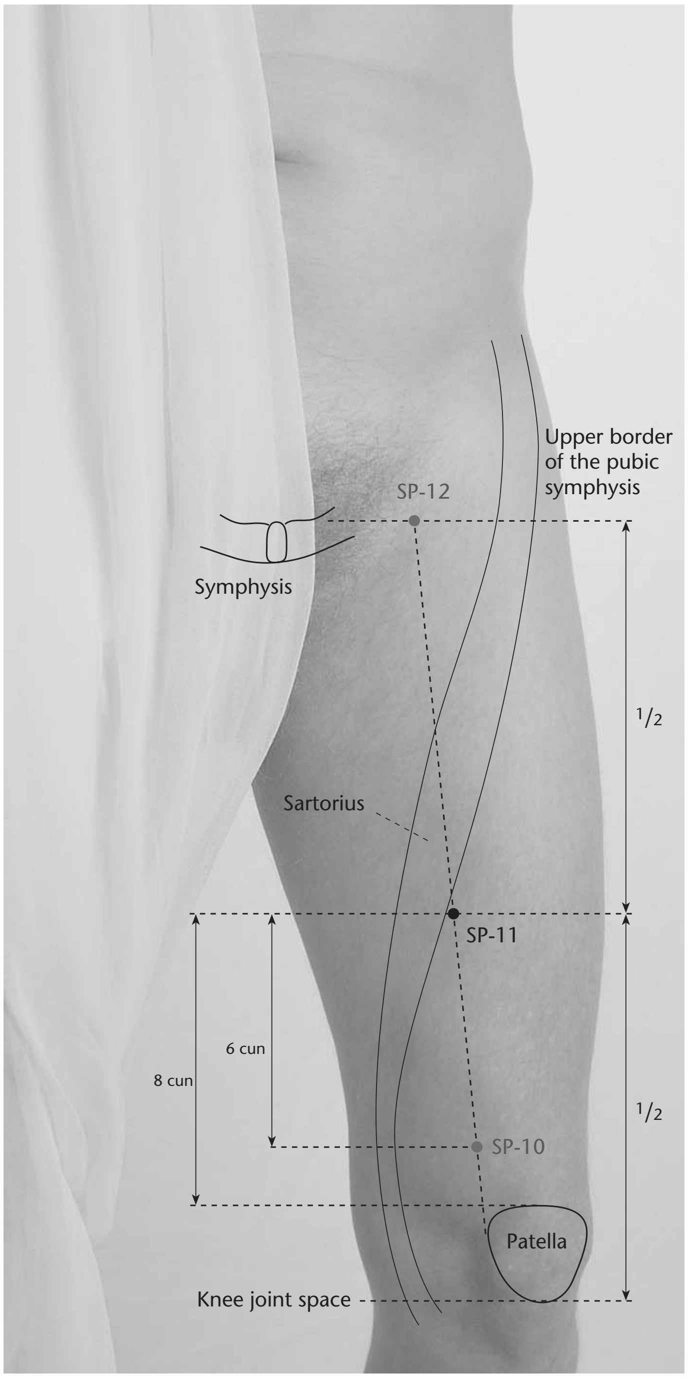





Sartorius
Vastus medialis
SP-10
2 cun
2 cun


SP-10
Upper border of the patella
Medial border of the patella

Winnowing Gate JIMEN SP-11


Upper border
of the pubic
symphysis
SP-12
Symphysis
1/2
Sartorius
SP-11
6 cun
8 cun
SP-10
1/2
Patella
Knee joint space

Location

6 cun proximal to → **SP-10** or 8 cun proximal to the medial upper border of the patella, at the midpoint of the femur between the sartorius and vastus lateralis muscles.

How to find

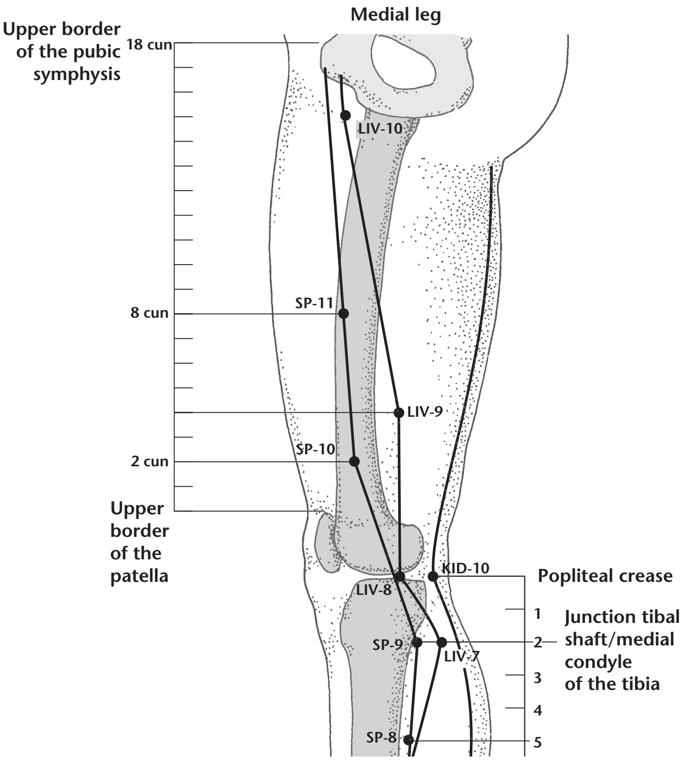
First, locate → **SP-10** by measuring 2 cun proximal and 1 cun medial from the medial upper border of the patella. From there, measure 6 cun vertically in a proximal direction to locate **SP-11** in a depression on the lateral border of the sartorius muscle. **Or**: Spreading hands technique (→ 2.3.3): **SP-11** is located midway between the knee joint space and → **SP-12** (2 cun lateral to the anterior midline, on a level with the upper border of the pubic symphysis).

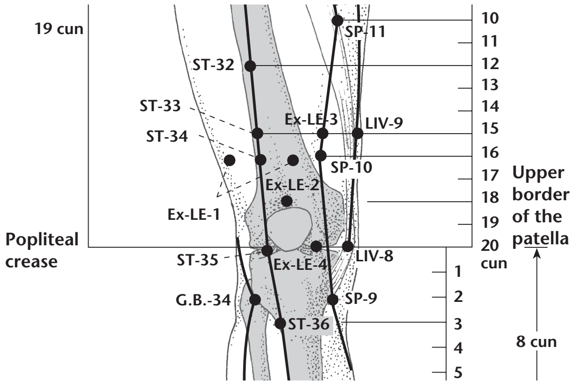
Needling

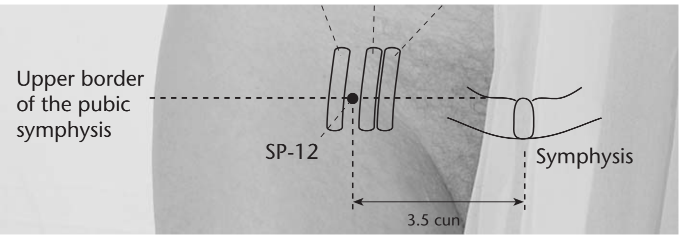
Vertically 0.5–1 cun. Caution: Femoral artery/vein.

Actions/Indications

- Regulates the Lower Burner and urination, drains Dampness, clears Heat


Medial leg
Upper border
of the pubic
symphysis
18 cun
LIV-10
8 cun
SP-11
LIV-9
2 cun
SP-10
Upper
border
of the
patella
KID-10
Popliteal crease
LIV-8
1
SP-9
2
LIV-7
Junction tibal
shaft/medial
condyle
of the tibia
3
4
SP-8
5


19 cun
SP-11
10
11
ST-32
12
13
ST-33
14
Ex-LE-3
LIV-9
15
ST-34
16
SP-10
17
Ex-LE-2
18
Ex-LE-1
19
Upper
border
of the
patella
Popliteal
crease
20
cun
ST-35
Ex-LE-4
LIV-8
1
G.B.-34
SP-9
2
ST-36
3
4
5
8 cun


Upper border
of the pubic
symphysis
SP-12
Symphysis
3.5 cun

SP-12 *Rushing Gate* CHONGMEN

Location

3.5 cun lateral to the midline, at the level of the upper border of the pubic symphysis, lateral to the femoral artery.

How to find

From the upper border of the pubic symphysis (→ **Ren-2**), measure 3.5 cun in a lateral direction. There, you can feel the pulsation of the femoral artery. **SP-12** is located in a depression immediately lateral to the artery.
Located on the same level are **Ren-2** (on the midline), → **KID-11** (0.5 cun lateral to the midline) and → **ST-30** (2 cun lateral to the midline). → **LIV-12** is located 2.5 cun lateral to the midline, but 1 cun inferior to the upper border of the pubic symphysis.

Needling

Vertically 0.5–1 cun. Caution: Needling in a medial direction may puncture the artery; needling in a lateral direction may injure the femoral nerve.

Actions/Indications

- Regulates Qi and Blood in the Lower Burner
- Descends rising fetal Qi
- Clears Heat and drains Dampness

Special features

Meeting point with the LIV and T.B.* channels and the *yin wei mai*

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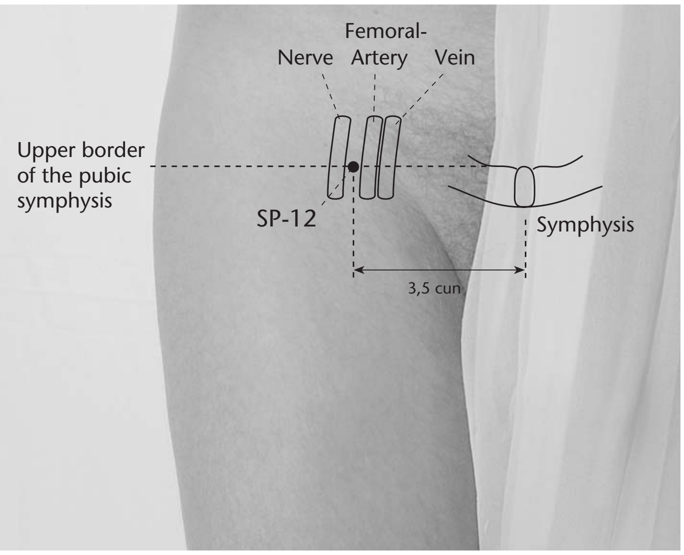
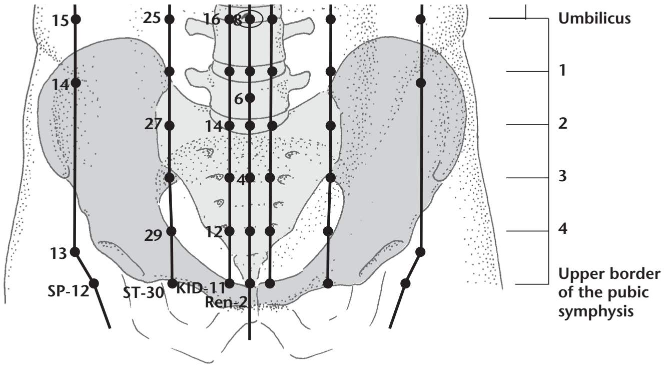
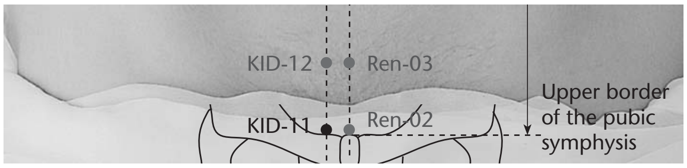
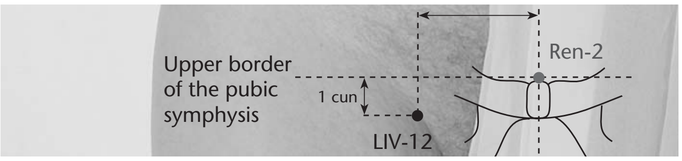
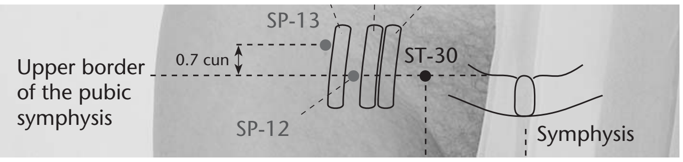
* According to some authors


Femoral-
Nerve
Artery
Vein
Upper border of the pubic symphysis
SP-12
Symphysis
3,5 cun

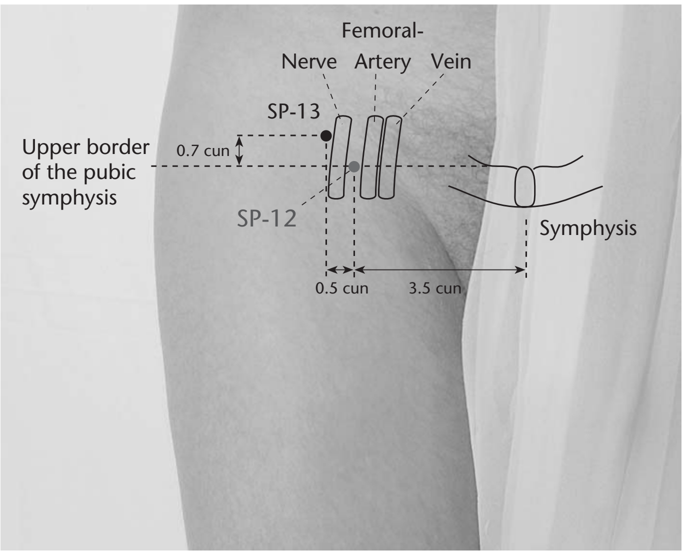

15
25
16
8
14
27
6
14
4
29
12
13
SP-12
ST-30
KID-11
Ren-2
Umbilicus
1
2
3
4
Upper border of the pubic symphysis

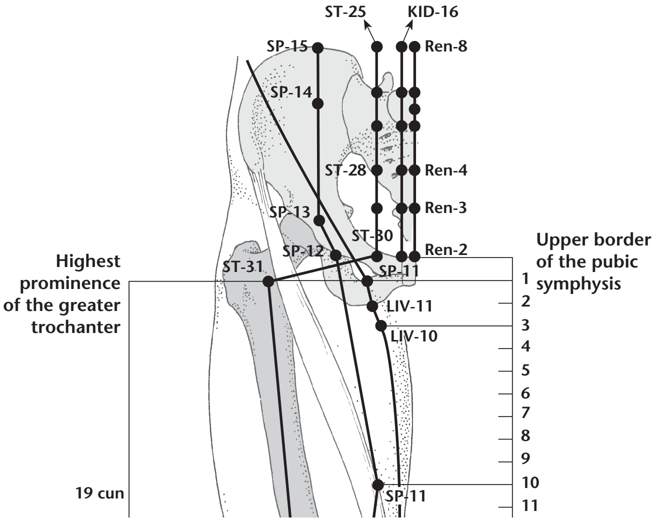

KID-12
Ren-03
KID-11
Ren-02
Upper border of the pubic symphysis


Upper border of the pubic symphysis
1 cun
LIV-12
Ren-2


SP-13
0.7 cun
ST-30
Upper border of the pubic symphysis
SP-12
Symphysis

Abode of the Fu **FUSHE** **SP-13**


Femoral-
Nerve
Artery
Vein
SP-13
Upper border of the pubic symphysis
0.7 cun
SP-12
Symphysis
0.5 cun
3.5 cun


ST-25
KID-16
SP-15
Ren-8
SP-14
ST-28
Ren-4
SP-13
Ren-3
ST-30
SP-12
Ren-2
Upper border of the pubic symphysis
Highest prominence of the greater trochanter
ST-31
SP-11
LIV-11
LIV-10
1
2
3
4
5
6
7
8
9
10
11
19 cun
SP-11

Location

4 cun lateral to the anterior midline and 0.7 cun superior to the upper border of the pubic symphysis.

How to find

First, measure 4 cun in a lateral direction from the upper border of the pubic symphysis and from there 0.7 cun in a superior direction to locate **SP-13** in a depression in the inguinal groove. **SP-13** is located 0.5 cun lateral and 0.7 cun superior to → **SP-12** (→ 3.5 cun lateral to the upper border of the pubic symphysis).

Needling

Vertically 0.5–1 cun. Caution: Peritoneum.

Actions/Indications

- Disperses accumulations
- Regulates the Qi

Special features

Meeting point with the *yin wei mai* and the Liver channel

SP-14 *Abdomen Knot* FUJIE

Location

4 cun lateral to the anterior midline, on the mamillary line, 3 cun superior to → **SP-13** or 1.3 cun inferior to → **SP-15**.

How to find

First, measure 4 cun from the umbilicus in a lateral direction in order to locate the mamillary line. This is the point → **SP-15**. From there, measure 1.3 cun in an inferior direction to locate **SP-14**.

Needling

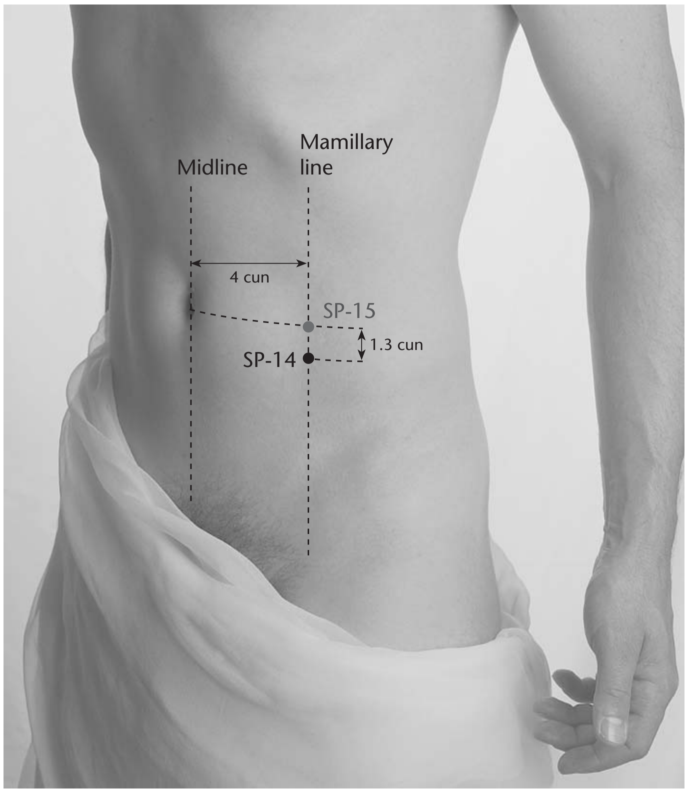
Vertically 0.5–1 cun. Caution: Peritoneum, pregnancy.

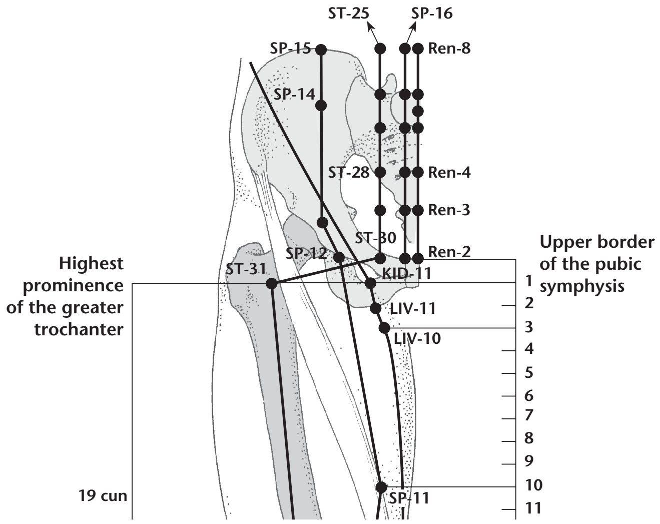
Actions/Indications

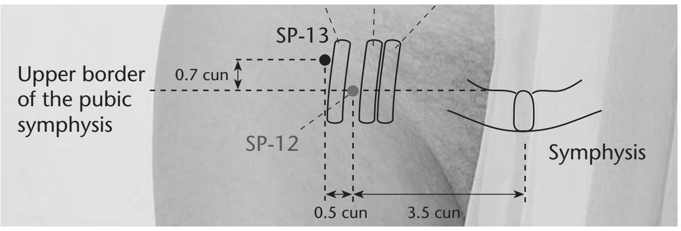
- Moves Qi and Blood, warms the middle, dispels Cold
- Regulates the Lower Burner and descends counterflow Qi

Special features

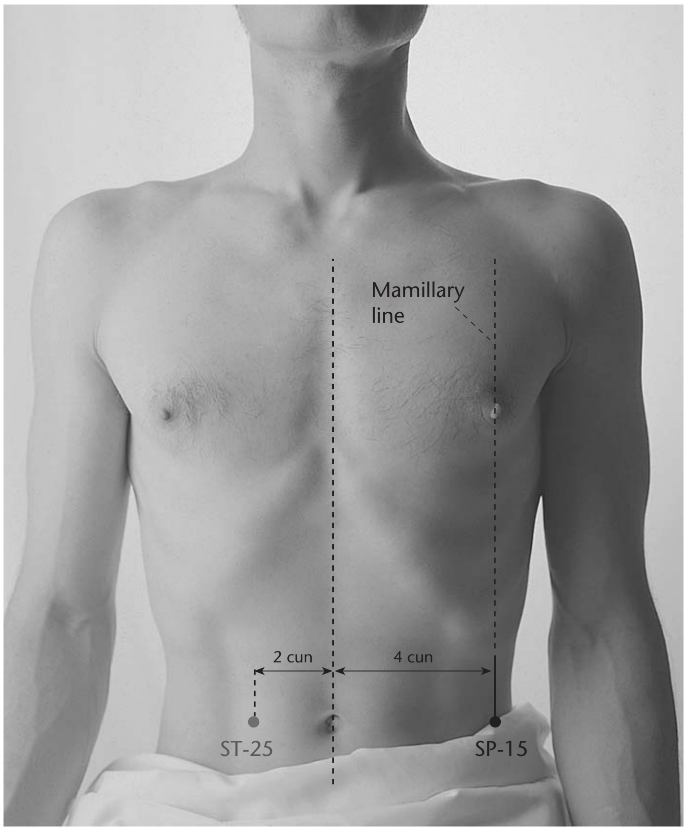
Sensitive to pressure with appendicitis


Midline
Mamillary line
4 cun
SP-15
1.3 cun
SP-14


ST-25
SP-16
SP-15
Ren-8
SP-14
ST-28
Ren-4
Ren-3
ST-30
SP-12
Ren-2
Upper border of the pubic symphysis
Highest prominence of the greater trochanter
ST-31
KID-11
LIV-11
LIV-10
19 cun
SP-11
1
2
3
4
5
6
7
8
9
10
11


SP-13
Upper border of the pubic symphysis
0.7 cun
SP-12
Symphysis
0.5 cun
3.5 cun

Great Horizontal DAHENG SP-15


Mamillary line
2 cun
4 cun
ST-25
SP-15

Location

4 cun lateral to the centre of the umbilicus, on the mamillary line.

How to find

Locate **SP-15** 4 cun lateral to the umbilicus, using the mamillary line for reference, especially in male patients.
Located on the same level are → **Ren-8/KID-16/ST-25/G.B.-26** (umbilicus/0.5 cun lateral to the umbilicus/2 cun lateral to the umbilicus/below the free end of the 11th rib at the level of the umbilicus).

Needling

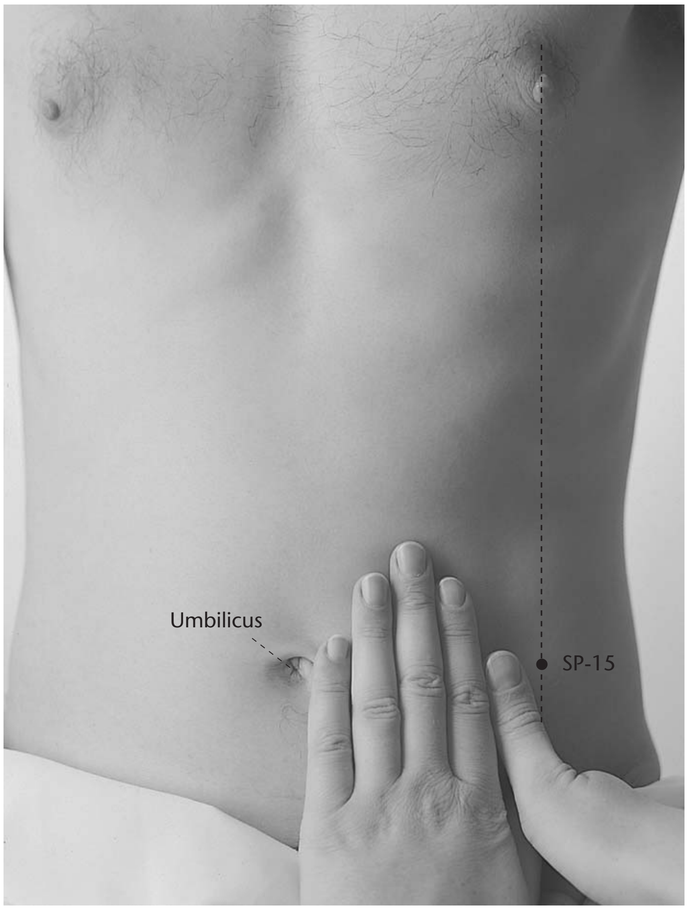
Vertically 1–1.5 cun. Caution: Peritoneum, pregnancy. Deep needling may reach the aponeuroses of the transverse abdominal musculature.

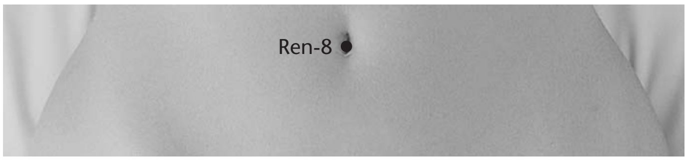
Actions/Indications

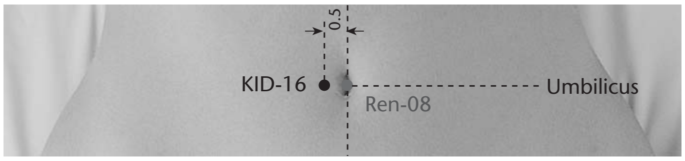
- Regulates and moves Qi in the Intestines (promotes bowel movement by stimulating peristalsis)

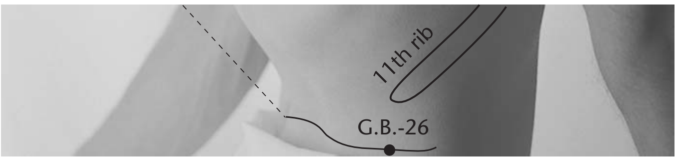
Special features

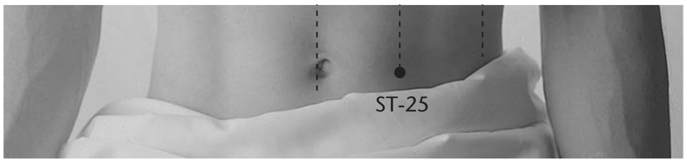
Meeting point with the *yin wei mai*. Important point for regulating the Large Intestine Qi.


Umbilicus
SP-15




0.5
KID-16
Umbilicus
Ren-08


11th rib
G.B.-26



SP-16 *Abdomen Sorrow* FUAI

Location

3 cun above the centre of the umbilicus and 4 cun lateral to the anterior midline, on the mamillary line.

How to find

The distance between the sternocostal angle and the centre of the umbilicus can be divided into 8 proportional cun, which can differ considerably from the patient's finger cun; therefore, only proportional cun measurements should be applied (elastic tape ➞ 2.3.1). First, measure 3 cun from the umbilicus in a superior direction, then 4 cun in a lateral direction, where **SP-16** is located on the mamillary line. Depending on the shape of the thorax, this point will either be located on the abdomen or it will project onto the lower border of the ribcage.
Located on the same level are ➞ **Ren-11** (anterior midline), ➞ **KID-18** (0.5 cun lateral to the anterior midline) and ➞ **ST-22** (2 cun lateral to the anterior midline).

Needling

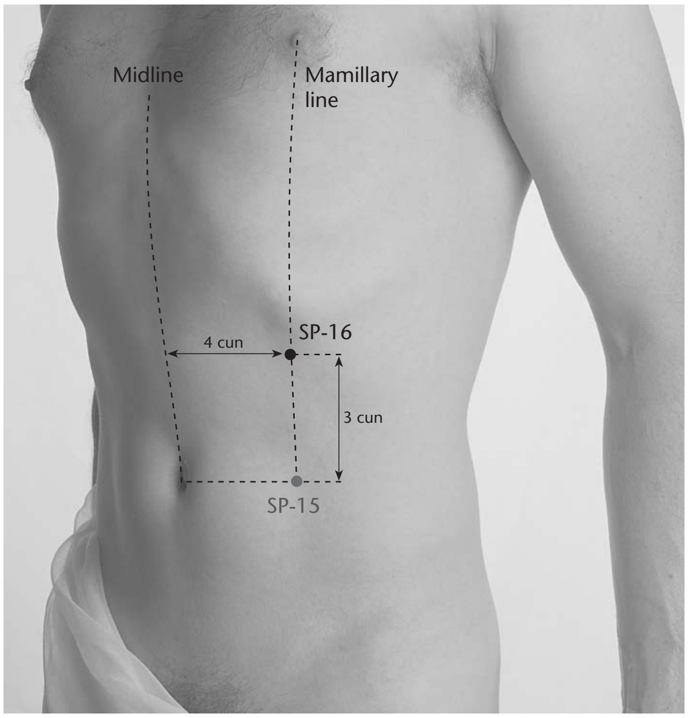
Vertically 0.5–1 cun. Caution: Peritoneum, pregnancy. Depending on the shape of the thorax, the correct location of this point might be on the costal cartilage. In this case, either transverse (subcutaneous) needling or locate the point more medially (or choose an alternative point).

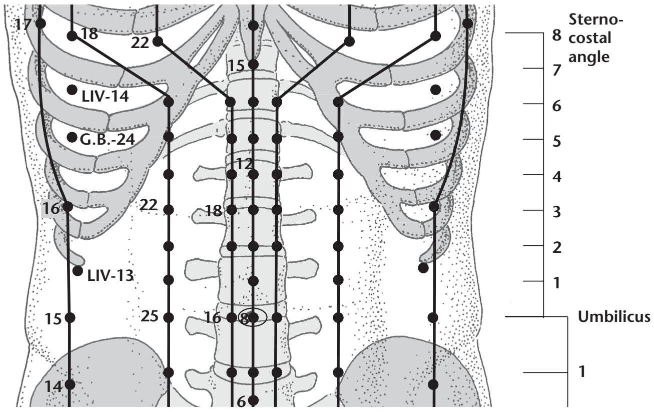
Actions/Indications

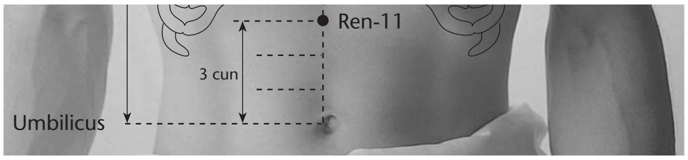
- Regulates Qi in the Intestines
- Drains Dampness

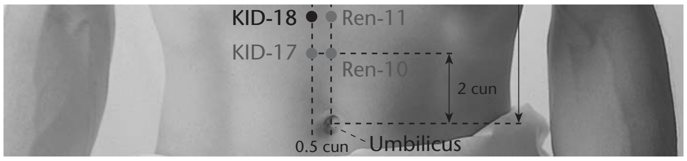
Special features

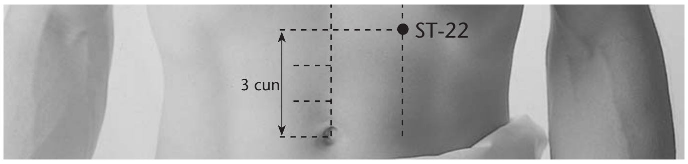
Meeting point with the *yin wei mai*


Midline
Mamillary line
4 cun
SP-16
3 cun
SP-15

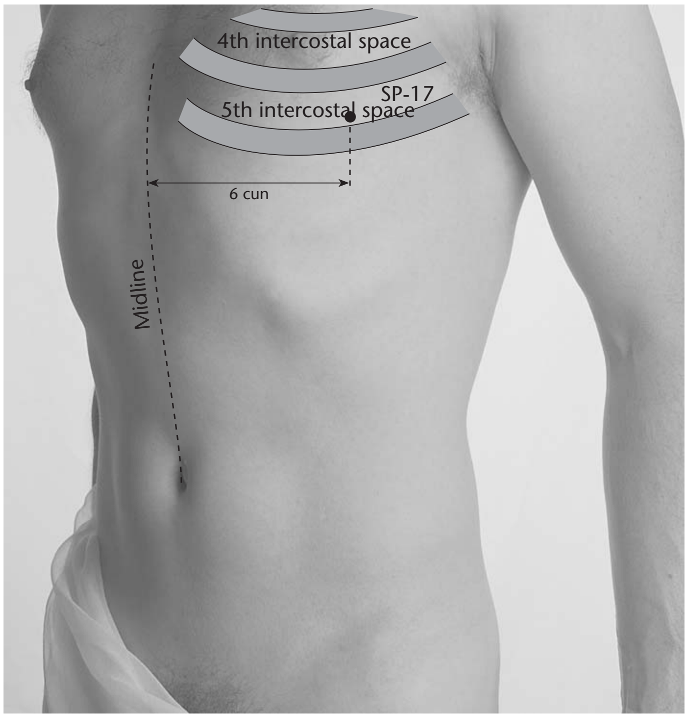

17
18
22
15
LIV-14
G.B.-24
12
16
22
18
LIV-13
15
25
16
8
14
6
Sterno-costal angle
8
7
6
5
4
3
2
1
Umbilicus
1


Ren-11
3 cun
Umbilicus


KID-18
Ren-11
KID-17
Ren-10
2 cun
0.5 cun
Umbilicus



Food Cavity SHIDOU SP-17


4th intercostal space
SP-17
5th intercostal space
6 cun
Midline

Location

In the 5th intercostal space, 6 cun lateral to the anterior midline (in male patients, 2 cun lateral to the nipple).

How to find

In men, the nipple is generally located on the level of the 4th intercostal space, while in women, when in a supine position, it is not always at this level. Locate **SP-17** in the 5th intercostal space, 2 cun lateral to the mamillary line (note that the intercostal space laterally curves upward). Both the clavicle and the manubriosternal synchondrosis are good reference points for locating the 5th intercostal space. **SP-17** can be located by following the course of the intercostal space in a lateral direction and measuring 2 cun lateral to the mamillary line.

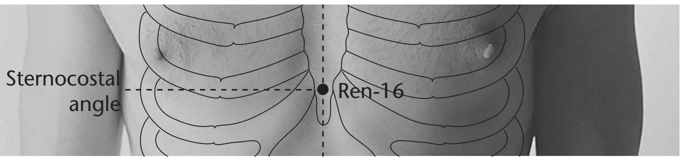
Also located on the level of the 5th intercostal space are → **Ren-16** (anterior midline), → **KID-22** (2 cun lateral to the anterior midline) and → **ST-18** (4 cun lateral to the anterior midline).

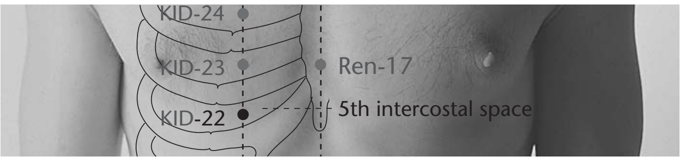
Needling

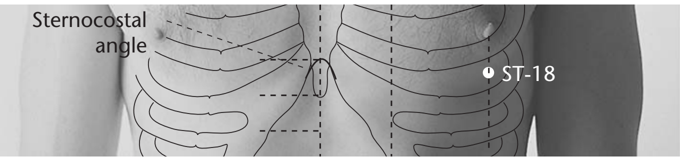
0.5–0.8 cun obliquely or transversely (subcutaneously), parallel to the intercostal space or with or against the channel pathway. Caution: Pneumothorax.

Actions/Indications

- Regulates the Qi
- Harmonises the Stomach and eliminates stagnation
- Drains Dampness


Sternocostal angle
Ren-16


KID-24
KID-23
KID-22
Ren-17
5th intercostal space


Sternocostal angle
ST-18

SP-18 *Heavenly Stream* TIANXI

Location

In the 4th intercostal space, 6 cun lateral to the anterior midline or 2 cun lateral to the midclavicular line.

How to find

In men, the nipple is generally located on the level of the 4th intercostal space, while in women, when in a supine position, it is not always at this level. Follow the course of the 4th intercostal space in a lateral direction and locate **SP-18** 2 cun lateral to the nipple (note that the intercostal space laterally curves upward). In women, either the clavicle or the manubriosternal synchondrosis are good reference points for locating the 4th intercostal space (→ 3.5). **SP-18** can be located by following the course of the intercostal space in a lateral direction while measuring 6 cun laterally from the anterior midline or 2 cun laterally from the nipple.

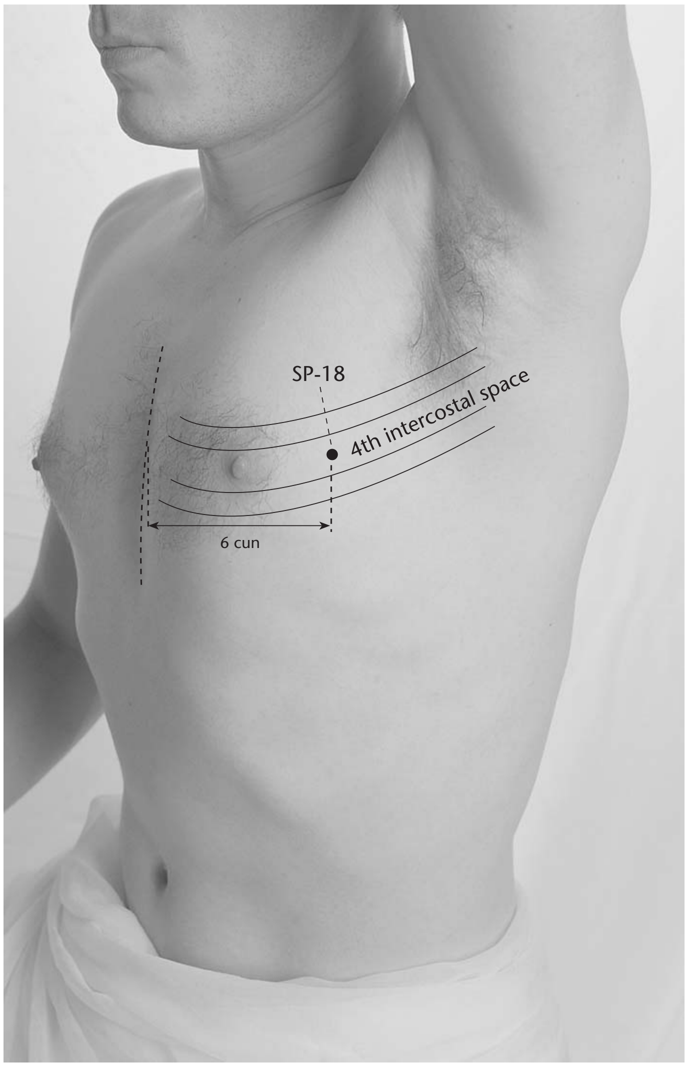
Also located on the level of the 4th intercostal space are → **Ren-17** (anterior midline), → **KID-23** (2 cun lateral to the anterior midline), → **ST-17** (nipple), → **P-1** (1 cun lateral to the nipple) and → **G.B.-23** (1 cun anterior to **G.B.-22**).

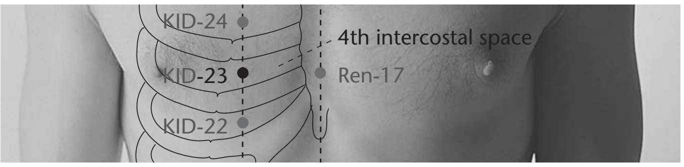
Needling

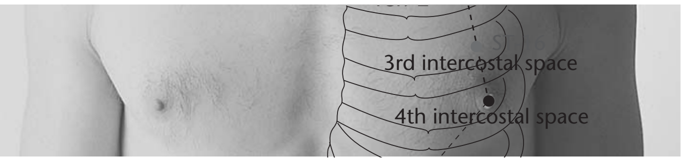
0.5–0.8 cun obliquely or transversely (subcutaneously), parallel to the intercostal space or with or against the channel pathway. Caution: Pneumothorax.

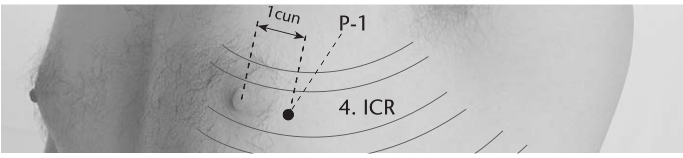
Actions/Indications:

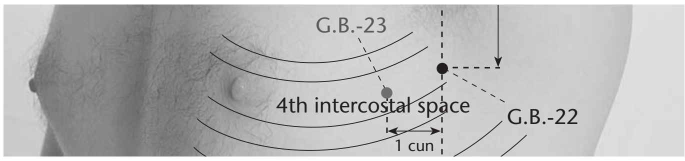
- Unbinds the chest
- Descends the Qi
- Benefits the breasts

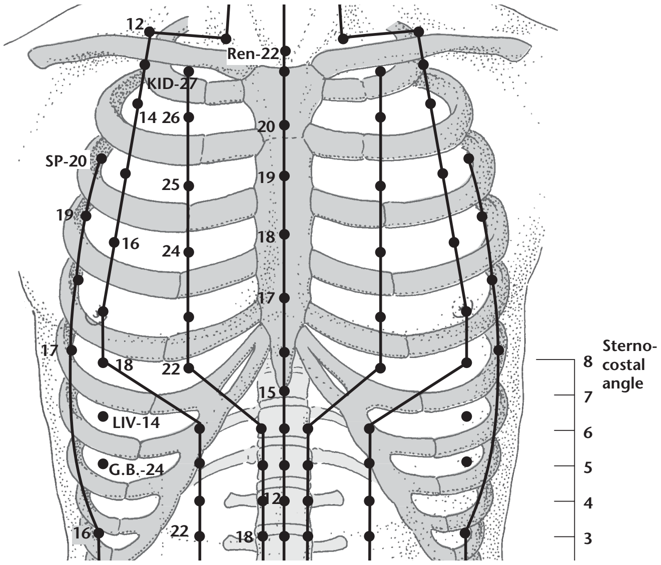

SP-18
4th intercostal space
6 cun

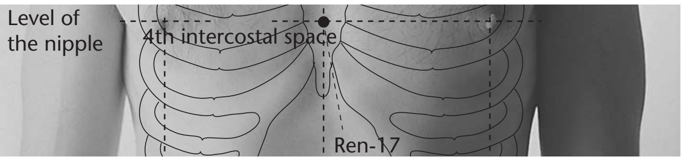

KID-24
KID-23
KID-22
4th intercostal space
Ren-17


3rd intercostal space
4th intercostal space

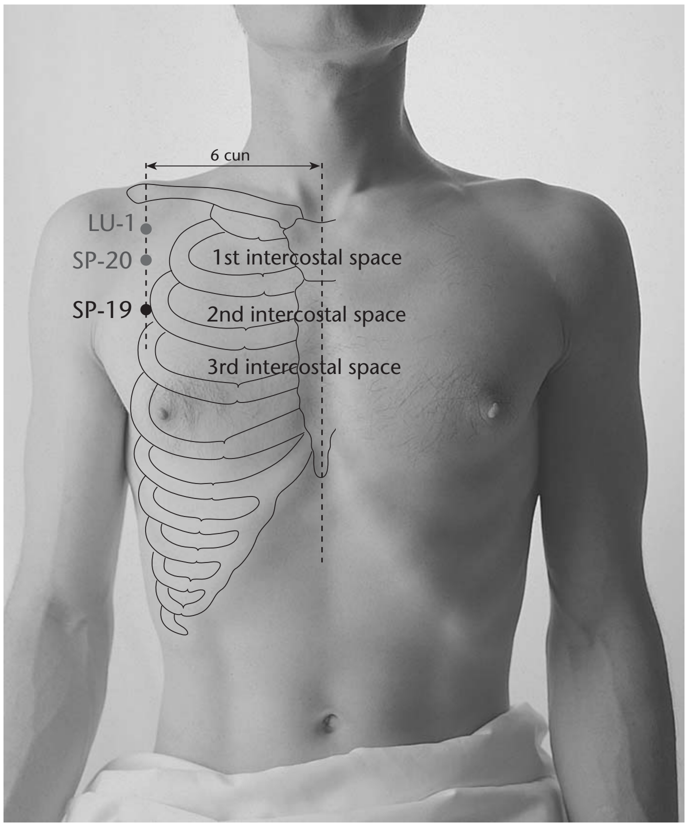

1cun
P-1
4. ICR


G.B.-23
4th intercostal space
G.B.-22
1 cun


12
Ren-22
KID-27
14
26
20
SP-20
25
19
19
16
24
18
17
17
18
22
15
LIV-14
G.B.-24
12
16
22
18
Sterno-costal angle
8
7
6
5
4
3


Level of the nipple
4th intercostal space
Ren-17

Chest Village XIONGXIANG **SP-19**


6 cun
LU-1
SP-20
SP-19
1st intercostal space
2nd intercostal space
3rd intercostal space

Location

In the 3rd intercostal space, 6 cun lateral to the anterior midline or 2 cun lateral to the midclavicular line.

How to find

Locate the 3rd intercostal space by counting parasternally from the clavicle or from the manubriosternal synchondrosis (➞ 3.5). Follow the course of the intercostal space in a lateral direction and locate **SP-19** 6 cun lateral to the anterior midline or 2 cun lateral to the midclavicular line (note: the intercostal space laterally curves upward).

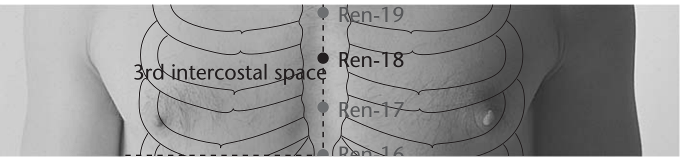
Located on the same level (note: course of the intercostal space) are ➞ **Ren-18** (anterior midline), ➞ **KID-24** (2 cun lateral to the midline) and ➞ **ST-16** (4 cun lateral to the midline).

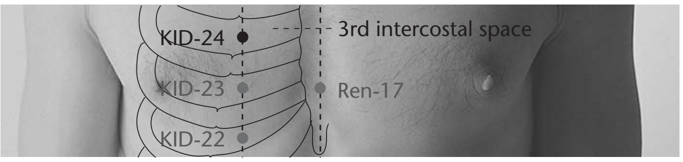
Needling

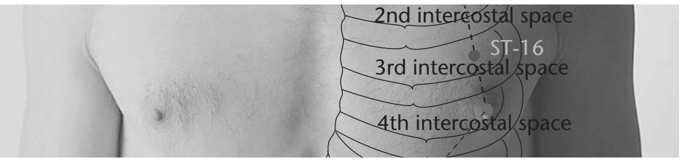
0.5–0.8 cun obliquely or transversely (subcutaneously), parallel to the intercostal space, or with or against the channel pathway. Caution: Pneumothorax.

Actions/Indications

- Disperses and descends the Lung Qi
- Unbinds the chest


Ren-19
Ren-18
3rd intercostal space
Ren-17
Ren-16


KID-24
3rd intercostal space
KID-23
Ren-17
KID-22


2nd intercostal space
ST-16
3rd intercostal space
4th intercostal space

SP-20 *Encircling Glory* ZHOURONG

Location

In the 2nd intercostal space, 6 cun lateral to the anterior midline or 2 cun lateral to the midclavicular line.

How to find

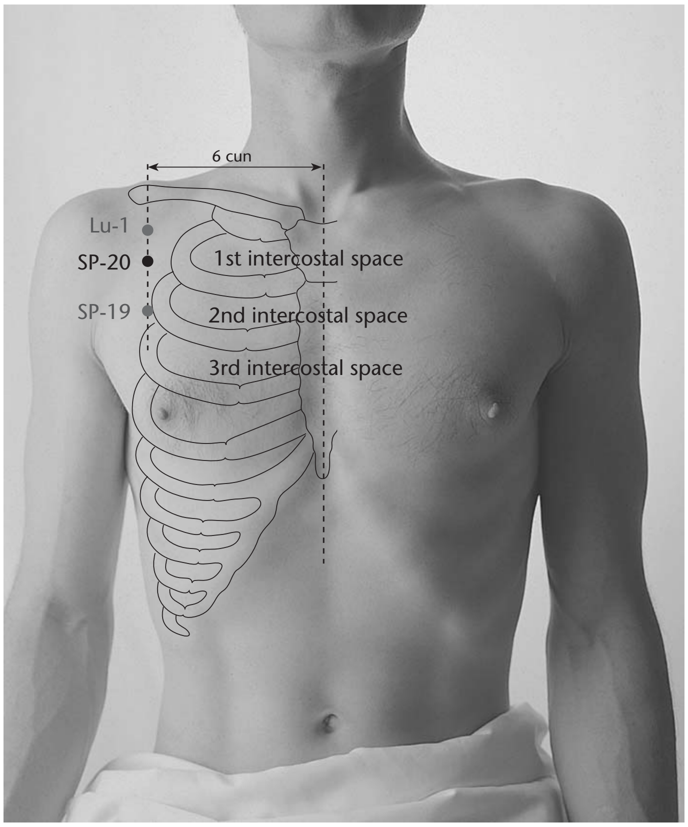
Locate the 2nd intercostal space by counting parasternally from the clavicle or from the manubriosternal synchondrosis (→ 3.5). Follow the course of the intercostal space in a lateral direction and locate **SP-20** 6 cun lateral to the anterior midline or 2 cun lateral to the midclavicular line (note: the intercostal space laterally curves upward). **SP-20** is located 1 cun inferior to → **LU-1**. Located on the same level (note: course of the intercostal space) are → **Ren-19** (anterior midline), → **KID-25** (2 cun lateral to the midline) and → **ST-15** (4 cun lateral to the midline).

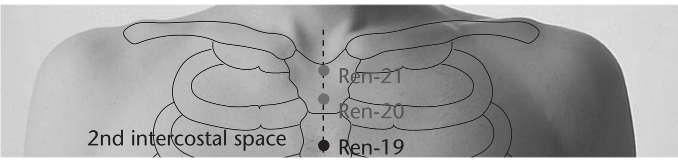
Needling

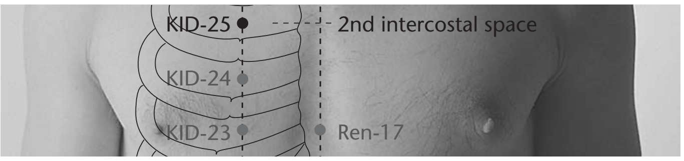
0.5–0.8 cun obliquely or transversely (subcutaneously), parallel to the intercostal space or with or against the channel pathway. Caution: Pneumothorax.

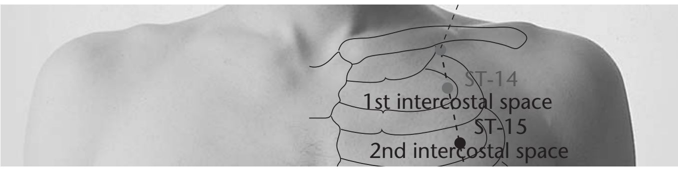
Actions/Indications

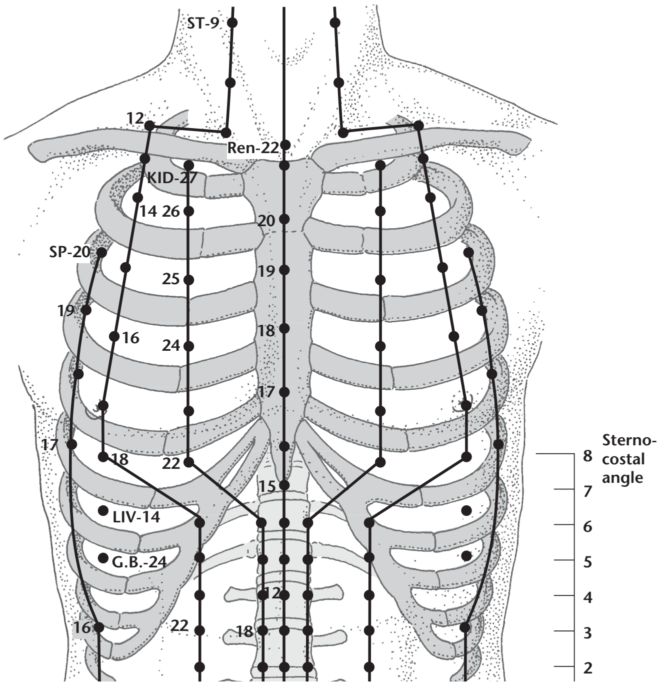
- Unbinds the chest
- Regulates the Lung Qi


6 cun
Lu-1
SP-20
SP-19
1st intercostal space
2nd intercostal space
3rd intercostal space

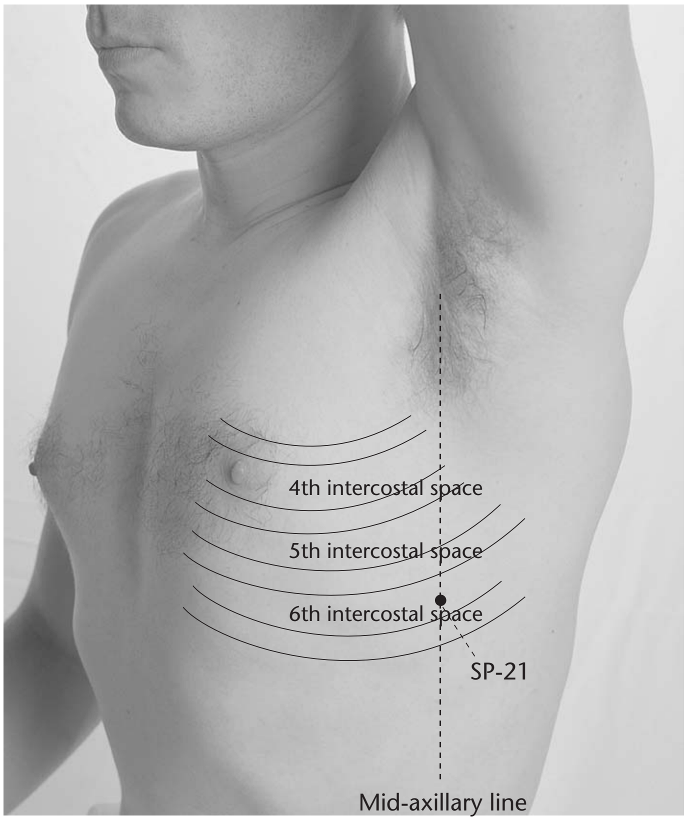

Ren-21
Ren-20
2nd intercostal space
Ren-19


KID-25
2nd intercostal space
KID-24
KID-23
Ren-17


ST-14
1st intercostal space
ST-15
2nd intercostal space


ST-9
12
Ren-22
KID-27
14
26
20
SP-20
25
19
19
16
24
18
17
17
18
22
15
LIV-14
G.B.-24
12
16
22
18
8
7
6
5
4
3
2
Sterno-
costal
angle

Great Wrapping DABAO **SP-21**


4th intercostal space
5th intercostal space
6th intercostal space
SP-21
Mid-axillary line

Location

On the midaxillary line, in the 6th intercostal space. Note: According to some texts, this point is located in the 7th intercostal space.

How to find

Locate the 6th intercostal space by counting parasternally from the clavicle or from the manubriosternal synchondrosis (→ 3.5). Follow the course of the intercostal space in a lateral direction and locate **SP-21** on the axillary midline (note: the intercostal space laterally curves upward). **SP-21** is often sensitive to pressure. Or: Locate **SP-21** on the midaxillary line, midway between the axilla and the end of the 11th rib.

Needling

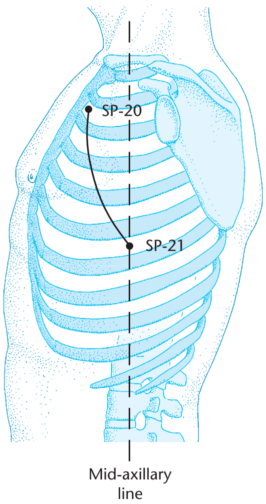
0.5–0.8 cun obliquely or transversely (subcutaneously), parallel to the intercostal space or with or against the channel pathway. Caution: Pneumothorax.

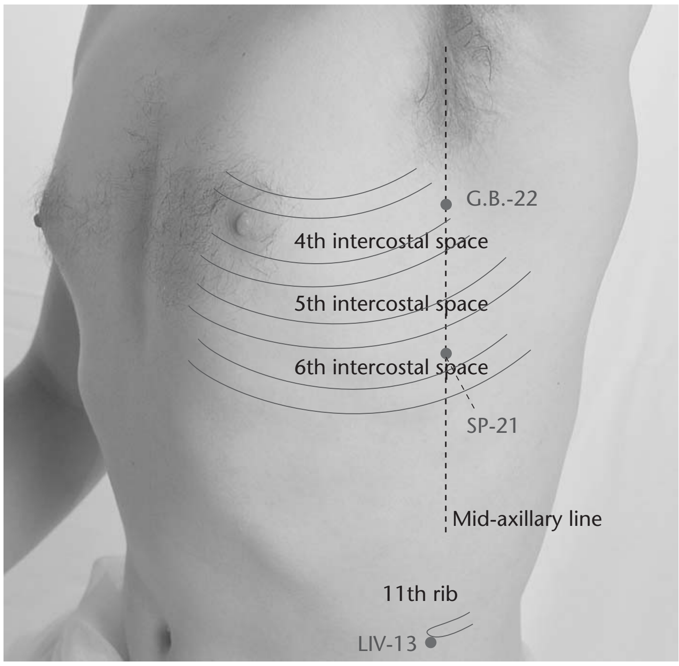
Actions/Indications

- Regulates Qi and Blood, governs and wraps all the *luo*-connecting vessels of the body
- Unbinds the chest

Special features

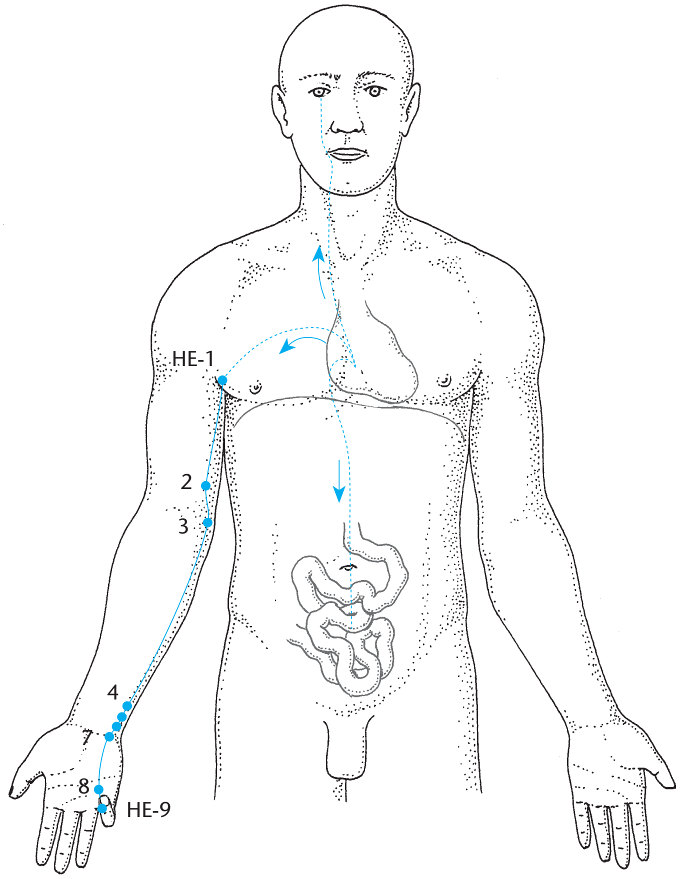
Great *luo*-connecting point of the spleen (→ 8.1.2), exit point.

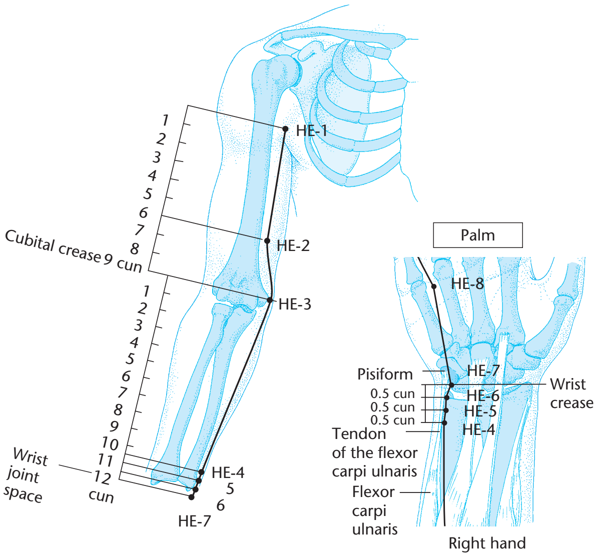

SP-20
SP-21
Mid-axillary line

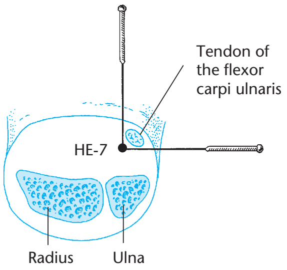

G.B.-22
4th intercostal space
5th intercostal space
6th intercostal space
SP-21
Mid-axillary line
11th rib
LIV-13

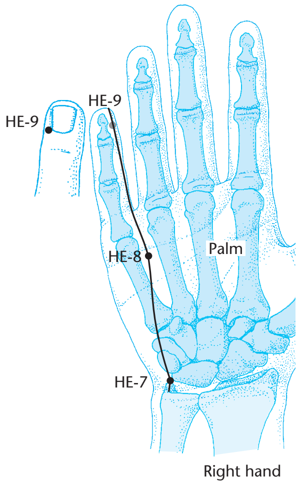
4.5 The Heart Channel System – Hand *shaoyin* (*shou shao yin jing luo*)

4.5.1 The Heart Primary Channel (*shou shao yin jing*)


HE-1
2
3
4
7
8
HE-9


1
2
3
4
5
6
7
8
Cubital crease 9 cun
1
2
3
4
5
6
7
8
9
10
11
Wrist joint space
12 cun
HE-1
HE-2
HE-3
HE-4
5
6
HE-7
Palm
HE-8
Pisiform
0.5 cun
0.5 cun
0.5 cun
HE-7
HE-6
HE-5
HE-4
Wrist crease
Tendon of the flexor carpi ulnaris
Flexor carpi ulnaris
Right hand


Tendon of the flexor carpi ulnaris
HE-7
Radius
Ulna


HE-9
HE-9
Palm
HE-8
HE-7
Right hand

Pathway

The **internal** pathway of the Heart primary channel originates in its related *zang*-Organ, the Heart (*xin*). An **internal branch** of the Spleen primary channel reaches the Heart and connects with the Heart primary channel (deep Yin–Yin connection → 1.2).

The **internal pathway** of the Heart primary channel splits into three branches:

- ➡ **the first branch** penetrates the diaphragm and connects with the internally–externally related *fu*-Organ, the Small Intestine (*xiaochang*)
- ➡ **the second branch** ascends along the oesophagus and the neck region, disperses in the tissues around the eyes and, according to some authors, also spreads inside the brain.
- ➡ **the main branch** runs from the Heart to the Lung (*fei*) and descends again to emerge in the centre of the axilla at → **HE-1** (*jiquan*) (beginning of the external pathway).

From here the **external pathway** runs along the anteromedial aspect of the upper arm and forearm, traverses the palm between the fourth and fifth metacarpal bones, continues along the radial aspect of the little finger and ends at the radial corner of its nail at **HE-9** (*shaoyang*).

From **HE-9** (*shaoyang*) a branch crosses to the ulnar border of the little finger's nail to → **S.I.-1** (*shaoze*) (hand Yin–Yang connection of the second great circuit).

Clinical importance (→ 1.2)

Exterior (*biao*) signs and symptoms: General fever, headaches, pain in the thorax and back, thirst with a desire to drink, Heat sensation in the palms, Cold invasion in the extremities, pain in the shoulder and the medial aspect of the upper arm

Interior (*li*) or *zangfu*-Organ signs and symptoms: Heart pain, pain and fullness in the thorax and lateral costal region, hypochondriac pain, irritability, shortness of breath, restlessness, dizziness, mental confusion

Connections of the Heart primary channel (→ 1.2)

Connections with other channels

Small Intestine primary channel (*shou tai yang jing*)

Connection: Hand Yin–Yang connection of the second great circuit
Location: H-9 → S.I.-1 (on the hand).
Circulation: Circadian (according to the Organ clock)
Importance: Exterior–Interior relationship

Kidney primary channel (zu shao yin jing)

Connection: Paired according to the six channel theory (hand–foot pairing): *shao yin* (Yin axes of the second great circuit)
Location: KID → HE (on the thorax). An internal branch of the Kidney primary channel travels to the Liver (*gan*), penetrates the diaphragm and spreads in the Lung (*fei*). From the Lung a branch runs to Heart (*xin*) and there connects with the Heart primary channel.
Circulation: Non-circadian (**not** according to the Organ clock)
Importance: Above–below relationship

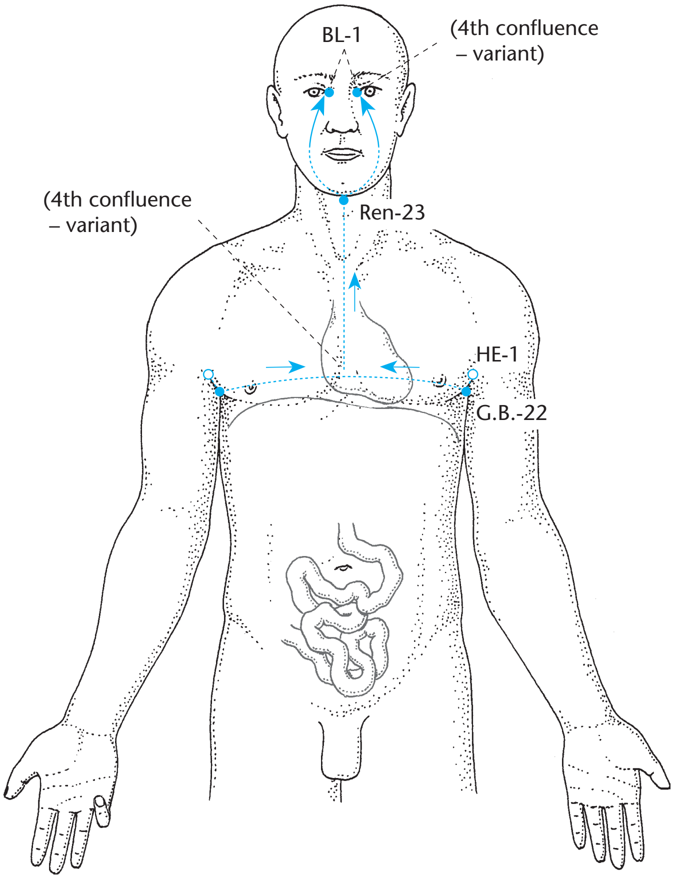
Spleen primary channel (*zu tai yin jing*)

Connection: Deep Yin–Yin connection
Location: SP → HE (on the thorax). An **internal** branch of the Spleen primary channel spreads in the Heart (*xin*) and connects with the Heart primary channel.
Circulation: Circadian (according to the Organ clock)
Importance: The Heart primary channel receives Nutritive Qi (*ying qi*) from the Spleen primary channel (first circulation of the *ying qi* → 1.1.4)

Connections with other *zangfu*-Organ systems

Small Intestine (*xiaochang*), Heart (*xin*), Lung (*fei*)

4.5.2 The Heart Divergent Channel (*zu shao yin jing bie*)



Pathway

The Heart divergent channel separates from the Heart primary channel at **HE-1** (*jiquan*) in the axilla

- ➡ penetrates the thorax at → **G.B.-22** (*yuanyue*) on the mid-axillary line and 3 cun distal to the axilla
- ➡ and reaches the Heart (*xin*) (see commentary below).
- ➡ It then ascends to the neck and crosses → **Ren-23** (*lianquan*)
- ➡ disperses in the cheek and reaches the medial canthus of the eye at → **BL-1** (*jingming*), where, according to most authors, it connects with a small branch coming from → **S.I.-18** (*quanliao*) to form one of the six he-confluences (here: S.I./BL as fourth confluence → 1.3).

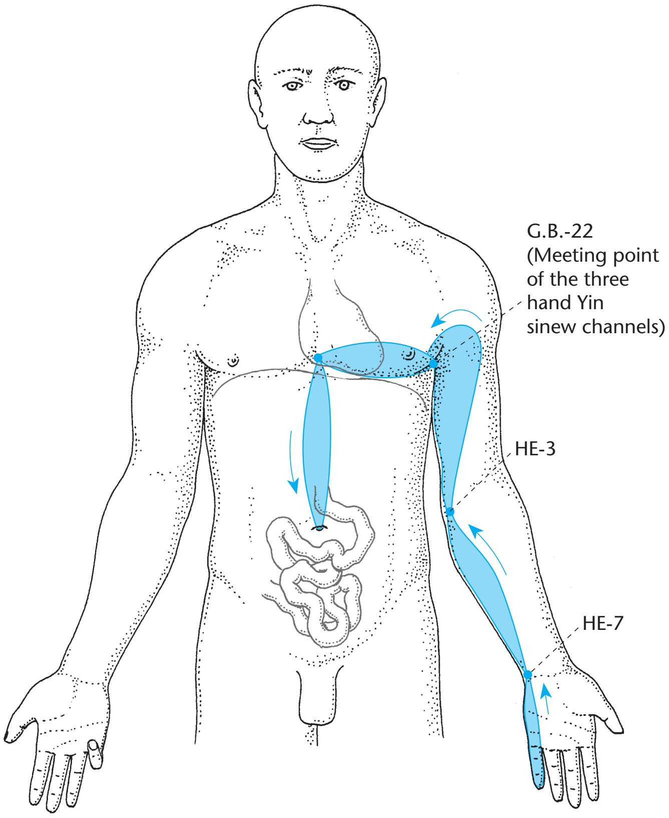
Commentary: according to Solinas et al (1998) the Heart divergent channel meets the Small Intestine divergent channel and the Small Intestine primary channel at the Heart (*xin*) in order to bind with one of the six he-confluences.

Clinical importance

- Strengthens the relationship between the Heart and the thoracic region. Points on the Heart primary channel mainly treat disorders of the Heart and the thorax. There is no connection with the Small Intestine (*xiaochang*).

- Connects the Heart primary channel with the neck. Points on the Heart primary channel can be used to treat disorders of the throat and vocal chords such as laryngitis, pharyngitis, etc. Use points such as **HE-5, HE-8**.
- Strengthens the connection between the Heart and the inner canthus of the eye. Heart points can thus be used for disorders of the eyes.

4.5.3 The Heart Sinew Channel (*shou shao yin jing jin*)



Pathway

The Heart sinew channel begins on the radial aspect of the little finger

➡ continues along the anterior and radial aspect of the little finger and the hand

➡ binds (*jie*) at the pisiform bone at **HE-7** (*shenmen*)

➡ ascends the anterior and ulnar aspect of the forearm, binds (*jie*) at the medial epicondyle at **HE-3** (*shaohai*) and continues to the axillary region, where it meets the Lung sinew channel, binds (*jie*) in the axilla and meets the other hand Yin sinew channels near → **G.B.-22** (*yuanye*)

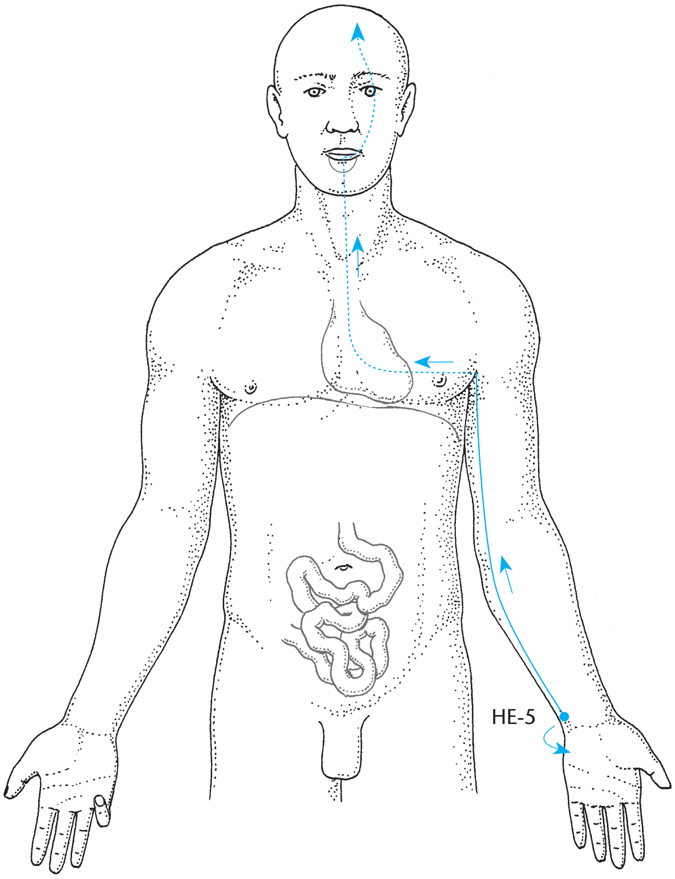
➡ from here it continues at a deeper level, crosses the thoracic region, binds (*jie*) at → **Ren-17** (*shanzhong*), descends to the upper cardiac orifice, penetrates the diaphragm and terminates in the umbilical region.

Clinical importance

Pathology: Stiffness, cramps and pain along the pathway of the Heart sinew channel. Internal cramping in the cardiac region, for example disorders with angina-like pain due to stress, hiatal hernia and disorders of the stomach.

Indication: Mainly for *bi*-syndromes (painful obstruction syndrome) along the pathway of the Heart channel. The area covered by the Heart sinew channel is larger than that covered by the Heart primary channel. This explains why Heart primary channel points can also be used for disorders and diseases of the thorax and the chest, for example pain and tightness in the chest, mastitis and mastopathy. Since the Heart sinew channel also penetrates the diaphragm, it is also indicated for disorders such as hiccups, acid reflux and oesophagitis. Due to its connection with the umbilical region, the Heart sinew channel has a direct link to the Original Qi (*yuan qi*): if the Heart (*shen*) has suffered a shock, for example due to fainting or collapse, direct moxibustion at **Ren-8** can be very helpful.

4.5.4 The Heart *luo*-Connecting Vessel System (*shou shao yin luo mai*)



Pathway

The HE *luo*-connecting vessel separates from the Heart primary channel at its *luo*-connecting point **HE-5** (*tongli*) (→ 8.1.2). It forms a three-dimensional reticulate network, dividing into multiple branches and sub-branches (*sun luo, fu luo, xue luo* → 1.5) within the surrounding tissue.

- Horizontal divisions run to the Interiorly–Exteriorly paired Small Intestine primary channel; according to some schools of thought (for example Ngyen Van Nghi → Appendix) they travel as a **transverse** HE *luo*-connecting vessel to the *yuan*-source point → **S.I.-4** (*wangu*).
- A **longitudinal** division follows the pathway of the Heart primary channel along the anteromedial aspect of the arm, ascends to the axilla, reaches the Heart, ascends to the root of the tongue and terminates in the eye while further branches penetrate the brain.

Clinical importance (→ 8.1.2)

Pathology

- **Excess (*shi*)**: Distension and fullness of the thorax and diaphragm
- **Deficiency (*xu*)**: Aphasia, disorders of the vocal cords

4.5.5 Cutaneous Region (*shao yin pi bu*)

See description and figures → 1.6.

4.5.6 Points of the Heart Primary Channel (Overview)

Specific points according to their function

- ***Yuan*-source point (→ 8.1.1): HE-7** (*shenmen*) 🟦🟦
- ***Luo*-connecting point (→ 8.1.2.): HE-5** (*tongli*) 🟦⬛
- ***Xi*-cleft point (→ 8.1.3): HE-6 (*yinxi*)** 🟦⬛
- **Associated Back-*shu* point (→ 8.1.4): BL-15** (*xinshu*) 🟦⬛
- **Associated Front-*mu* point (→ 8.1.5): Ren-14** (*juque*) 🟦⬛
- **Five *shu*-transporting points (→ 8.1.6):**
  jing-well point (Wood): **HE-9** (*shaochong*) 🟦⬛
  ying-spring point (Fire), *ben* point (Five Phases): **HE-8** (*shaofu*) 🟦⬛
  shu-stream point (Earth), sedation point: **HE-7** (*shenmen*) 🟦🟦
  jing-river point (Metal): **HE-4** (*lingdao*)
  he-sea point (Water): **HE-3** (*shaohai*) 🟦⬛
- ***Hui*-meeting point (→ 8.1.7): –**
- **Opening point (→ 8.1.8): –**
- **Lower *he*-sea points (→ 8.1.9): –**
- ***Jiaohui*-meeting points (→ 8.1.10): –**
- **Gao Wu command point (→ 8.1.11): –**
- **Window of Heaven point (→ 8.1.12): –**
- **Points of the Four Seas (→ 8.1.13): –**
- **Ma Dan Yang Heavenly Star point (→ 8.1.14): HE-5** (*tongli*) 🟦⬛
- **Sun Si Miao Ghost point (→ 8.1.15): –**
- **Other functional points: –**

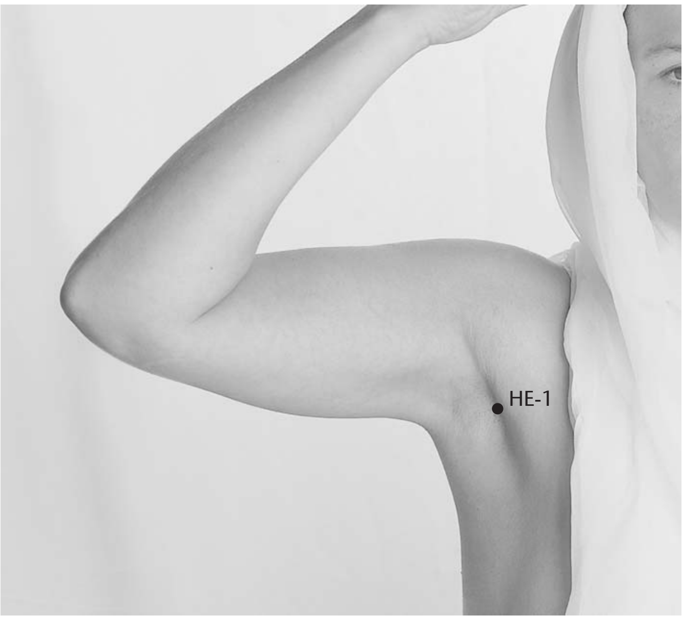
Points according to region

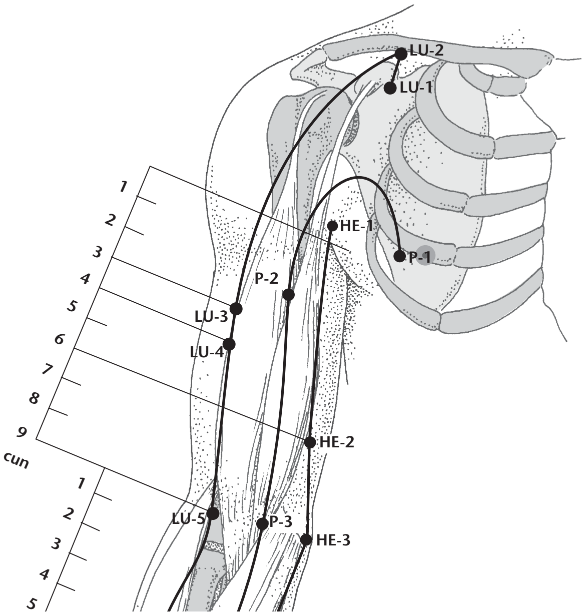
- **Local point (→ 8.2.1):** elbow – **HE-3** (*shaohai*) 🟦⬛
- **Distal points (→ 8.2.1):** tongue – **HE-5** (*tongli*) 🟦⬛; Heart – **HE-7** (*shenmen*) 🟦🟦, **HE-5** (*tongli*) 🟦⬛, **HE-3** (*shaohai*) 🟦⬛

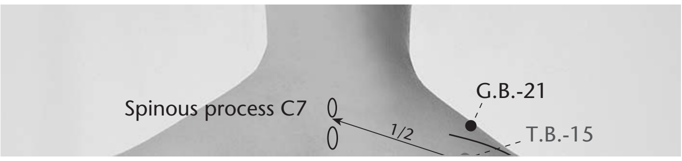
Specific points according to the channel pathway (in numeric order)

- **HE-3** (*shaohai*) 🟦⬛: *he*-sea point (Water); local point for the elbow (→ 8.2.1); distal point for the Heart (→ 8.2.1)
- **HE-4** (*lingdao*): *jing*-river point (Metal)
- **HE-5** (*tongli*) 🟦⬛: *luo*-connecting point (→ 8.1.2); Ma Dan Yang Heavenly Star point (→ 8.1.14); distal point for the tongue and Heart (→ 8.2.1)
- **HE-6** (*yinxi*) 🟦⬛: *xi*-cleft point (→ 8.1.3)
- **HE-7** (*shenmen*) 🟦🟦: *yuan*-source point (→ 8.1.1); distal point for the Heart (→ 8.2.1); *shu*-stream point (Earth), sedation point
- **HE-8** (*shaofu*) 🟦⬛: *ying*-spring point (Fire); *ben* point (Five Phases)
- **HE-9** (*shaochong*) 🟦⬛: *jing*-well point (Wood), tonification point

Summit Spring JIQUAN **HE-1**







Location

With the arm abducted, in the centre of the axilla, medial to the axillary artery.

How to find

With the arm abducted, palpate along the thoracic wall in a superior direction towards the centre of the axilla until you reach the highest point.

Needling

Palpate for the artery before needling! 0.5–1 cun vertically in the direction of → **G.B.-21** (border of the trapezius, middle of the shoulder). Caution: Axillary plexus and artery. Needling in a medial direction may puncture the lung!

Actions/Indications

- Unbinds the chest
- Opens the channel
- Nourishes the Heart Yin

Special features

Entry point. Important point in Qigong practice: During practice (and in everyday life), the axillary region should always be slightly open to allow for the free circulation of Qi and Blood to and from the upper extremity.

HE-2 *Green Spirit* QINGLING

Location

3 cun proximal to the cubital crease, on the medial border of the biceps brachii muscle.

How to find

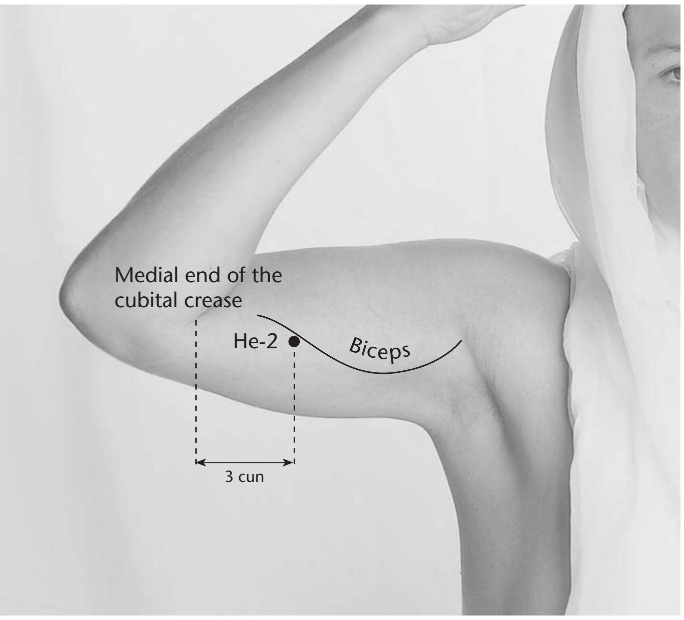
With the elbow flexed, measure 3 cun from the ulnar end of the cubital crease (→ **HE-3**) towards the axilla. **HE-2** is located in a groove on the medial border of the biceps brachii muscle. Ask the patient to flex this muscle for easier location.

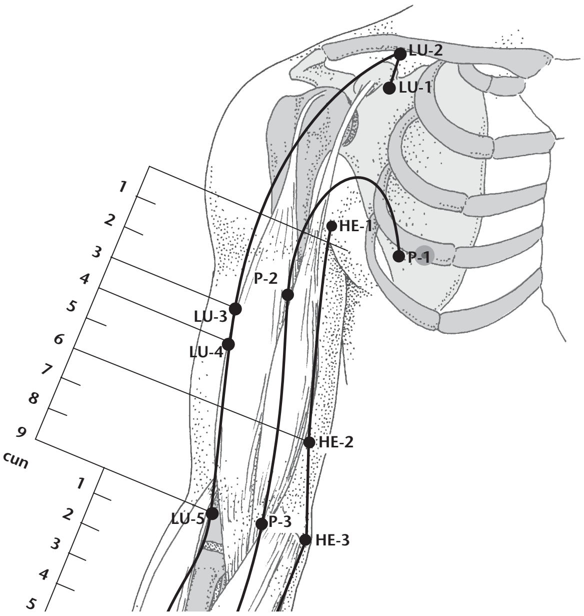
Needling

Vertically or obliquely 0.5–1 cun. Caution: Brachial artery! According to classic texts, needling is contraindicated, only moxibustion is permitted.

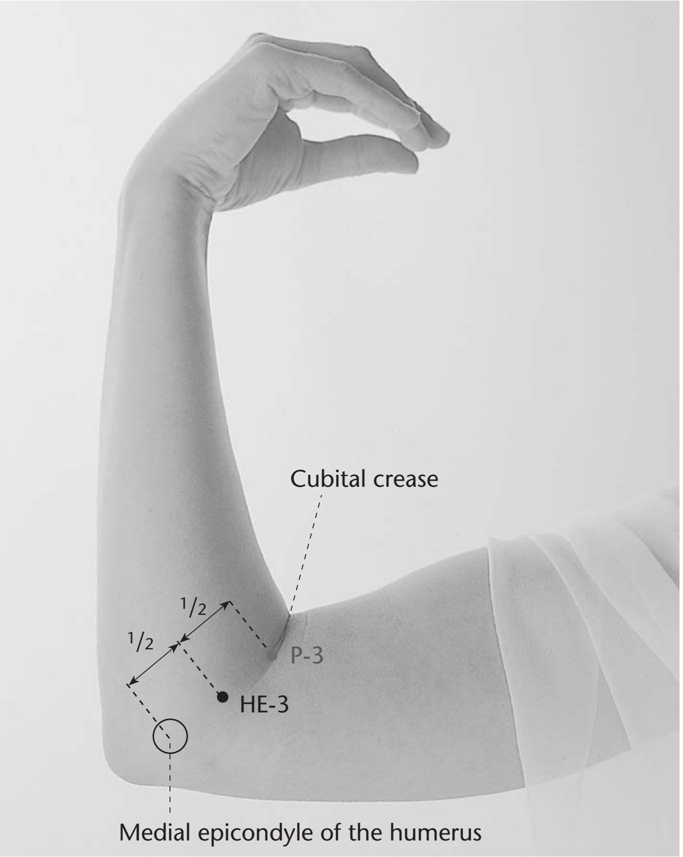
Actions/Indications

- Opens the channel


Medial end of the cubital crease
He-2
Biceps
3 cun


LU-2
LU-1
HE-1
P-1
P-2
LU-3
LU-4
HE-2
LU-5
P-3
HE-3
1
2
3
4
5
6
7
8
9
cun
1
2
3
4
5

Lesser Sea SHAOHAI HE-3


Cubital crease
1/2
1/2
P-3
HE-3
Medial epicondyle of the humerus

Location

With the elbow flexed, this point is in a depression between the ulnar end of the transverse cubital crease and the medial epicondyle of the humerus.

How to find

This point should be located with the elbow slightly flexed and the forearm in a supinated position. Find the ulnar end of the transverse cubital crease and palpate towards the medial epicondyle of the humerus (→ 3.2.2). **HE-3** is located in a depression approximately midway between → **P-3** and the medial epicondyle. **Or**: With the elbow fully flexed, **HE-3** is located directly at the medial end of the transverse crease.

Located on the same level are → **P-3** (ulnar to the tendon of the biceps muscle), → **LU-5** (radial to the tendon of the biceps muscle) and → **L.I.-11** (at the radial end of the crease).

Needling

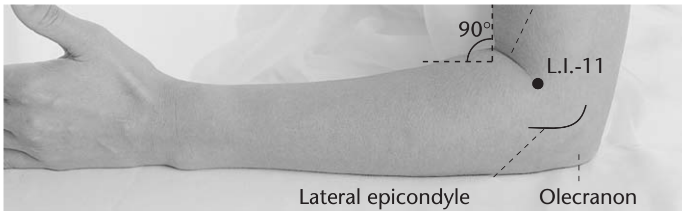
0.5–1.5 cun obliquely in a distal or proximal direction or vertically towards → **L.I.-11**.

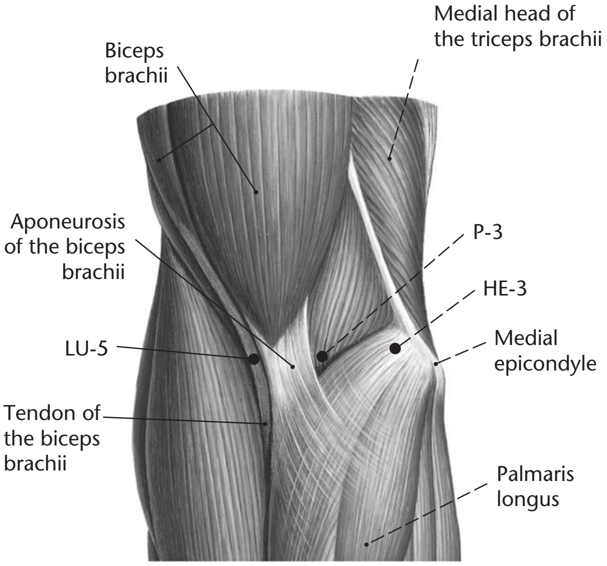
Actions/Indications

- Transforms Phlegm, clears Heat (from the heart), calms the *shen*
- Opens the channel and *luo*-vessels

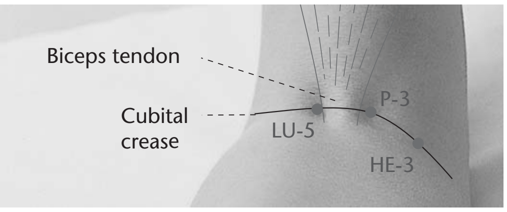
Special features

He-sea point, Water point. Important local point, important calming point.


90°
L.I.-11
Lateral epicondyle
Olecranon


Biceps brachii
Medial head of the triceps brachii
Aponeurosis of the biceps brachii
P-3
HE-3
LU-5
Medial epicondyle
Tendon of the biceps brachii
Palmaris longus

Right arm anterior aspect


Biceps tendon
Cubital crease
P-3
LU-5
HE-3

Right arm

HE-4 *Spirit Path* LINGDAO

Location

1.5 cun proximal to the transverse wrist crease, on the radial side of the tendon of the flexor carpi ulnaris muscle.

How to find

The flexor carpi radialis muscle has a distinct tendon which can be easily palpated ulnar and proximal to the wrist crease. It attaches to the pisiform bone (→ 3.3.3). **HE-4** is located directly on the radial side of the tendon.

→ **HE-5**, → **HE-6** and → **HE-7** are located at 0.5 cun intervals distal to **HE-4**. → **LU-7** is located approximately 1.5 cun proximal to the wrist crease on the radial aspect of the forearm.

Needling

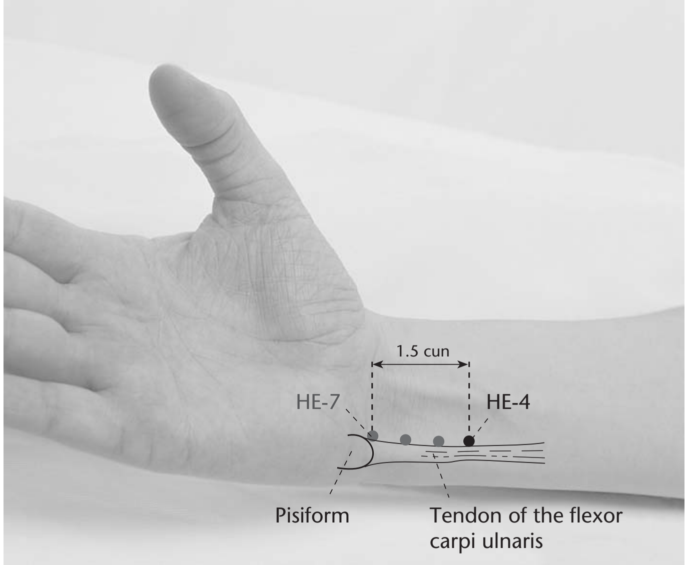
0.3–1 cun vertically or obliquely in a proximal or distal direction.

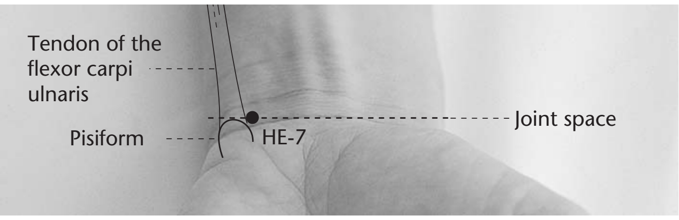
Actions/Indications

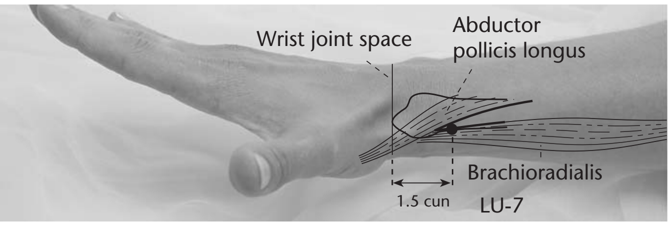
- Opens the channel
- Nourishes the Heart, calms the *shen*
- Strengthens the voice

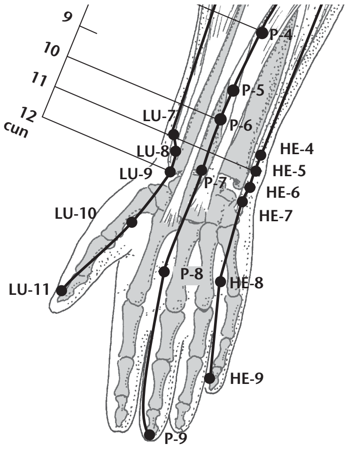
Special features

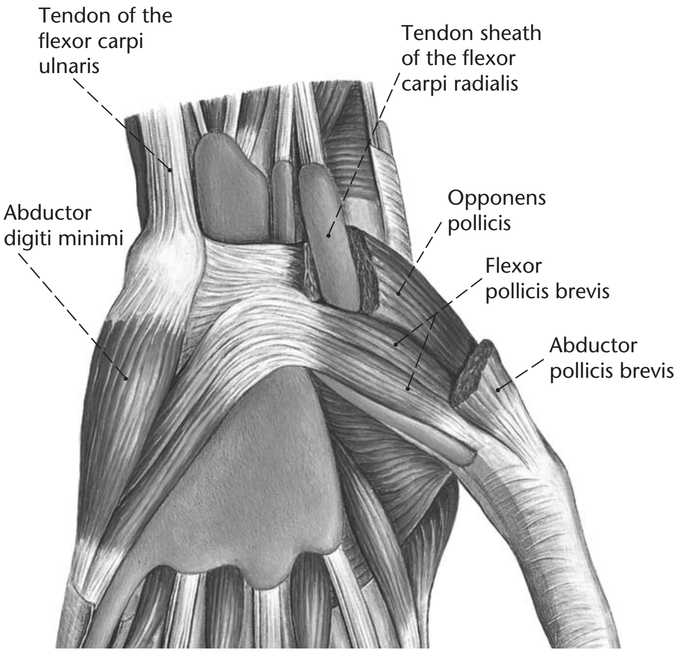
Jing-river point, Metal point.


1.5 cun
HE-7
HE-4
Pisiform
Tendon of the flexor carpi ulnaris

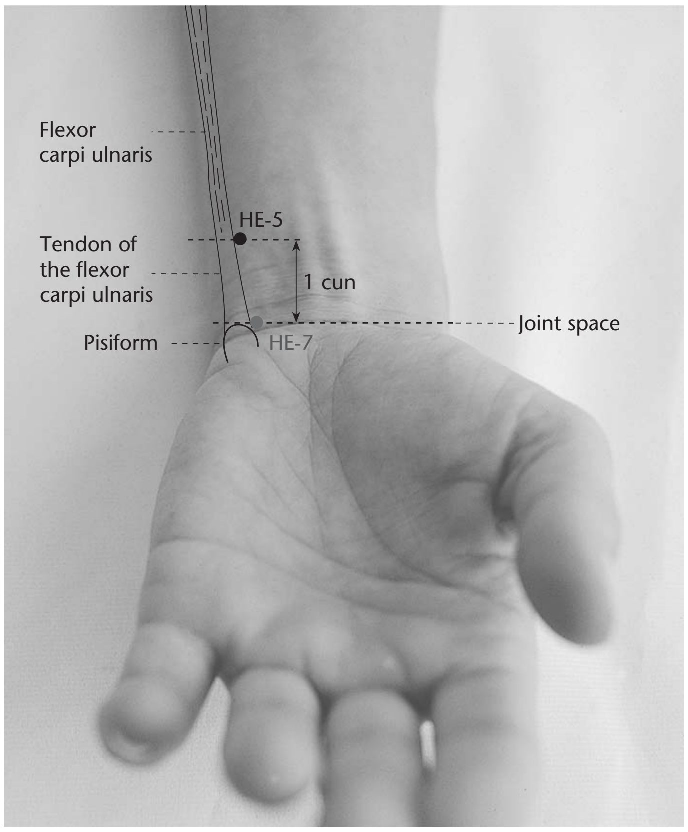

Tendon of the flexor carpi ulnaris
Pisiform
HE-7
Joint space

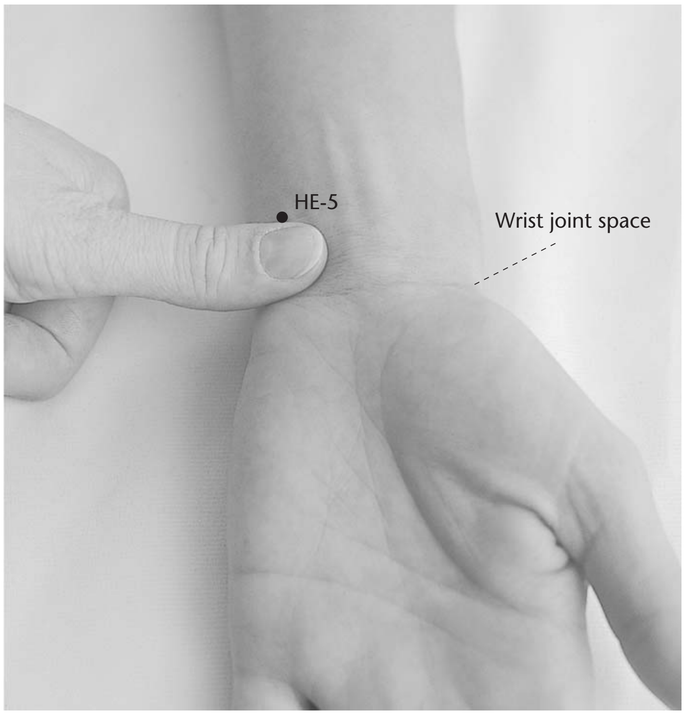

Wrist joint space
Abductor pollicis longus
Brachioradialis
1.5 cun
LU-7

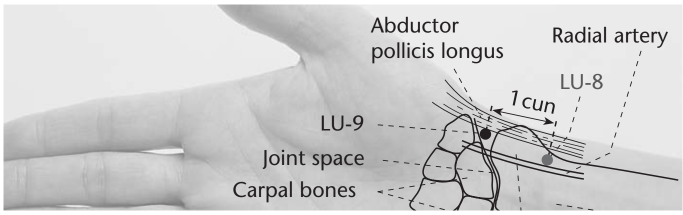

9
10
11
12 cun
P-4
P-5
P-6
LU-7
LU-8
LU-9
P-7
HE-4
HE-5
HE-6
HE-7
LU-10
LU-11
P-8
HE-8
HE-9
P-9


Tendon of the flexor carpi ulnaris
Tendon sheath of the flexor carpi radialis
Abductor digiti minimi
Opponens pollicis
Flexor pollicis brevis
Abductor pollicis brevis

Penetrating the Interior TONGLI HE-5


Flexor carpi ulnaris
HE-5
Tendon of the flexor carpi ulnaris
1 cun
Joint space
Pisiform
HE-7


HE-5
Wrist joint space


Abductor pollicis longus
Radial artery
LU-8
1 cun
LU-9
Joint space
Carpal bones

Location

1 cun proximal to the ventral wrist joint space (‘most distal transverse wrist crease’), on the radial side of the tendon of the flexor carpi ulnaris muscle.

How to find

Position the forearm in a relaxed fashion. The location of the ventral wrist crease is variable; therefore, the proximal border of the pisiform bone (➞ 3.3.2) provides a more reliable landmark. ➞ **HE-7** is located on the wrist joint space, radial to the distinct tendon of the flexor carpi ulnaris muscle. Locate **HE-5** 1 cun proximal to ➞ **HE-7**, also on the radial side of the tendon. Located along a line on the radial aspect of the tendon are ➞ **HE-6** (0.5 cun proximal to ➞ **HE-7**) and ➞ **HE-4** (1.5 cun proximal to **HE-7**). ➞ **LU-8** is also located 1 cun proximal to the ventral wrist joint space, but on the radial aspect of the forearm.

Needling

Vertically 0.3–0.5 cun or obliquely 0.5–1 cun in a proximal or distal direction. Caution: Needling may be painful.

Actions/Indications

- Regulates and strengthens the Heart Qi (main point!) and the Heart rhythm
- Calms the *shen*
- Benefits the tongue
- Benefits the Bladder (via the *taiyang* channel)
- Opens the channel and *luo*-connecting vessels

Special features

Luo-connecting point, Ma Dan Yang Heavenly Star point. Main point for regulating and strengthening the Heart Qi.

HE-6 *Yin Cleft* YINXI

Location

0.5 cun proximal to the transverse wrist crease, on the radial side of the tendon of the flexor carpi ulnaris muscle.

How to find

The flexor carpi ulnaris muscle has a distinct tendon on the ventral aspect of the forearm that can be easily palpated ulnar and proximal to the wrist. **HE-6** is located on the radial aspect of the tendon, 0.5 cun proximal to → **HE-7** (located on the joint space).

→ **HE-5** and → **HE-4** are located proximally on the same line at 0.5 cun intervals.

Needling

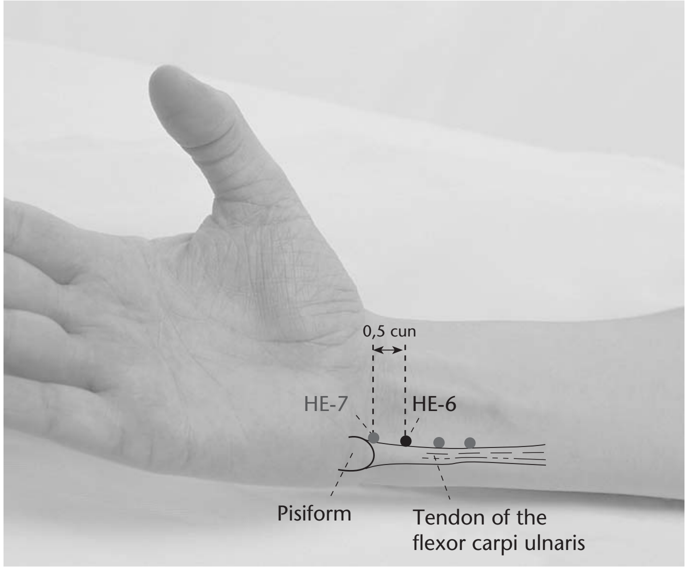
0.3–1 cun vertically or obliquely in a proximal or distal direction. Caution: Ulnar artery/nerve. Painful point!

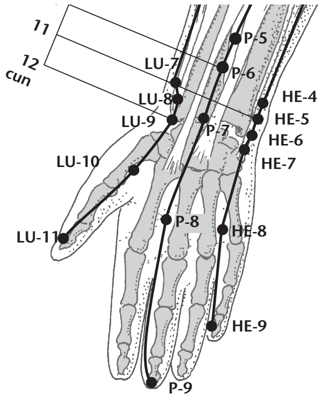
Actions/Indications

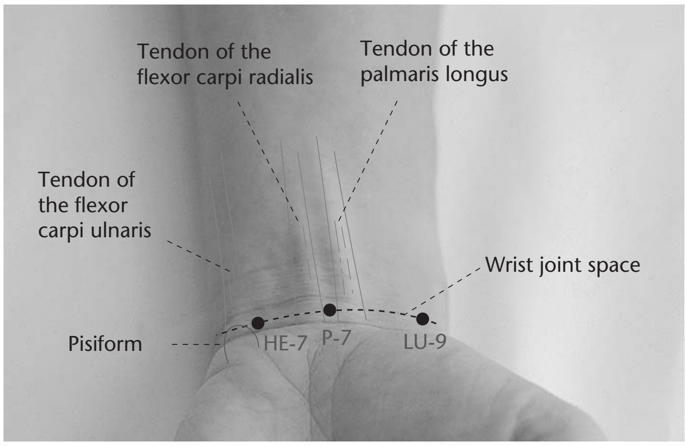
- Tonifies and regulates the Heart Yin and Blood, clears empty Heat in the Heart, calms the *shen*

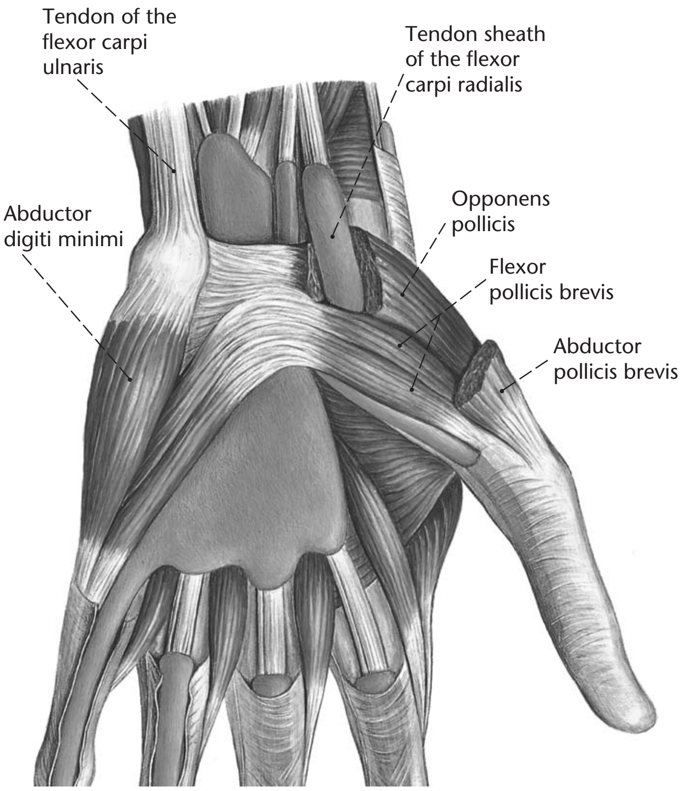
Special features

Xi-cleft point

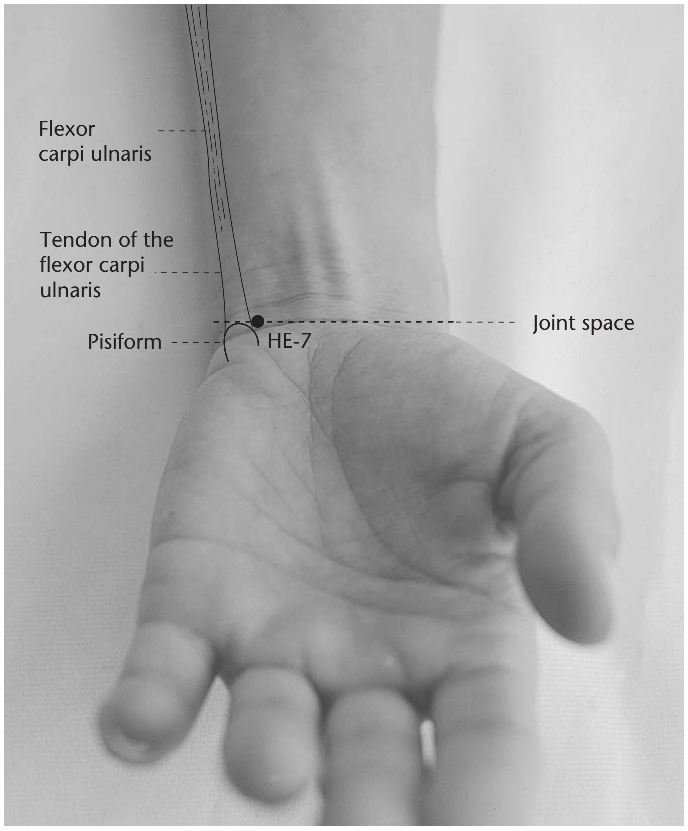

0,5 cun
HE-7
HE-6
Pisiform
Tendon of the flexor carpi ulnaris

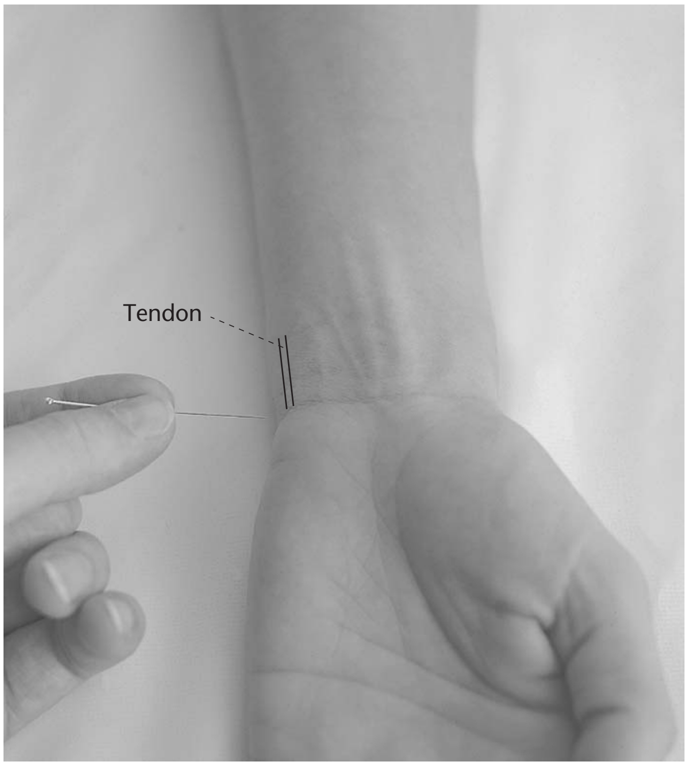

11
12
cun
P-5
LU-7
P-6
LU-8
HE-4
LU-9
HE-5
HE-6
P-7
HE-7
LU-10
P-8
HE-8
LU-11
HE-9
P-9

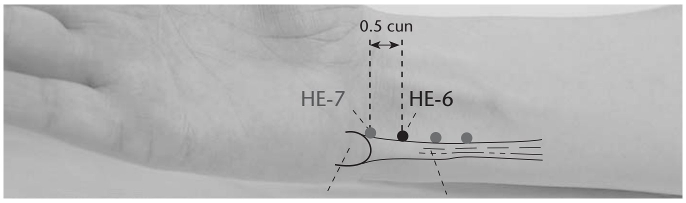

Tendon of the flexor carpi radialis
Tendon of the palmaris longus
Tendon of the flexor carpi ulnaris
Wrist joint space
Pisiform
HE-7
P-7
LU-9


Tendon of the flexor carpi ulnaris
Tendon sheath of the flexor carpi radialis
Abductor digiti minimi
Opponens pollicis
Flexor pollicis brevis
Abductor pollicis brevis

Spirit Gate SHENMEN HE-7


Flexor
carpi ulnaris
Tendon of the
flexor carpi
ulnaris
Pisiform
HE-7
Joint space




0.5 cun
HE-7
HE-6

Location

On the ventral aspect of the wrist joint space (‘most distal wrist crease’), radial to the insertion of the tendon of the flexor carpi ulnaris muscle.

How to find

Position the forearm in a relaxed supinated position. As the location of the wrist crease can vary, the proximal border of the pisiform bone (→ 3.3.3) should be used for reference instead. **HE-7** is located radial to the insertion of the tendon of the flexor carpi ulnaris muscle, in a depression proximal to the pisiform bone.

→ **HE-6**, → **HE-5** and → **HE-4** are all located on a line on the radial aspect of the tendon at 0.5 cun intervals. Also located on the wrist crease are → **P-7** (between the tendons of the palmaris longus and the flexor carpi radialis muscles) and → **LU-9** (on the radial aspect, lateral to the radial artery).

Needling

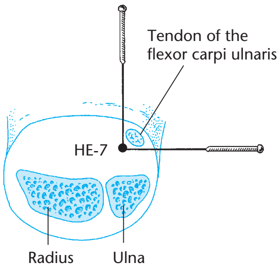
0.3–0.5 cun vertically or transversely deep to the tendon (parallel to the wrist crease 0.5–0.8 cun). Caution: Ulnar artery/nerve. Painful point!

Actions/Indications

- Regulates and strengthens the Heart (Blood and Yin), calms the *shen*
- Clears Heat from the Heart channel
- Moves Qi locally for disorders of the wrist

Special features

Yuan-source point, *shu*-stream point, Earth point, sedation point. Major point for calming the *shen*.


Tendon of the
flexor carpi ulnaris
HE-7
Radius
Ulna

HE-8 *Lesser Palace* SHAOFU

Location

On the palm, between the 4th and 5th metacarpal bones.

How to find

When making a fist, **HE-8** is generally located below the tip of the little finger, in the depression between the 4th and 5th metacarpal bones. **HE-8** often lies between the two transverse palmar creases. It is often sensitive to pressure.

→ **P-8** is also located on the palm, generally below the tip of the middle finger when making a fist (between the 2nd and 3rd metacarpal bones).

Needling

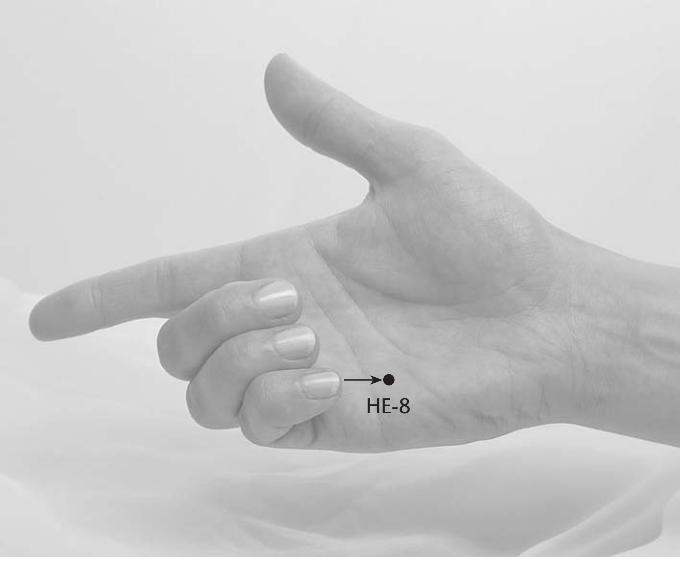
Vertically 0.5–1 cun. Caution: Needling this point may be painful. Provide a competitive stimulus by pressing the palm with the fingernail close to the point before inserting the needle. Ask the patient to breathe out during needle insertion.

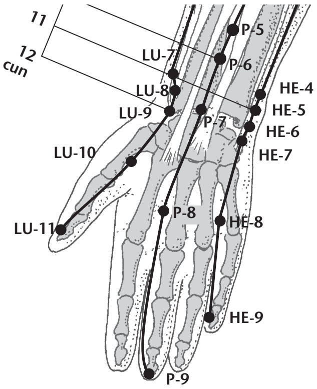
Actions/Indications

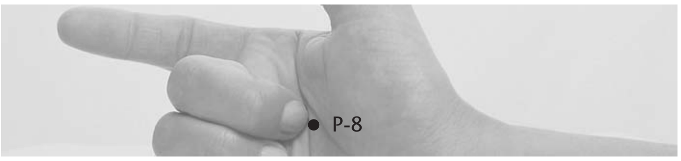
- Clears Heat in the Heart and Small Intestine
- Regulates the Heart Qi for Liver Qi stagnation
- Calms the *shen* and strengthens the Heart Qi
- Opens the channel, especially for contractures of the fingers

Special features

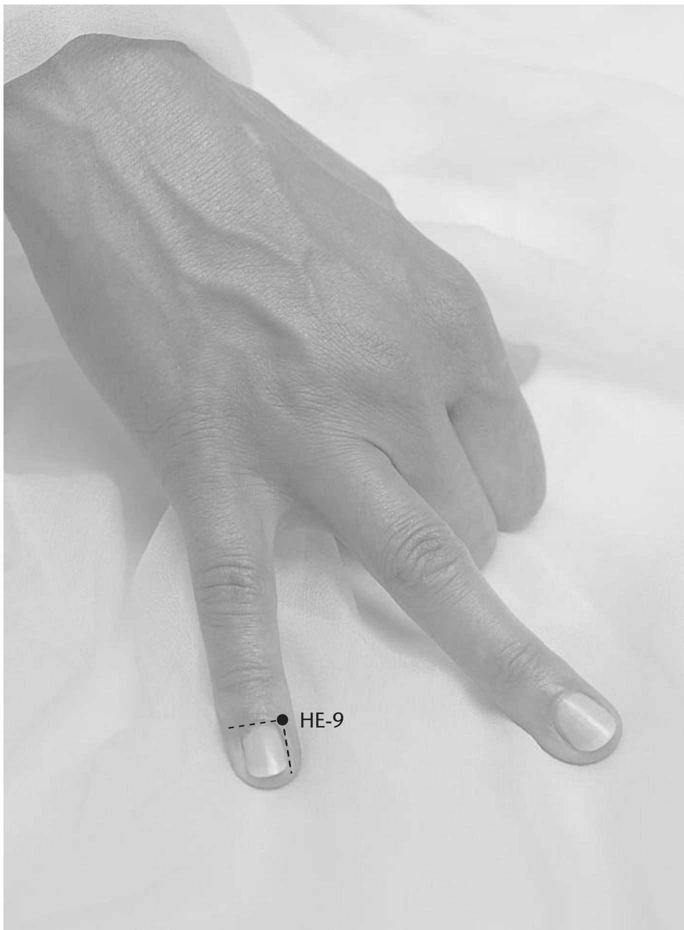
Ying-spring point, Fire point, *ben* point (Five Phases).

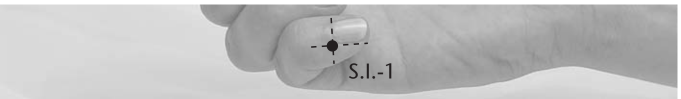






Lesser Rushing SHAOCHONG **HE-9**





Location

On the little finger, 0.1 cun lateral to the radial corner of the nail.

How to find

This point is located at the junction of two tangents that border the radial and proximal aspect of the nail, approximately 0.1 cun from the actual corner of the nail. → **S.I.-1** is located on the opposite (ulnar) aspect of the nail.

Needling

0.2–0.3 cun vertically or obliquely in a proximal direction. For acute disorders (pain, inflammation), prick to bleed with a needle, lancet or three-edged needle. Caution: Painful point!

Actions/Indications

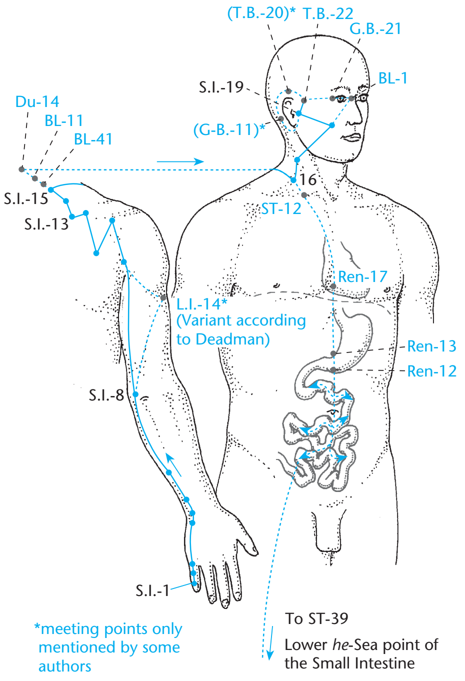
- Revives consciousness
- Clears Heat from the opposite end of the channel
- Regulates Qi in the chest and clears Heat in the Heart
- Opens the channel

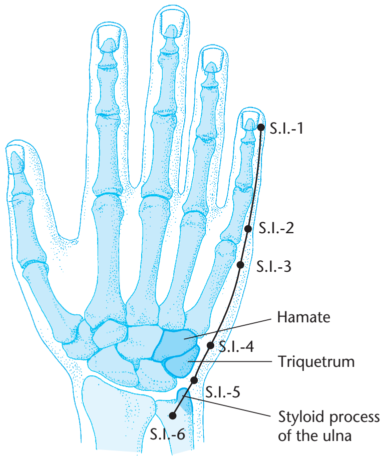
Special features

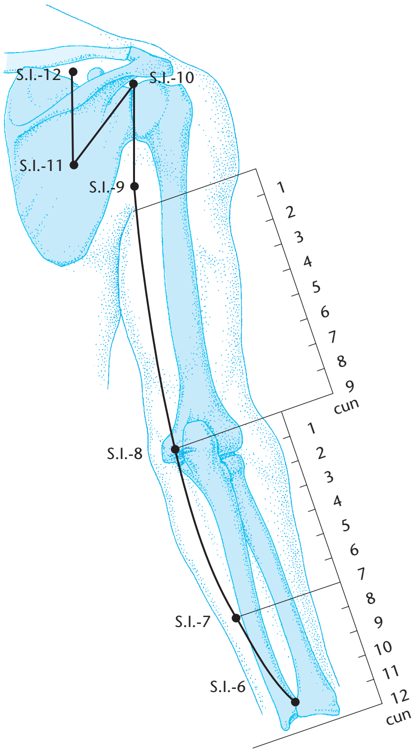
Jing-well point, Wood point, tonification point, exit point.

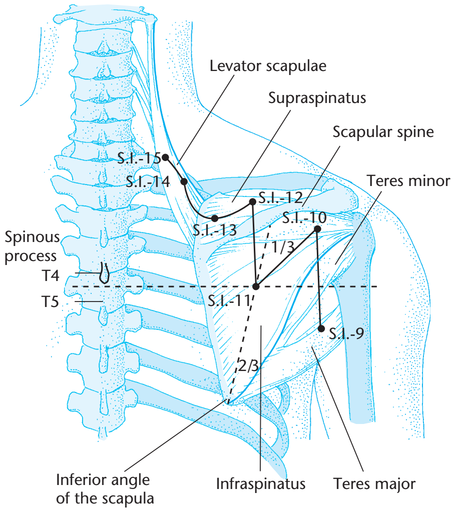
4.6 The Small Intestine Channel System – Hand *taiyang* (*shou tai yang jing luo*)

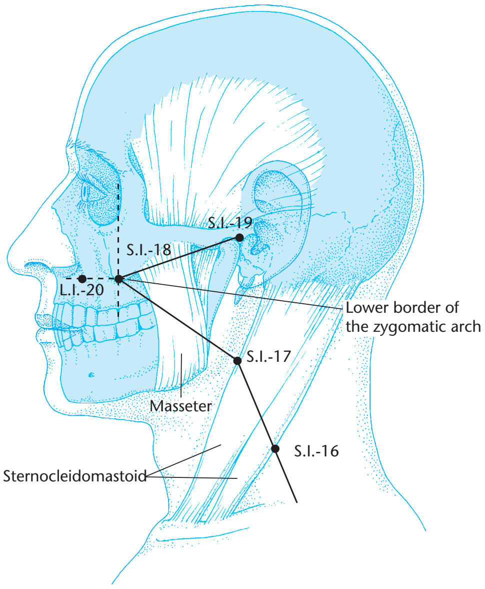
4.6.1 The Small Intestine Primary Channel (*shou tai yang jing*)


(T.B.-20)* T.B.-22
G.B.-21
BL-1
S.I.-19
(G-B.-11)*
Du-14
BL-11
BL-41
S.I.-15
16
S.I.-13
ST-12
Ren-17
L.I.-14*
(Variant according to Deadman)
Ren-13
Ren-12
S.I.-8
S.I.-1
*meeting points only mentioned by some authors
To ST-39
Lower *he*-Sea point of the Small Intestine


S.I.-1
S.I.-2
S.I.-3
Hamate
S.I.-4
Triquetrum
S.I.-5
S.I.-6
Styloid process of the ulna


S.I.-12
S.I.-10
S.I.-11
S.I.-9
1
2
3
4
5
6
7
8
9
cun
S.I.-8
1
2
3
4
5
6
7
8
9
10
11
12
cun
S.I.-7
S.I.-6


Levator scapulae
Supraspinatus
Scapular spine
Teres minor
S.I.-15
S.I.-14
S.I.-12
S.I.-10
S.I.-13
1/3
Spinous process
T4
T5
S.I.-11
S.I.-9
2/3
Inferior angle of the scapula
Infraspinatus
Teres major


S.I.-19
S.I.-18
L.I.-20
Lower border of the zygomatic arch
S.I.-17
Masseter
S.I.-16
Sternocleidomastoid

Pathway

The **external** pathway of the Small Intestine primary channel begins on the little finger, on the ulnar corner of the nail, at **S.I.-1** (*shaoze*). This point is reached by a branch that separates from the Heart primary channel at → **HE-9** (*shaochong*) (hand Yin–Yang connection of the second great circuit).

The channel runs along the ulnar border of the hand, passes the wrist and continues along the ulna to the medial aspects of the elbow.

➡ passes between the olecranon and the medial epicondyle, ascends the posterior aspect of the humerus to the shoulder joint and, according to some authors, meets → **L.I.-14**

➡ zig-zags across the scapula, passes → **BL-41** (*fufen*) and → **BL-11** (*dazhu*) and meets the extraordinary vessel *du mai* and the other Yang primary channels at → **Du-14** (*dazhui*), below the spinous process of C7

➡ continues anteriorly to the supraclavicular fossa to → **ST-12** (*quepen*).

An **internal** branch originates at → **ST-12** and runs inferiorly to the Heart (*xin*), the paired *zang*-Organ, continues to → **Ren-17** and descends along the oesophagus, penetrates the diaphragm and continues to the Stomach (*wei*). Here it crosses → **Ren-13** (*shangwan*) and → **Ren-12** (*zhongwan*), further descends and spreads in its pertaining *fu*-Organ, the Small Intestine (*xiaochang*).

According to the *Neijing Ling Shu*, an **internal** branch courses from the Small Intestine (according to some authors from the Small Intestine primary channel) to → **ST-39** (*xiajuxu*), the lower *he*-sea point of the Small Intestine.

The **external** pathway of the Small Intestine primary channel continues from the supraclavicular fossa along the neck and ascends to the cheek to **S.I.-18** (*quanliao*).

From **S.I.-18**

➡ **a branch** courses to → **BL-1** (*jingming*) at the inner canthus of the eye, where it connects with the Bladder primary channel (six channel theory, Yang axes: *taiyang*)

➡ **a further branch** travels to the outer canthus of the eye, intersects with → **G.B.-1** (*tongziliao*), according to some authors also with → **T.B.-20** and → **G.B.-11**, continues to → **T.B-22** (*erheliao*) anterior to the ear and terminates anterior to the ear deep to **S.I.-19** (*tinggong*)

Clinical importance (➡ 1.2)

Exterior (*biao*) signs and symptoms: Mouth and tongue ulcers, cheek pain, neck pain, occipital stiffness, pain on the lateral aspect of the shoulder and the upper arm

Interior (*li*) or *zangfu*-Organ signs and symptoms: Pain and distension of the upper abdomen, radiating to the genital region, diarrhoea, epigastric pain with constipation

Connections of the Small Intestine primary channel

Connections with other channels

Heart primary channel (*shou shao yin jing*)

Connection: Hand Yin–Yang connection of the second great circuit
Location: **H-9** → **S.I.-1** (on the hand)
Circulation: Circadian (according to the Organ clock)
Importance: Exterior–Interior relationship

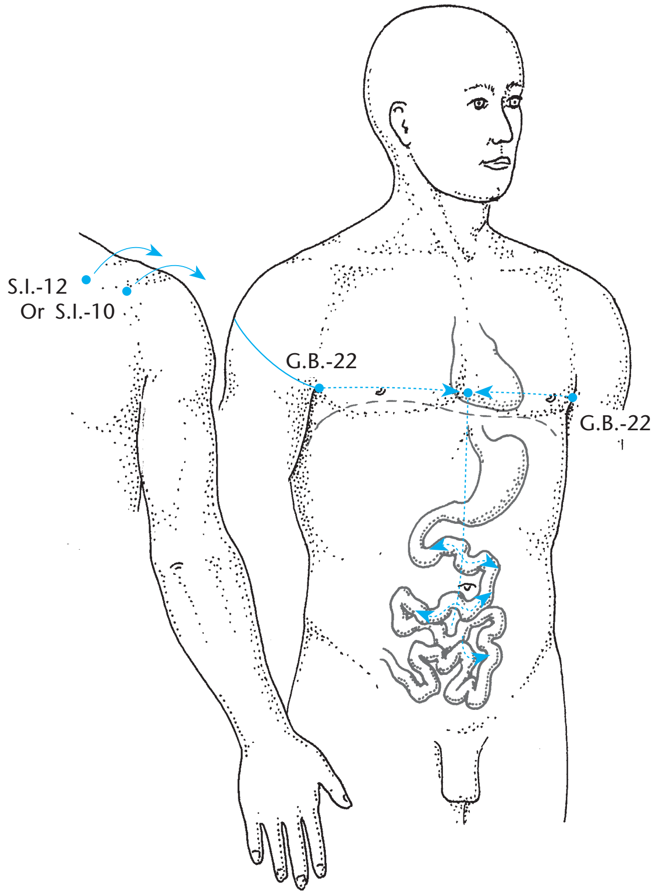
Bladder primary channel (*zu tai yang jing*)

Connection: Paired according to the six channel theory (hand–foot pairing): *tai yang* (Yang axes of the second great circuit)
Location: **S.I.-18** → **BL-1** (on the head)
Circulation: Circadian (according to the Organ clock)
Importance: Above–below relationship

Connections with other *zangfu*-Organ systems

Heart (*xin*), Stomach (*wei*), **Small Intestine (*xiaochang*)**

4.6.2 The Small Intestine Divergent Channel (*shou tai yang jing bie*)



Pathway

The Small Intestine divergent channel separates from the Small Intestine primary channel at the shoulder, depending on the school of thought in the area of → **S.I.-12** (*bingfeng*) or in the area of → **S.I.-10** (*naoshu*)

➡ descends towards the axilla and continues to → **G.B.-22** (*yuanye*)

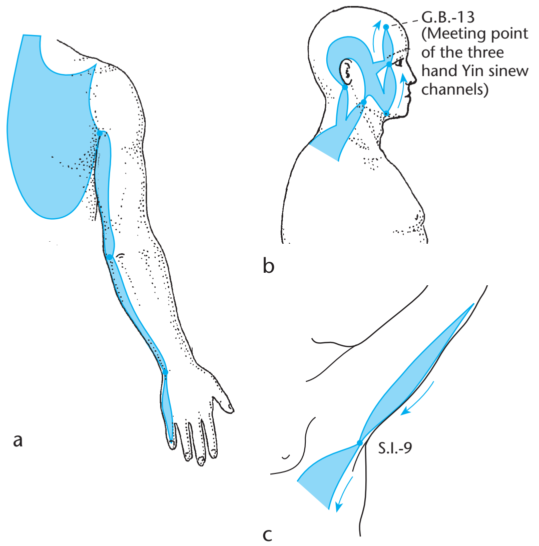
➡ penetrates the thorax and spreads in the Heart (*xin*) where, according to most authors, it forms the fourth confluence

➡ penetrates the diaphragm to connect with its pertaining *fu*-Organ, the Small Intestine

Clinical importance

- Strengthens the relationship between the Heart and the Small Intestine (*zangfu*-Organ system). It provides an explanation for the pattern of Heart Fire transferring to the Small Intestine and the Bladder.

4.6.3 The Small Intestine Sinew Channel (*shou tai yang yin jing jin*)


G.B.-13 (Meeting point of the three hand Yin sinew channels)
a
b
S.I.-9
c

Pathway

The Small Intestine sinew channel begins on the ulnar aspect of the little finger at → **S.I.-1** (*shaoze*)

➡ continues along the ulnar aspect of the little finger and the ulnar border of the hand

➡ runs to **S.I.-5** (*yanggu*) distal to the styloid process of the ulna and binds (*jie*) at the wrist

➡ travels along the ulnar aspect of the forearm to the elbow, continues to the axilla, binding at **S.I.-8** (*xiaohai*) and the posterior aspect of the axilla.

From here a branch courses into the axilla where it binds (*jie*). Another branch spreads across the scapula and ascends anterior to the Bladder and Gall Bladder sinew channels and posterior to the Stomach sinew channel to the lateral aspect of the neck, where it meets the Triple Burner sinew channel.

At the neck it divides into **two branches:**

➡ the **anterior branch** runs to the mandibular angle where it binds (*jie*), continues along the mandible to the ear and the zygomatic bone to bind (*jie*) at the lateral aspect of the orbit

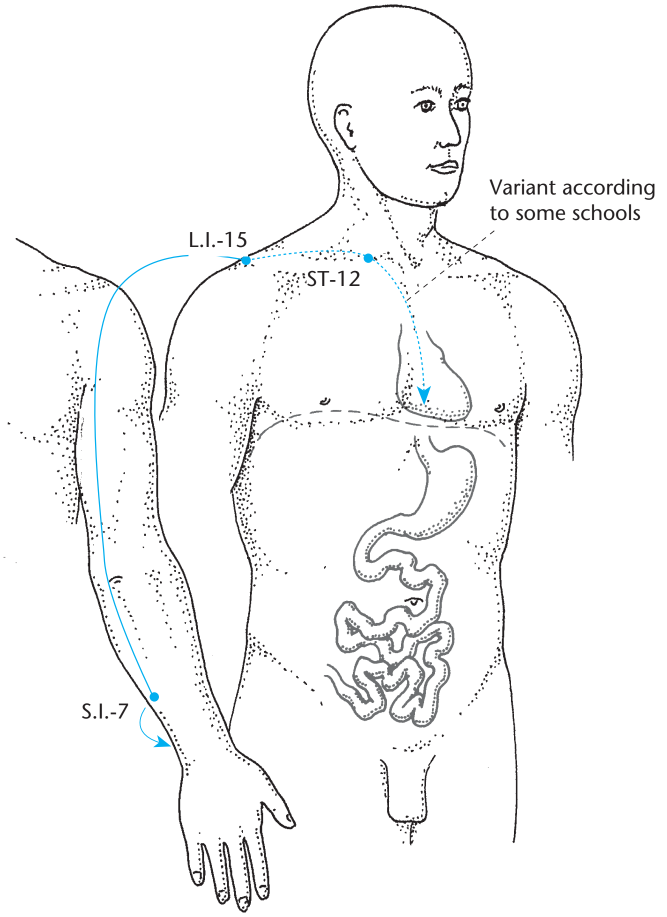
➡ the **posterior branch** binds (*jie*) at the mastoid process (from here a small branch runs to the ear). The branch curves around the ear, descends to the cheek and binds (*jie*) at the insertion of the masseter muscle on the mandible, continues to the lateral aspect of the orbit and reaches → **G.B.-13** (*benshen*) on the frontoparietal aspect of the head, where it meets the other hand Yang sinew channels.

Clinical importance

Pathology: Distending sensations, stiffness and pain of the little finger, impaired range of motion of the upper extremity and shoulder. Pain, stiffness and impaired range of motion of the cervical spine and occiput. Tinnitus and ear pain radiating to the mandible.

Indication: Mainly for *bi*-syndromes (painful obstruction syndrome) along the pathway of the S.I. channel. The area covered by the Small Intestine sinew channel is larger than that covered by the Small Intestine primary channel. This explains why Small Intestine primary channel points can also be used for disorders and diseases of the cervical and thoracic spine and the whole face (for example frontal and lateral headaches).

4.6.4 The Small Intestine *luo*-Connecting Vessel System (*shou tai yang luo mai*)



Pathway

The S.I. *luo*-connecting vessel separates from the Small Intestine primary channel at its *luo*-connecting point **S.I.-7** (*zhizheng*) (→ 8.1.2). It forms a three-dimensional reticular network, dividing into multiple branches and sub-branches (*sun luo*, *fu luo*, *xue luo* → 1.5) within the surrounding tissue.

- Horizontal divisions run to the Interiorly–Exteriorly paired Heart primary channel, according to some schools of thought (for example Ngyen Van Nghi → Appendix) they travel as a **transverse** S.I. *luo*-connecting vessel to the *yuan*-source point → **HE-7** (*shenmen*).
- A **longitudinal** division runs to the medial condyle of the humerus, ascends to the shoulder to → **L.I.-15** (*jianyu*). According to some schools of thought the vessel spreads and terminates here, while according to other schools it traverses the acromion, continues to → **ST-12** (*quepen*) in the supraclavicular fossa, penetrating the thorax in order to connect with the Heart.

Clinical importance (➡ 8.1.2)

Pathology

- **Excess (*shi*)**: Weak and unstable joints, weakness and paralysis of the elbow and the arm
- **Deficiency (*xu*)**: Warts

4.6.5 Cutaneous Region (*tai yang pi bu*)

See description and figures → 1.6.

4.6.6 Points of the Small Intestine Primary Channel (Overview)

Specific points according to their function

- ***Yuan*-source point (→ 8.1.1): S.I.-4** (*wangu*)
- ***Luo*-connecting point (→ 8.1.2.): S.I.-7** (*zhizheng*)
- ***Xi*-cleft point (→ 8.1.3): S.I.-6** (*yanglao*) 🟦■
- **Associated Back-*shu* point (→ 8.1.4): BL-27** (*xiaochangshu*) 🟦■
- **Associated Front-*mu* point (→ 8.1.5): Ren-4** (*guanyuan*) 🟦🟦
- **Five *shu*-transporting point (→ 8.1.6):**
  jing-well point (Metal): **S.I.-1** (*shaoze*)
  ying-spring point (Water): **S.I.-2** (*qiangu*)
  shu-stream point (Wood), tonification point: **S.I.-3** (*houxi*) 🟦■
  jing-river point (Fire), *ben* point: **S.I.-5** (*yanggu*)
  he-sea point (Earth), tonification point: **S.I.-8** (*xiaohai*)
- ***Hui*-meeting point (→ 8.1.7): –**
- **Opening point (→ 8.1.8) of the *du mai*: S.I.-3** (*houxi*) 🟦🟦
- **Lower *he*-sea points (→ 8.1.9): –**
- ***Jiaohui*-meeting points (→ 8.1.10):**
  – with the BL channel, the *yang wei mai, yang qiao mai*: **S.I.-10** (*naoshu*)
  – with the L.I., T.B., G.B. channels: **S.I.-12** (*bingfeng*)
  – with the T.B. channel: **S.I.-18** (*quanlao*) 🟦■
  – with the T.B., G.B.: **S.I.-19** (*tinggong*) 🟦■
  – of other channels with the S.I. channel: **L.I.-14*, Du-14, BL-41, BL-11, ST-12, Ren-17*, Ren-13, Ren-12, G.B.-1, G.B.-11*, T.B.-20*, T.B.-22, BL-1**
- **Gao Wu command point (→ 8.1.11): –**
- **Window of Heaven point (→ 8.1.12): S.I.-16** (*tianchuang*), **S.I.-17** (*tianrong*) 🟦■
- **Points of the Four Seas (→ 8.1.13): –**
- **Ma Dan Yang Heavenly Star point (→ 8.1.14): –**
- **Sun Si Miao Ghost point (→ 8.1.15): –**

Points according to region

- **Local points (→ 8.2.1):** face and cheek – **S.I.-18** (*quanlao*) 🟦■; jaw – **S.I.-19** (*tinggong*) 🟦■; neck – **S.I.-17** (*tianrong*) 🟦■; ears – **S.I.-19** (*tinggong*) 🟦■; shoulder – **S.I.-9** (*jianzhen*), **S.I.-10** (*naoshu*), **S.I.-11** (*tianzong*), **S.I.-12** (*bingfeng*) ■■, **S.I.-13** (*quyuan*), **S.I.-14** (*jianwaishu*) 🟦■; elbow – **S.I.-8** (*xiaohai*); hand – **S.I.-4** (*wangu*), **S.I.-5** (*yanggu*); finger (numbness and pain) – **S.I.-3** (*houxi*) 🟦■; finger (stiffness) – **S.I.-3** (*houxi*) 🟦■, **S.I.-5** (*yanggu*)
- **Adjacent points (→ 8.2.1):** shoulder – **S.I.-9–S.I.-15**; finger – **S.I.-5** (*yanggu*)
- **Distal points (→ 8.2.1):** for the occiput – **S.I.-3** (*houxi*) 🟦■; for the eyes – **S.I.-6** (*yanglao*) 🟦■; for the cervical and thoracic spine – **S.I.-3** (*houxi*) 🟦■; for the thoracic spine – **S.I.-6** (*yanglao*) 🟦■; for the lumbar region – **S.I.-3** (*houxi*) 🟦■, **S.I.-6** (*yanglao*) 🟦■

Specific points according to the channel pathway (in numerical order)

- **S.I.-1** (*shaoze*): *jing*-well point (Metal)
- **S.I.-2** (*qiangu*): *ying*-spring point (Water)
- **S.I.-3** (*houxi*) 🟦■: *shu*-stream point (Wood), tonification point, opening point (→ 8.1.8) of the *du mai*, distal point for the occiput and the lumbar region (→ 8.2.1); local point for the fingers (→ 8.2.1); distal point for the cervical and thoracic spine (→ 8.2.1)
- **S.I.-4** (*wangu*): *yuan*-source point (→ 8.1.1); local point for the hand (→ 8.2.1)
- **S.I.-5** (*yanggu*): *jing*-river point (Fire), *ben* point (Five Phases); local point for the hand and fingers (stiffness) (→ 8.2.1); regional point for the fingers (→ 8.2.1)
- **S.I.-6** (*yanglao*) 🟦■: *xi*-cleft point (→ 8.1.3); distal point for the eyes, the thoracic and lumbar spine (→ 8.2.1)
- **S.I.-7** (*zhizheng*): *luo*-connecting point (→ 8.1.2)
- **S.I.-8** (*xiaohai*): *he*-sea point (Earth), sedation point; local point for the elbow (→ 8.2.1)
- **S.I.-9** *(jianzhen):* local point for the shoulder (often sensitive to pressure) (→ 8.2.1)
- **S.I.-9 – S.I.-15**: adjacent points for the shoulder (often sensitive to pressure) (→ 8.2.1)

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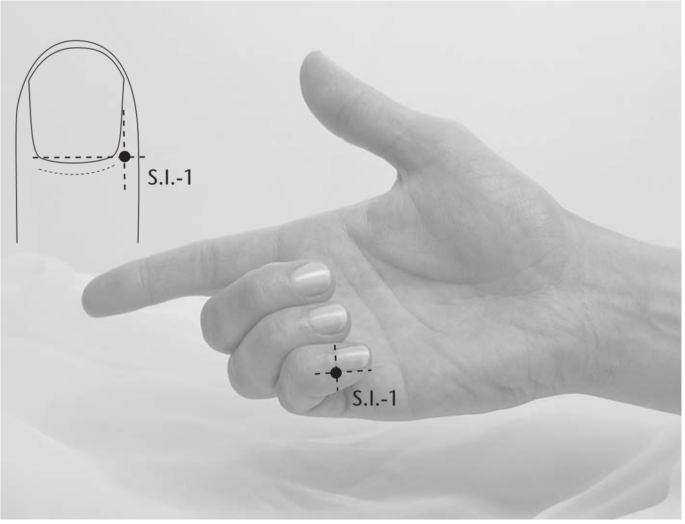
* According to Deadman et al 1998.

- **S.I.-10** (*naoshu*): *jiaohui*-meeting point with the BL channel, the *yang wei mai, yang qiao mai* (→ 8.1.10); local point for the shoulder (often sensitive to pressure) (→ 8.2.1)
- **S.I.-11** (*tianzong*) 🟦⬛: local point for the shoulder (often sensitive to pressure) (→ 8.2.1)
- **S.I.-12** (*bingfeng*): *jiaohui*-meeting point with the L.I., T.B. and G.B. channels (→ 8.1.10); local point for the shoulder (often sensitive to pressure) (→ 8.2.1)
- **S.I.-13** (*quyuan*): local point for the shoulder (often sensitive to pressure) (→ 8.2.1)
- **S.I.-14** (*jianwaishu*) 🟦⬛: local point for the shoulder (often sensitive to pressure) (→ 8.2.1)
- **S.I.-16** (*tianchuang*): Window of Heaven point (→ 8.1.12)
- **S.I.-17** (*tianrong*) 🟦⬛: Window of Heaven point (→ 8.1.12); local point for the neck (→ 8.2.1)
- **S.I.-18** (*quanlao*) 🟦⬛: local point for the face and cheek (→ 8.2.1); *jiaohui*-meeting point with the T.B. channel (→ 8.1.10)
- **S.I.-19** (*tinggong*) 🟦⬛: *jiaohui*-meeting point with the T.B., G.B. channels (→ 8.1.10); local point for disorders of the ear and jaw (→ 8.2.1)

Lesser Marsh **SHAOZE** **S.I.-1**



Location

On the little finger, 0.1 cun from the ulnar corner of the nail.

How to find

This point is located at the junction of two tangents drawn along the lateral and proximal borders of the nail, approximately 0.1 cun from the actual corner of the nail. → **HE-9** is located at the radial corner of the nail.

Needling

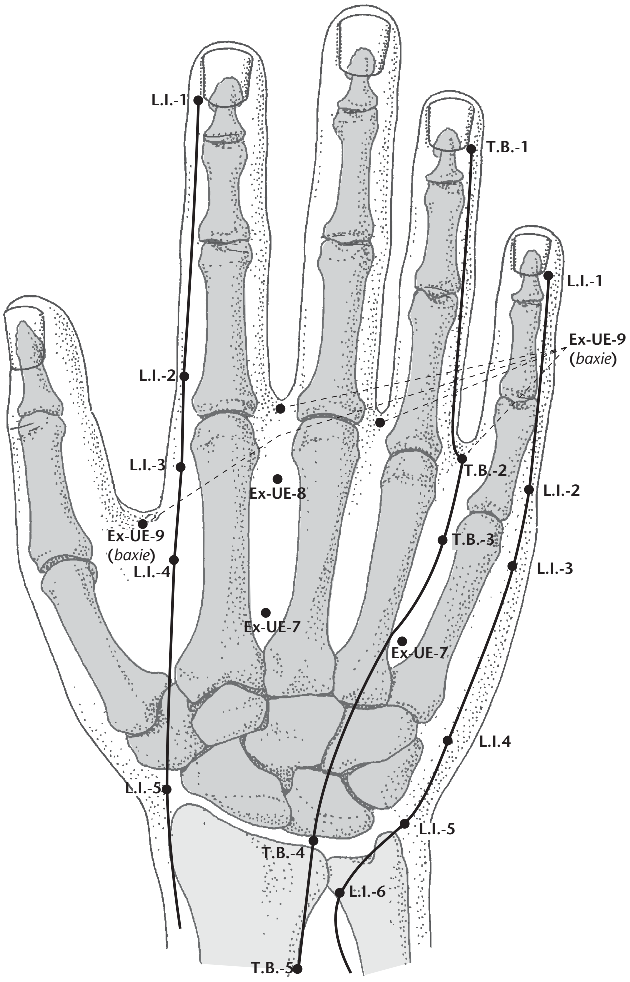
0.1–0.2 cun vertically or obliquely in a proximal direction or prick to bleed with a needle, lancet or three-edged needle. Caution: Painful point.

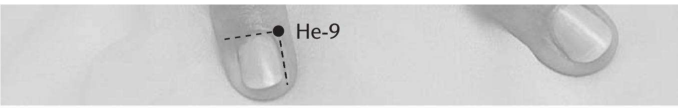
Actions/Indications

- Expels Wind and Heat
- Opens the orifices
- Revives consciousness
- Opens the channel
- Benefits the breasts

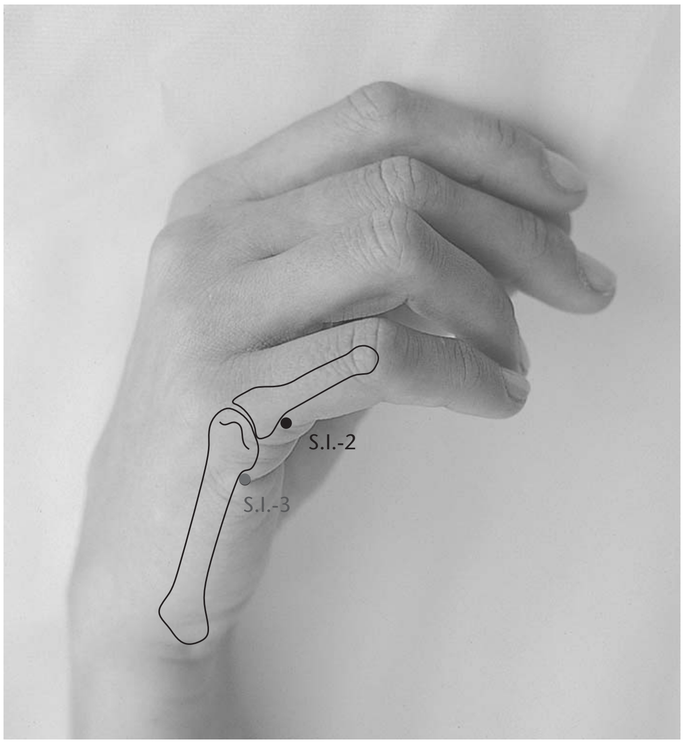
Special features

Jing-well point, Metal point, entry point.


L.I.-1
T.B.-1
L.I.-1
Ex-UE-9
(*baxie*)
L.I.-2
L.I.-3
T.B.-2
L.I.-2
Ex-UE-8
Ex-UE-9
(*baxie*)
T.B.-3
L.I.-4
L.I.-3
Ex-UE-7
Ex-UE-7
L.I.4
L.I.-5
L.I.-5
T.B.-4
L.I.-6
T.B.-5



S.I.-2 *Front Valley* QIANGU



Location

On the ulnar aspect of the little finger, distal to the metacarpophalangeal joint, at the junction of the shaft and the base of the proximal phalanx.

How to find

On the ulnar aspect of the little finger, palpate along the border of the 'red and white' skin in the direction of the metacarpophalangeal joint, until you can clearly feel the junction between the shaft and the base. **S.I.-2** is located at the junction of the shaft and the base and slightly inferior (palmar) to the exterior curvature of the bone. → **L.I.-2** is located in a comparable position on the proximal phalanx of the index finger. In a comparable location on the foot are → **BL-66** (on the lateral aspect) and → **SP-2** (on the medial aspect).

Needling

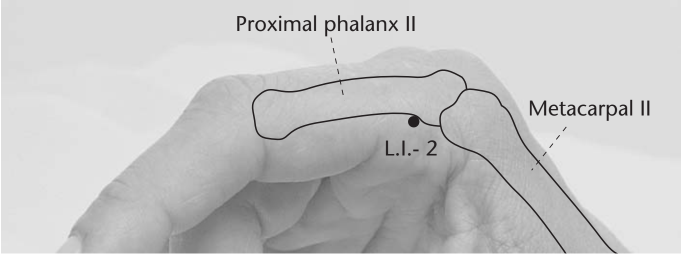
0.2–0.5 cun obliquely in a proximal or distal direction and slightly towards the palm. Caution: Painful point.

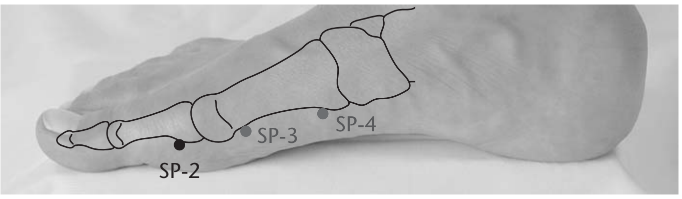
Actions/Indications

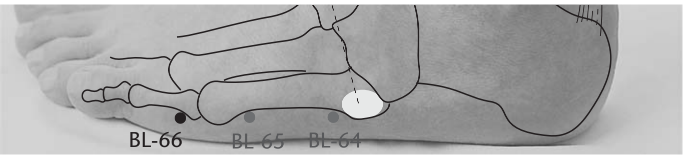
- Drains Heat, expels Wind
- Disperses accumulations

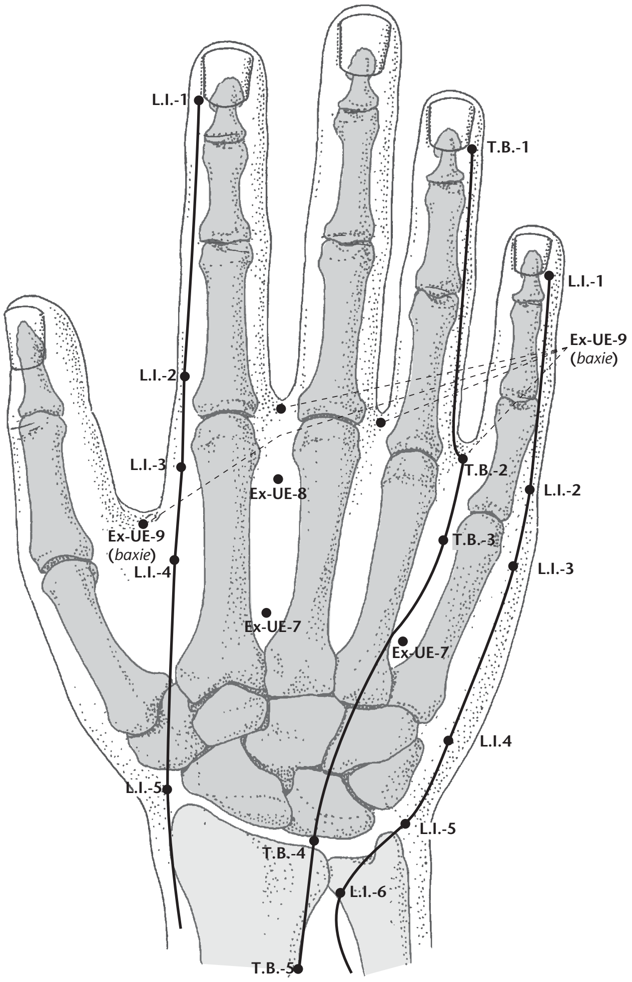
Special features

Ying-spring point, Water point.

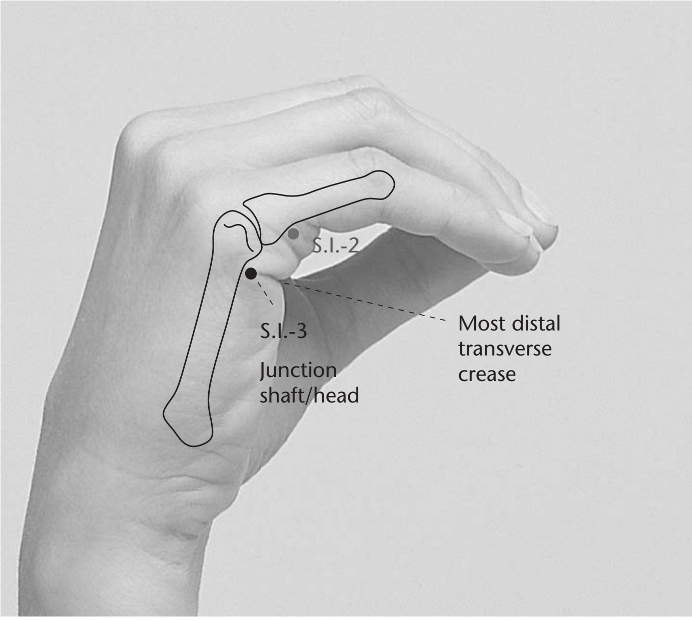

Proximal phalanx II
Metacarpal II
L.I.- 2

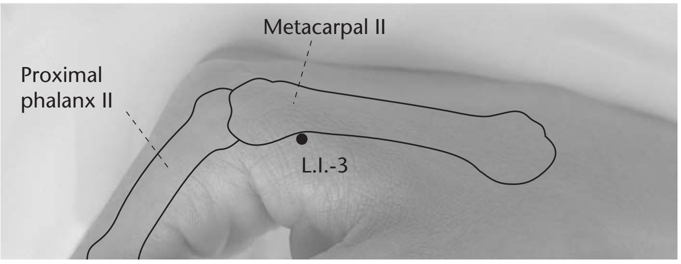


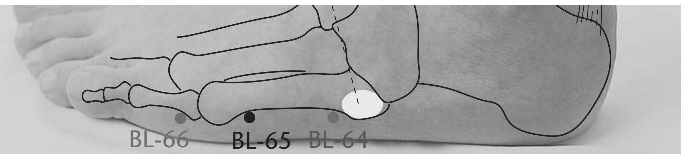

BL-66
BL-65
BL-64

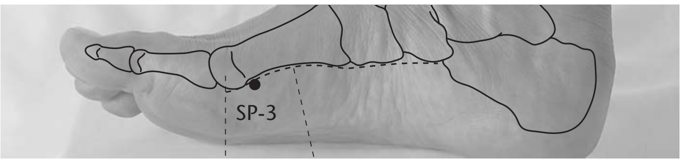

L.I.-1
T.B.-1
L.I.-1
Ex-UE-9
(baxie)
L.I.-2
L.I.-3
T.B.-2
L.I.-2
Ex-UE-8
Ex-UE-9
(baxie)
L.I.-4
T.B.-3
L.I.-3
Ex-UE-7
Ex-UE-7
L.I.4
L.I.-5
L.I.-5
T.B.-4
L.I.-6
T.B.-5

Back Stream HOUXI S.I.-3









Location

On the ulnar border of the hand, in the depression proximal to the metacarpophalangeal joint, at the border of the 'red and white' skin.

How to find

Quick method: Slide from proximal (wrist) to distal (little finger) along the ulnar border of the hand, until the palpating finger comes to rest at the junction between the base and the head of the 5th metacarpal bone proximal to the metacarpophalangeal joint. Here, locate **S.I.-3. Or:** Locate, with the patient making a loose fist. Locate **S.I.-3** at the end of the most distal transverse crease (this often originates between the index and middle fingers and runs to the little finger). When making a fist, a small bulge forms at the end of the crease. There, locate **S.I.-3** in a palpable depression slightly proximal and dorsal to the bulge.
→ **L.I.-3** is located in a comparable position on the radial border of the hand. Located in a comparable position on the foot are → **SP-3** (on the medial aspect) and → **BL-65** (on the lateral aspect).

Needling

0.5–1 cun horizontally below the bone – that is, vertically to the skin towards the palm – or 0.2–0.3 cun obliquely in a distal direction. Caution: Painful point.

Actions/Indications

- Eliminates Wind and Heat from the *taiyang* (S.I., BL)
- Opens the channel and the *luo* vessels
- Clears Heat and benefits the orifices
- Regulates the *du mai*, calms the *shen*

Special features

Shu-stream point, Wood point, tonification point, opening (master) point of the *du mai*. Important distal point for pain, stiffness and contractures along the course of the channel and for disorders of the cervical spine.

S.I.-4 *Wrist Bone* WANGU

Location

On the ulnar border of the hand, between the 5th metacarpal bone and the carpal bones, on the border of the red and white skin.

How to find

On the ulnar aspect of the hand, palpate along the shaft of the 5th metacarpal bone in a proximal direction, until the finger glides over the curvature of the base and into the cleft between the metacarpal and carpal bones.

→ **S.I.-5** is located on the same line, proximal to the pisiform bone and at the level of the wrist crease.

Needling

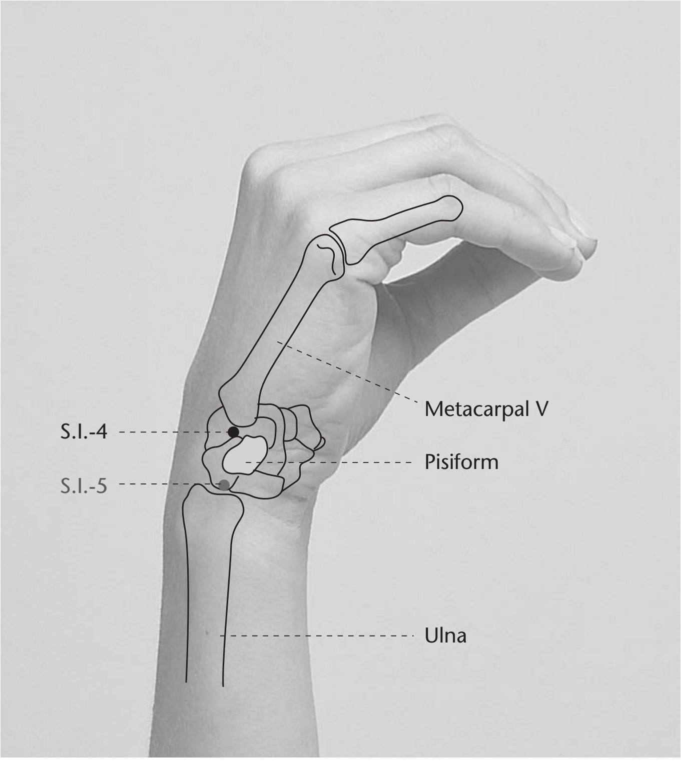
Vertically 0.3–0.5 cun. Caution: Painful point.

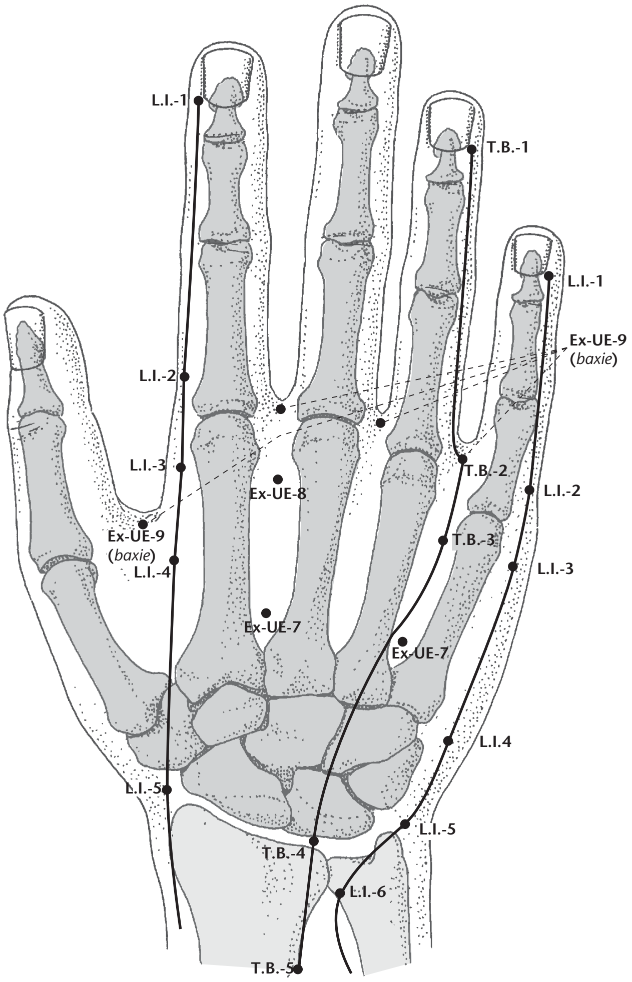
Actions/Indications

- Clears pathogenic factors from the *taiyang* channel
- Clears Damp-Heat in the Small Intestine

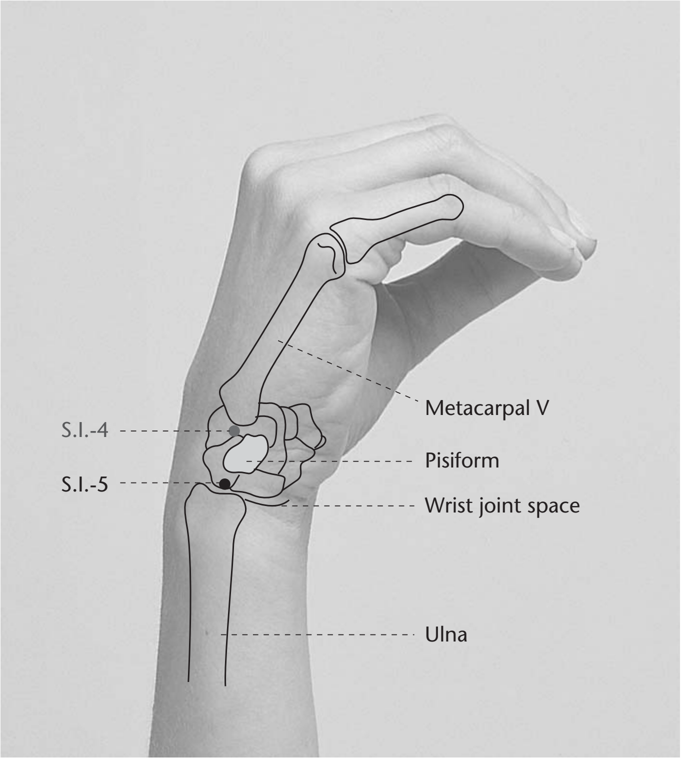
Special features

Yuan-source point


S.I.-4
S.I.-5
Metacarpal V
Pisiform
Ulna


L.I.-1
T.B.-1
L.I.-1
Ex-UE-9
(*baxie*)
L.I.-2
L.I.-3
T.B.-2
L.I.-2
Ex-UE-8
Ex-UE-9
(*baxie*)
L.I.-4
T.B.-3
L.I.-3
Ex-UE-7
Ex-UE-7
L.I.4
L.I.-5
L.I.-5
T.B.-4
L.I.-6
T.B.-5

Yang Valley YANGGU **S.I.-5**


S.I.-4
S.I.-5
Metacarpal V
Pisiform
Wrist joint space
Ulna

Location

On the ulnar aspect of the wrist, at the level of the lateral joint space.

How to find

By moving the wrist in a relaxed way, the wrist joint space can be palpated on the ulnar side. **S.I.-5** is located directly distal to the styloid process of the ulna (→ 3.3.3), on a line running along the ulnar border of the hand and continuing to the wrist. Located on the same line and distal to the prominence of the pisiform bone is → **S.I.-4**.

Needling

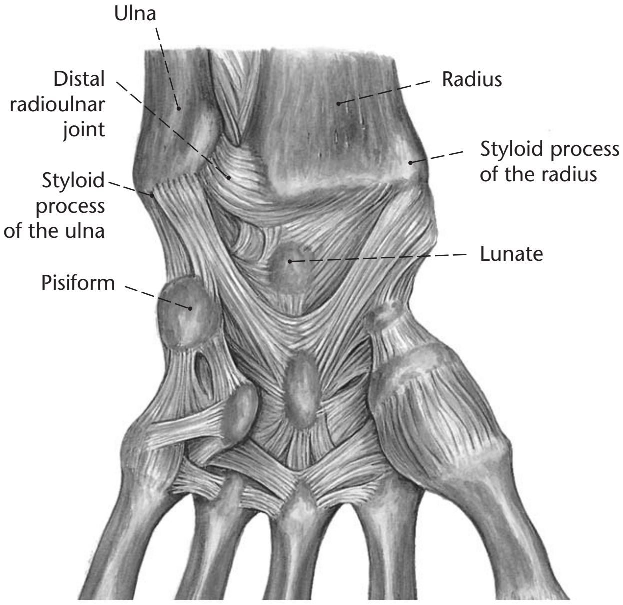
Vertically 0.3–0.5 cun

Actions/Indications

- Clears Heat and reduces swellings

Special features

Jing-river point, Fire point, *ben* point (Five Phases point).


Ulna
Distal radioulnar joint
Styloid process of the ulna
Pisiform
Radius
Styloid process of the radius
Lunate

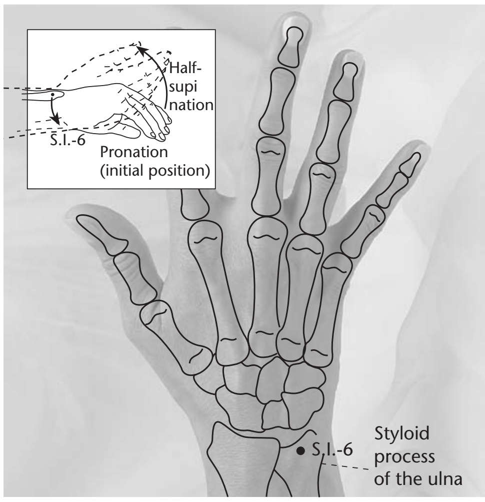
S.I.-6 *Support the Aged* YANGLAO

Location

In the depression radial and proximal to the styloid process of the ulna, which forms when the hand is turned from a pronated to a supinated position.

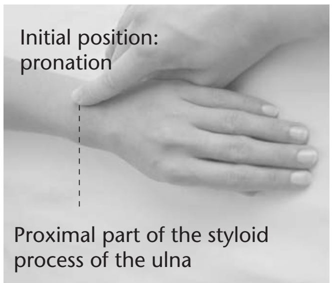
How to find

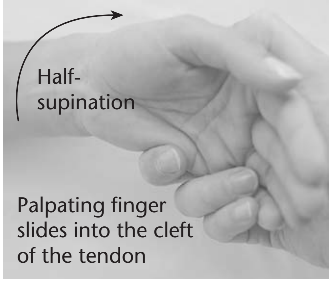
This point is best located with the elbow slightly flexed. Place the palpating finger on the distal portion of the styloid process of the ulna (➞ 3.3.3). When turning the hand from a pronated to a supinated position (mnemonic: cut **br**ead and eat **soup**), the palpating finger will glide into a bony cleft at the proximal aspect of the styloid process (the tendon of the extensor carpi ulnari muscle runs along this groove). This cleft also becomes palpable when the patient rests the hand on the chest (half-supinated position). Locate **S.I.-6** in this bony groove.


Half-
supi
nation
S.I.-6
Pronation
(initial position)
S.I.-6
Styloid
process
of the ulna

Needling

0.3–0.8 cun vertically or slightly obliquely in a proximal direction towards ➞ **P-6** or along the tendon towards the elbow joint.


Initial position:
pronation
Proximal part of the styloid
process of the ulna


Half-
supination
Palpating finger
slides into the cleft
of the tendon

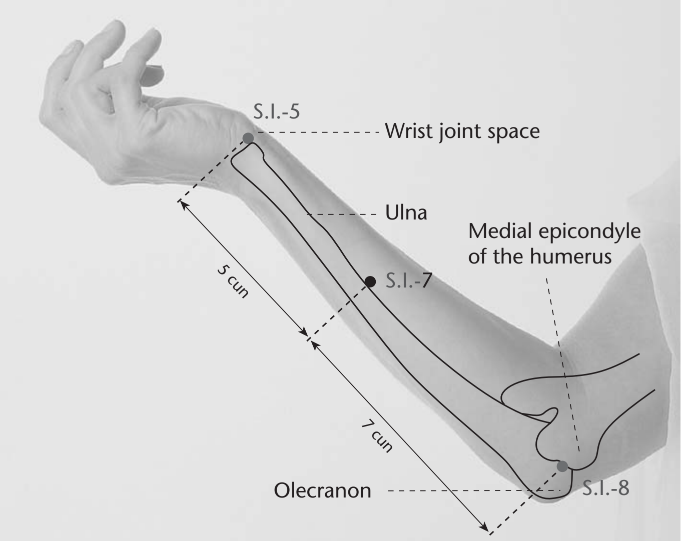
Actions/Indications

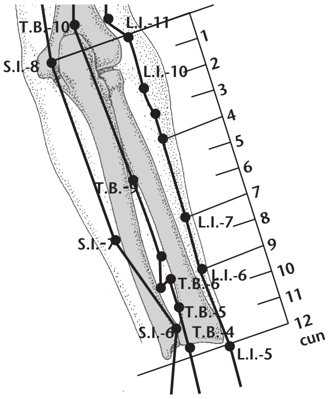
- Opens the channel, alleviates pain, benefits the shoulder and arm, alleviates acute conditions
- Benefits the eyes

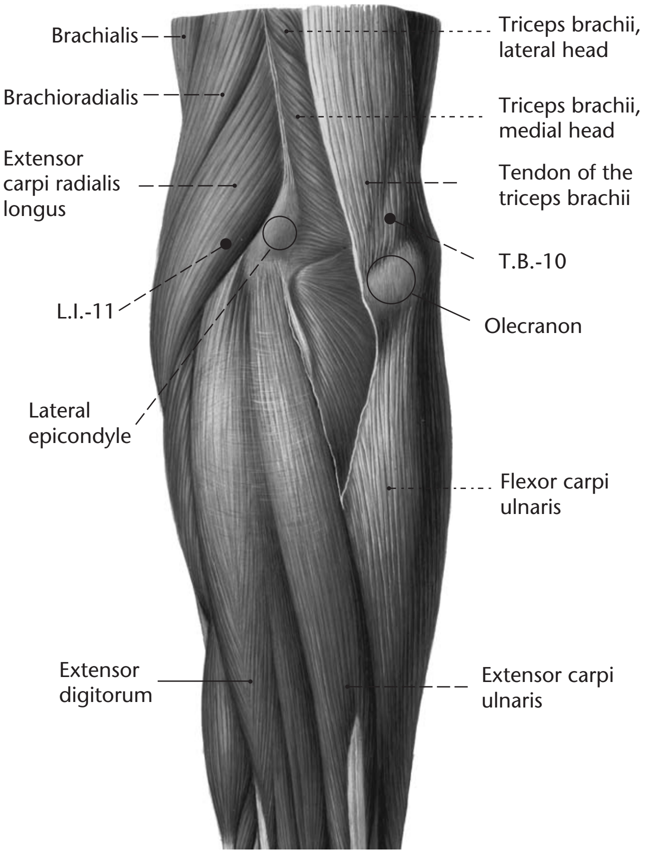
Special features

Xi-cleft point. Important distal point for pain and limited range of motion of the occiput and shoulder (for example, acute torticollis) and the lumbar region (for example, acute sciatica). For acute and painful impairment of motion, use strong reducing needling technique while the patient gently moves the affected region.

Branch of the Upright ZHIZHENG **S.I.-7**


S.I.-5
Wrist joint space
Ulna
Medial epicondyle of the humerus
5 cun
S.I.-7
7 cun
Olecranon
S.I.-8


T.B.-10
L.I.-11
S.I.-8
L.I.-10
1
2
3
4
5
6
7
8
9
10
11
12
cun
T.B.-9
L.I.-7
S.I.-7
L.I.-6
T.B.-6
T.B.-5
S.I.-6
T.B.-4
L.I.-5


Brachialis
Triceps brachii, lateral head
Brachioradialis
Triceps brachii, medial head
Extensor carpi radialis longus
Tendon of the triceps brachii
T.B.-10
L.I.-11
Olecranon
Lateral epicondyle
Flexor carpi ulnaris
Extensor digitorum
Extensor carpi ulnaris

Location

5 cun proximal to the wrist joint, on the line connecting the ulnar wrist joint space with the ulnar sulcus of the elbow (→ **S.I.-5** to → **S.I.-8**) or 1 cun distal to the midpoint of this line.

How to find

Find the midpoint of the distance between → **S.I.-5** and → **S.I.-8** by using the spreading hands technique (→ 2.3.3): Place the little fingers on → **S.I.-5** and → **S.I.-8** respectively and span the hands evenly, with the thumbs joining at the midpoint. From the midpoint, measure 1 cun in a distal direction. The point lies between the palpable border of the ulna and the more anteriorly located flexor carpi ulnaris muscle.

Needling

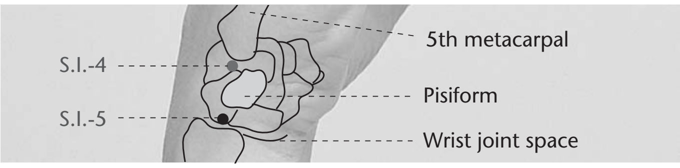
Vertically 0.5–1 cun

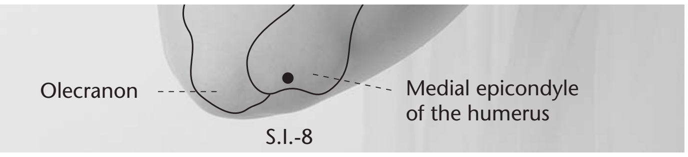
Actions/Indications

- Opens the channel
- Releases the Exterior
- Calms the *shen*

Special features

Luo-connecting point


5th metacarpal
S.I.-4
Pisiform
S.I.-5
Wrist joint space


Olecranon
Medial epicondyle of the humerus
S.I.-8

S.I.-8 *Small Sea* XIAOHAI

Location

With the elbow flexed, in the depression between the olecranon process of the ulna and the medial epicondyle of the humerus.

How to find

S.I.-8 is located on a line connecting the tip of the olecranon and the tip of the medial epicondyle, at the deepest point of the groove between those two bony protrusions.

Needling

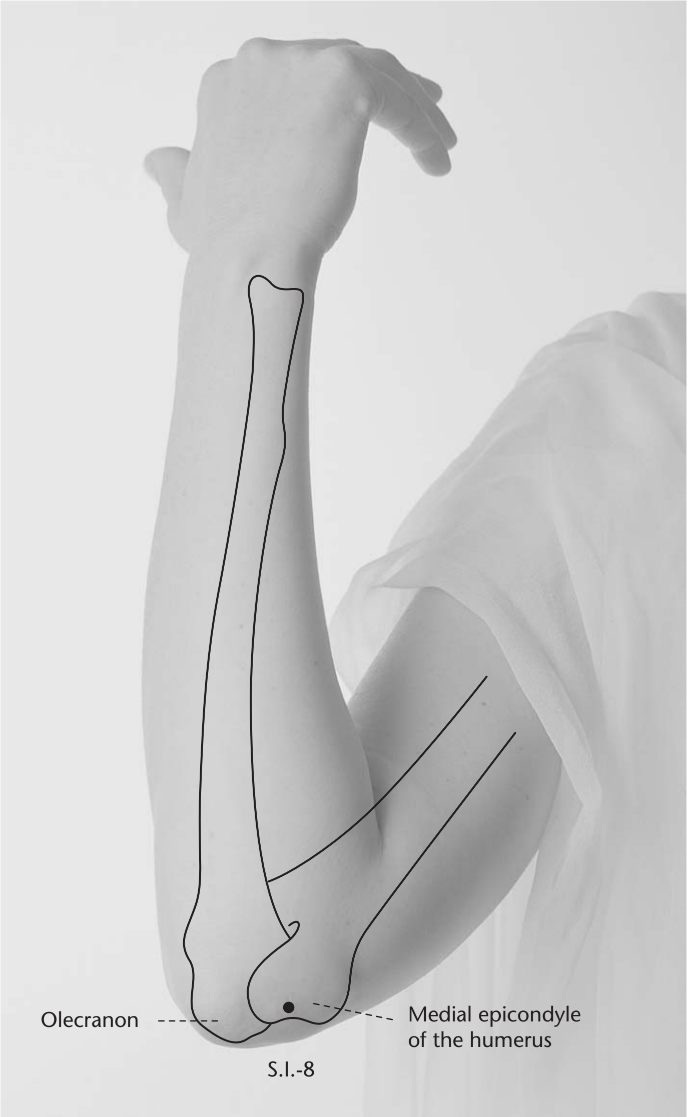
0.3–0.5 cun vertically or obliquely with or against the flow of the channel. Caution: The ulnar nerve is located in this groove.

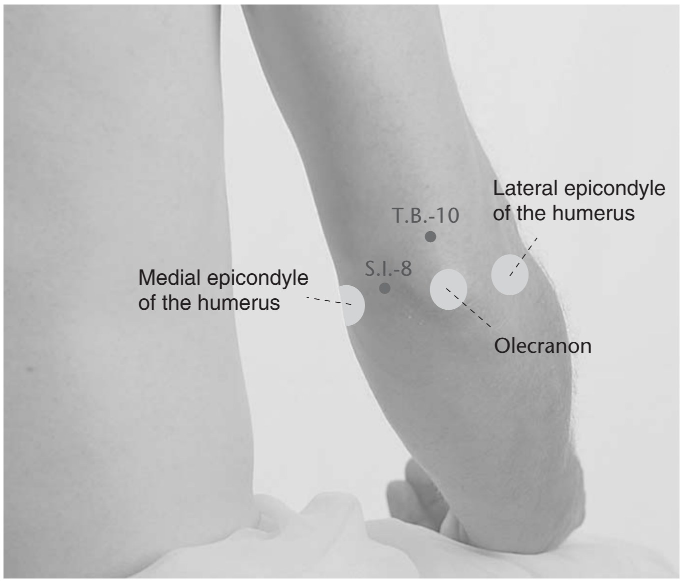
Actions/Indications

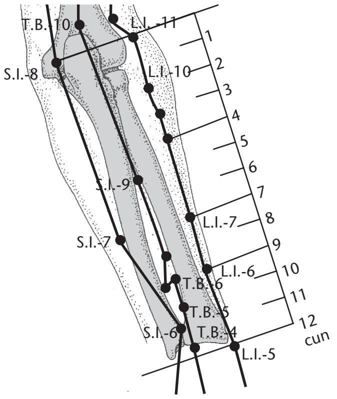
- Opens the channel

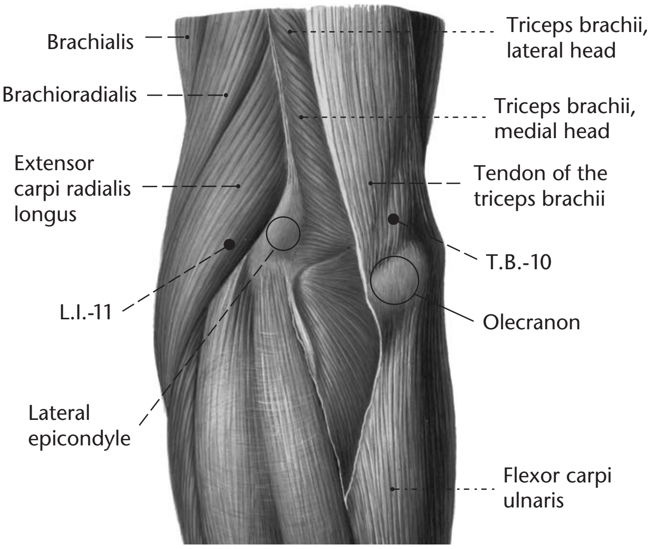
Special features

He-sea point, Earth point, sedation point.

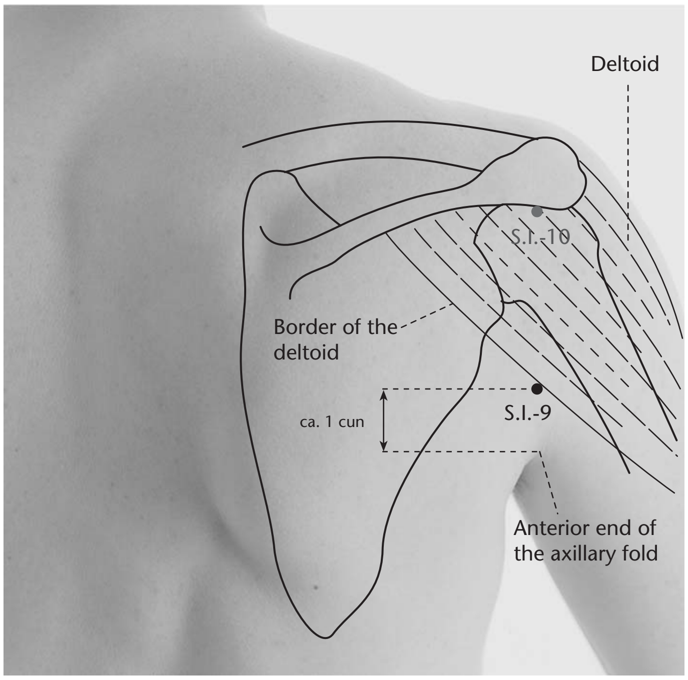

Olecranon
Medial epicondyle of the humerus
S.I.-8


T.B.-10
Lateral epicondyle of the humerus
S.I.-8
Medial epicondyle of the humerus
Olecranon


T.B.-10
L.I.-11
S.I.-8
L.I.-10
S.I.-9
L.I.-7
S.I.-7
L.I.-6
T.B.-6
T.B.-5
S.I.-6
T.B.-4
L.I.-5
1
2
3
4
5
6
7
8
9
10
11
12
cun


Brachialis
Triceps brachii, lateral head
Brachioradialis
Triceps brachii, medial head
Extensor carpi radialis longus
Tendon of the triceps brachii
T.B.-10
L.I.-11
Olecranon
Lateral epicondyle
Flexor carpi ulnaris

True Shoulder JIANZHEN **S.I.-9**


Deltoid
S.I.-10
Border of the deltoid
S.I.-9
ca. 1 cun
Anterior end of the axillary fold

Location

With the arm adducted, 1 cun superior to the posterior axillary fold, on the lower border of the deltoid muscle.

How to find

With the patient sitting upright, palpate upward from the end of the posterior axillary fold, until you can feel the lower border of the deltoid muscle. If in doubt, ask the patient to flex their muscle. **S.I.-9** is located on its lower border.

Needling

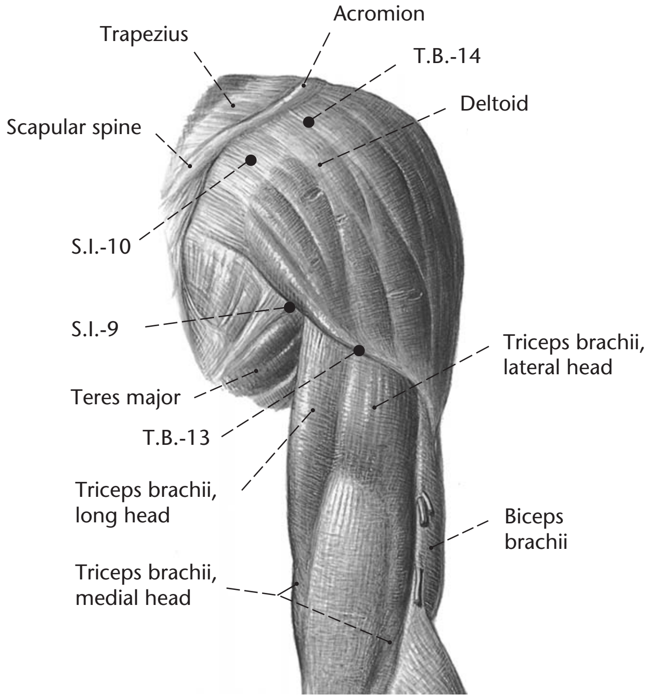
Vertically 1–1.5 cun

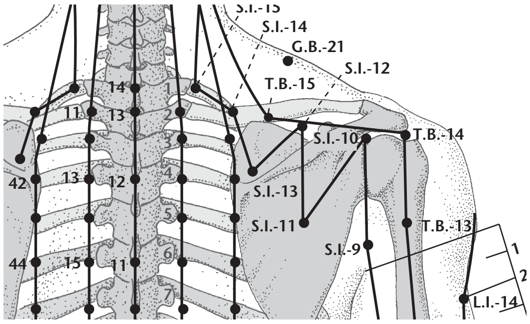
Actions/Indications

- Opens the channel, expels Wind and benefits the shoulder

Special features

S.I.-9 corresponds to a trigger point that is often sensitive to pressure.


Acromion
Trapezius
T.B.-14
Deltoid
Scapular spine
S.I.-10
S.I.-9
Triceps brachii, lateral head
Teres major
T.B.-13
Triceps brachii, long head
Biceps brachii
Triceps brachii, medial head


S.I.-14
G.B.-21
S.I.-12
T.B.-15
14
1
11
13
2
S.I.-10
T.B.-14
3
42
13
12
4
S.I.-13
S.I.-11
5
T.B.-13
S.I.-9
44
15
11
6
1
2
7
L.I.-14

S.I.-10 *Upper Arm Shu* NAOSHU

Location

With the arm adducted, on an imaginary line extending in a superior direction from the posterior axillary fold, on the lower border of the scapular spine.

How to find

With the patient sitting upright, palpate from the posterior axillary fold upward, past the lower border of the deltoid muscle (→ **S.I.-9**) to the bony resistance of the scapular spine and acromion, which here form a curve that opens towards the inferior. **S.I.-10** is located below its bony border.

Needling

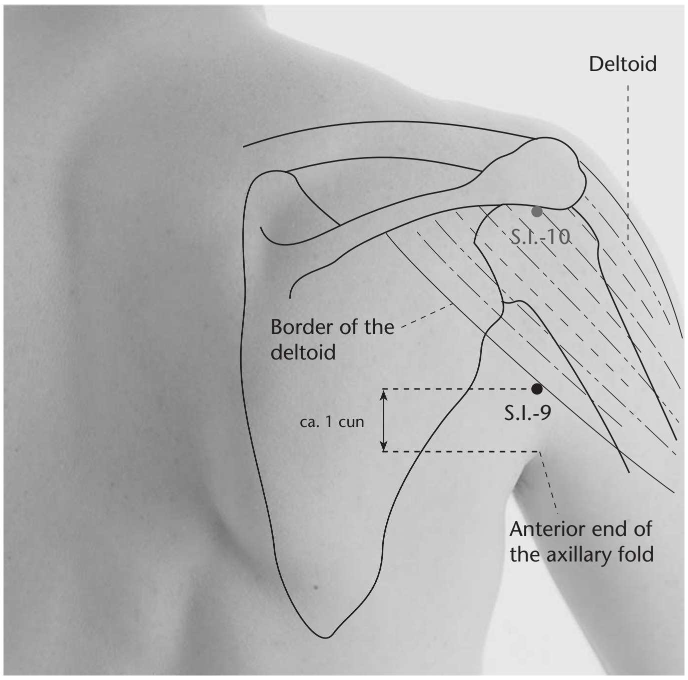
Vertically 0.5–1.5 cun

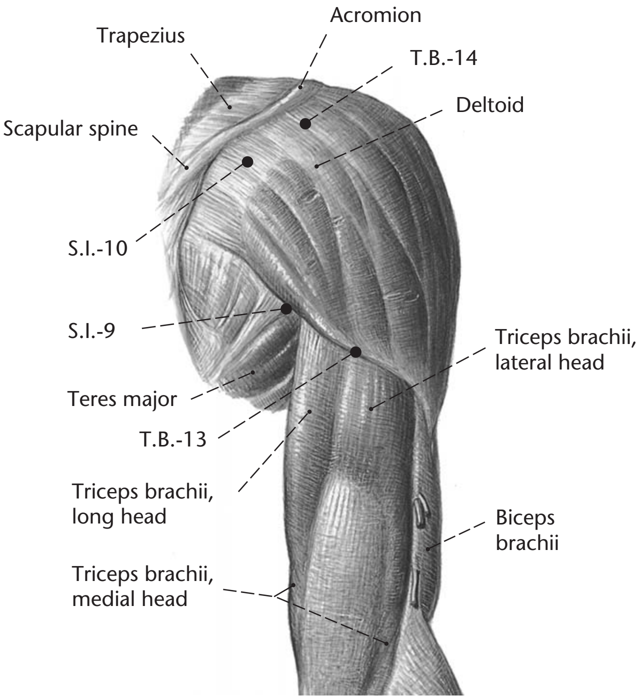
Actions/Indications

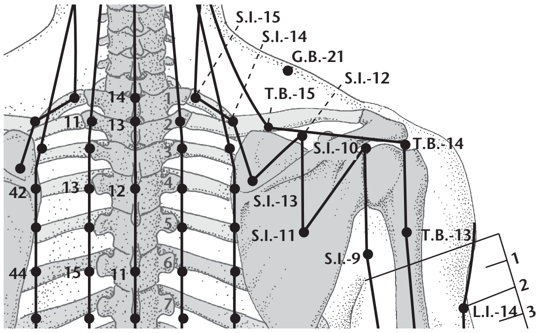
- Opens the channel and relaxes the sinews

Special features

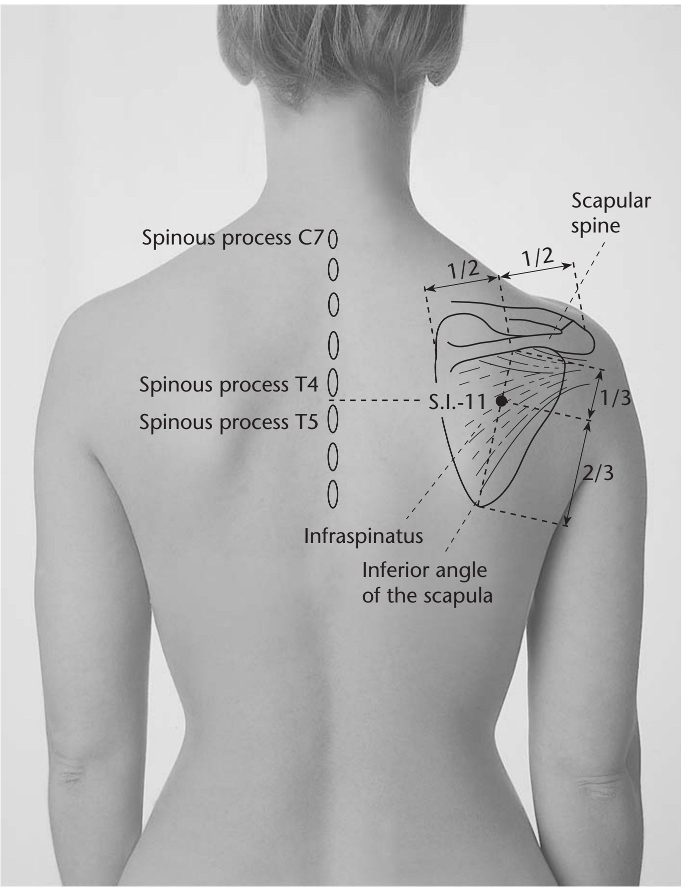
Meeting point of the *yang wei mai* and the *yang qiao mai*. S.I.10 corresponds to a trigger point that is often sensitive to pressure. It also corresponds to the posterior access for puncturing the shoulder joint.


Deltoid
S.I.-10
Border of the deltoid
ca. 1 cun
S.I.-9
Anterior end of the axillary fold


Trapezius
Acromion
T.B.-14
Deltoid
Scapular spine
S.I.-10
S.I.-9
Triceps brachii, lateral head
Teres major
T.B.-13
Triceps brachii, long head
Biceps brachii
Triceps brachii, medial head


S.I.-15
S.I.-14
G.B.-21
S.I.-12
T.B.-15
14
1
11
13
2
T.B.-14
S.I.-10
3
42
13
12
4
S.I.-13
5
S.I.-11
T.B.-13
S.I.-9
44
15
11
6
1
2
7
L.I.-14
3

Heavenly Gathering TIANZONG S.I.-11


Scapular spine
Spinous process C7
1/2
1/2
Spinous process T4
Spinous process T5
S.I.-11
1/3
2/3
Infraspinatus
Inferior angle of the scapula

Location

On the scapula, in a depression on the infraspinatus muscle, one third of the distance from the midpoint of the scapular spine and the inferior angle of the scapula.

How to find

Patient's position: Prone position or better seated with relaxed shoulders. Draw an imaginary line from the midpoint of the scapular spine (→ 3.3.1) to the inferior angle of the scapula. **S.I.-11** is located at the junction of the upper and middle third of this line, in a depression on the infraspinatus muscle, which is often sensitive to pressure. In a seated or standing position with the arms hanging down, it will generally be level with the spinous process of the 4th thoracic vertebra or the body of the 5th thoracic vertebra.
→ **S.I.-12** is located directly above **S.I.-11**, in the centre of the supraspinous fossa.

Needling

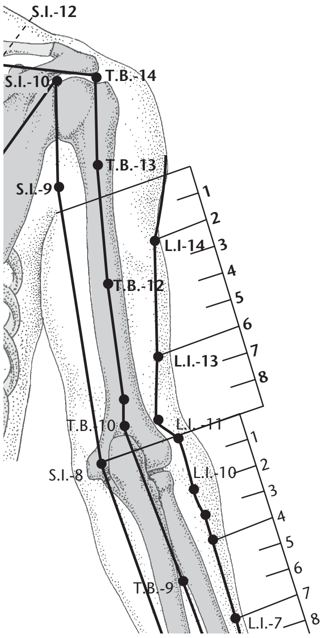
0.5–1.5 cun vertically or obliquely into the muscle tissue

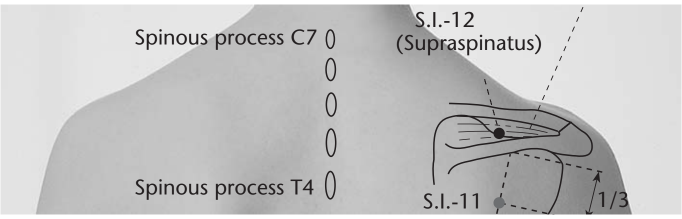
Actions/Indications

- Opens the channel, alleviates pain, moves Qi locally, unbinds the chest and lateral costal region
- Benefits the breasts

Special features

S.I.-11 is often a trigger point on the infraspinatus muscle.


S.I.-12
S.I.-10
T.B.-14
T.B.-13
S.I.-9
1
2
L.I-14
3
4
T.B.-12
5
6
7
L.I.-13
8
T.B.-10
L.I.-11
1
S.I.-8
L.I.-10
2
3
4
5
6
T.B.-9
7
L.I.-7
8


Spinous process C7
S.I.-12 (Supraspinatus)
Spinous process T4
S.I.-11
1/3

S.I.-12 *Grasping the Wind* BINGFENG

Location

Directly above ➞ **S.I.-11**, in the centre of the supraspinous fossa.

How to find

Patient's position: Prone position or better seated with relaxed shoulders. First, locate ➞ **S.I.-11** (one third of the distance between the midpoint of the scapular spine and the inferior angle of the scapula). **S.I.-12** is located directly above ➞ **S.I.-11** in the centre of the supraspinous fossa.

Needling

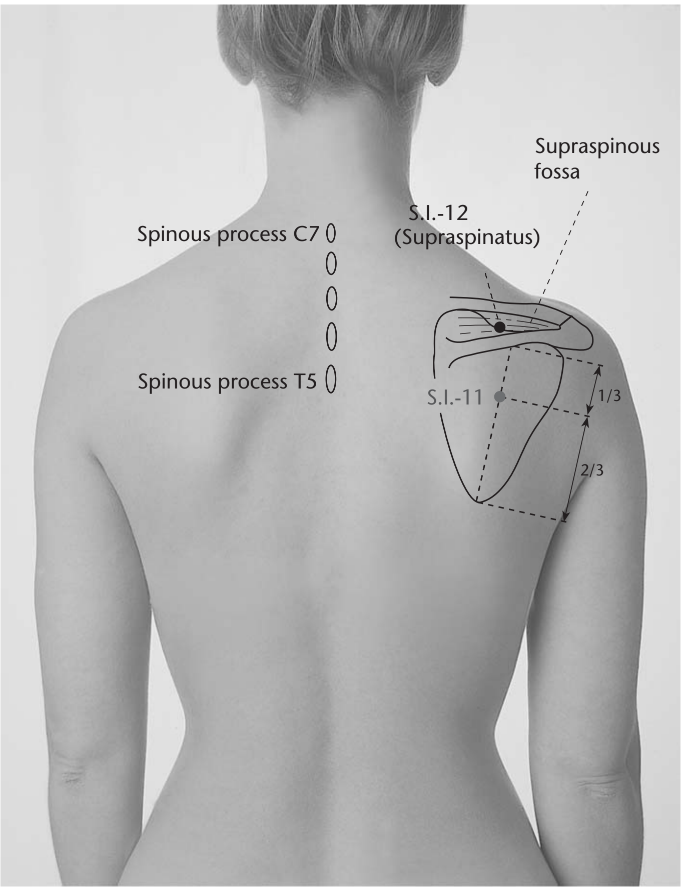
0.5–1 cun vertically or obliquely into the supraspinatus muscle in the direction of the shoulder. Caution: Pneumothorax.

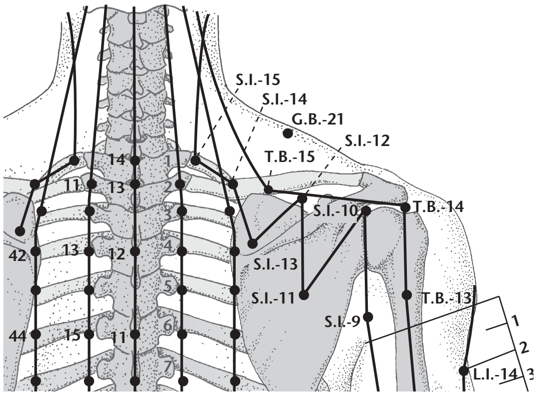
Actions/Indications

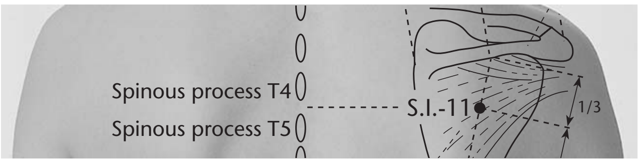
- Eliminates Wind, benefits the shoulder and scapula, opens the channel and the *luo* vessels

Special features

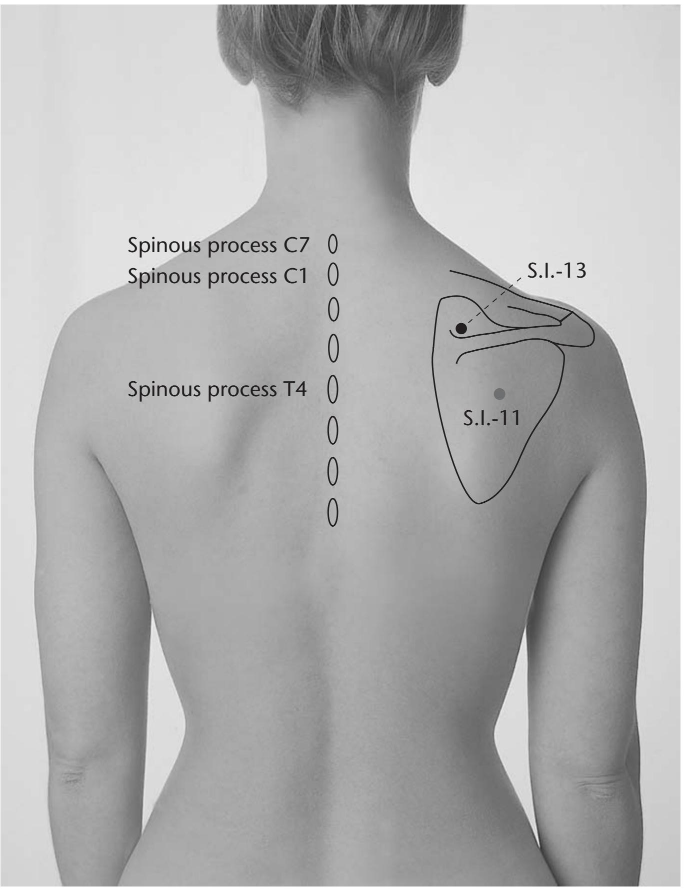
Meeting point with the Gall Bladder, Triple Burner and Large Intestine channels. **S.I.-12** is often a trigger point in the supraspinatus muscle.


Supraspinous fossa
S.I.-12 (Supraspinatus)
Spinous process C7
Spinous process T5
S.I.-11
1/3
2/3


S.I.-15
S.I.-14
G.B.-21
S.I.-12
T.B.-15
14
1
11
13
2
3
S.I.-10
T.B.-14
42
13
12
4
S.I.-13
5
S.I.-11
T.B.-13
S.I.-9
1
44
15
11
6
2
7
L.I.-14
3


Spinous process T4
Spinous process T5
S.I.-11
1/3

Crooked Wall QUYUAN S.I.-13


Spinous process C7
Spinous process C1
Spinous process T4
S.I.-13
S.I.-11

Location

At the medial end of the supraspinous fossa.

How to find

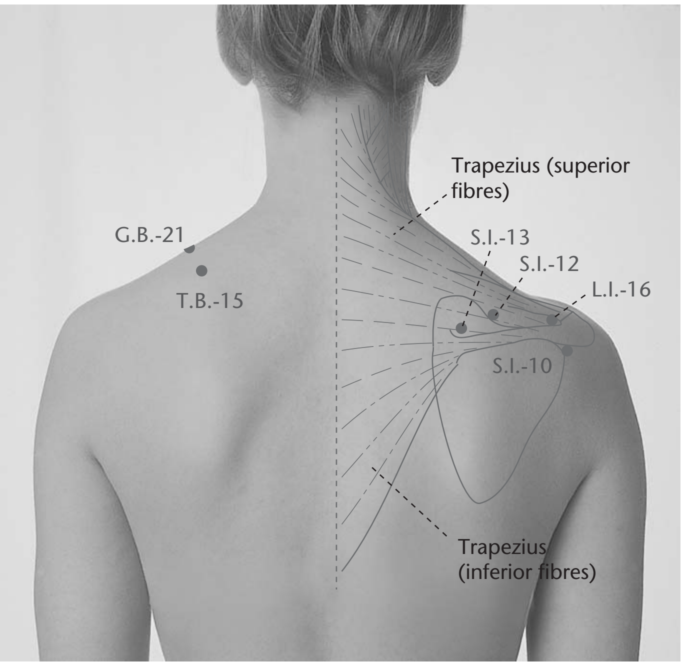
At its medial end, the scapular spine fans out in a deltoid shape, curving round in a superior direction. When palpating, this feels like a ‘crooked wall’, hence its name. **S.I.-13** is located on the scapula, in the slightly concave bend, at the medial origin of the supraspinatus muscle.

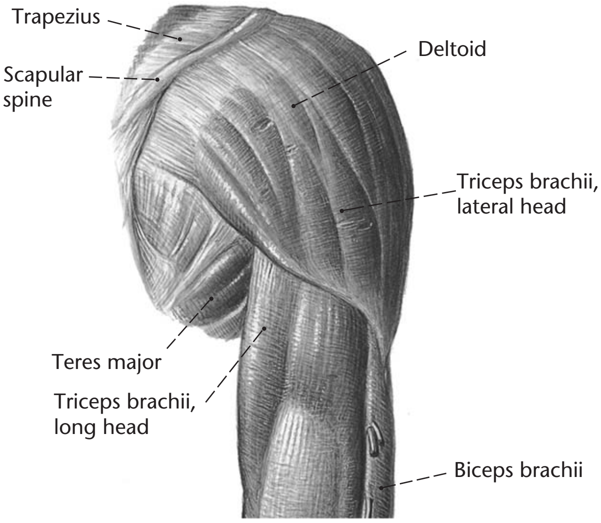
Needling

0.5–1 cun vertically or obliquely in a lateral direction. No danger of puncturing the pleura if located correctly.

Actions/Indications

- Opens the channel


Trapezius (superior fibres)
G.B.-21
T.B.-15
S.I.-13
S.I.-12
L.I.-16
S.I.-10
Trapezius (inferior fibres)


Trapezius
Scapular spine
Deltoid
Triceps brachii, lateral head
Teres major
Triceps brachii, long head
Biceps brachii

S.I.-14 *Outer Shoulder* Shu JIANWAISHU

Location

3 cun lateral to the lower border of the spinous process of the 1st thoracic vertebra, at the insertion of the levator scapulae muscle.

How to find

The levator scapulae muscle originates on the upper aspect of the medial border and the superior angle of the scapula. In this area, it is often myogelotic and therefore well defined and often sensitive to pressure (trigger point). **S.I.-14** is located just superior to the actual muscle insertion; in contrast to → **S.I.-13**, it is not located on the scapula.

Located on approximately the same level are → **Du-13** (below the spinous process of the 1st thoracic vertebra) and → **BL-11** (1.5 cun distal to the posterior midline).

Needling

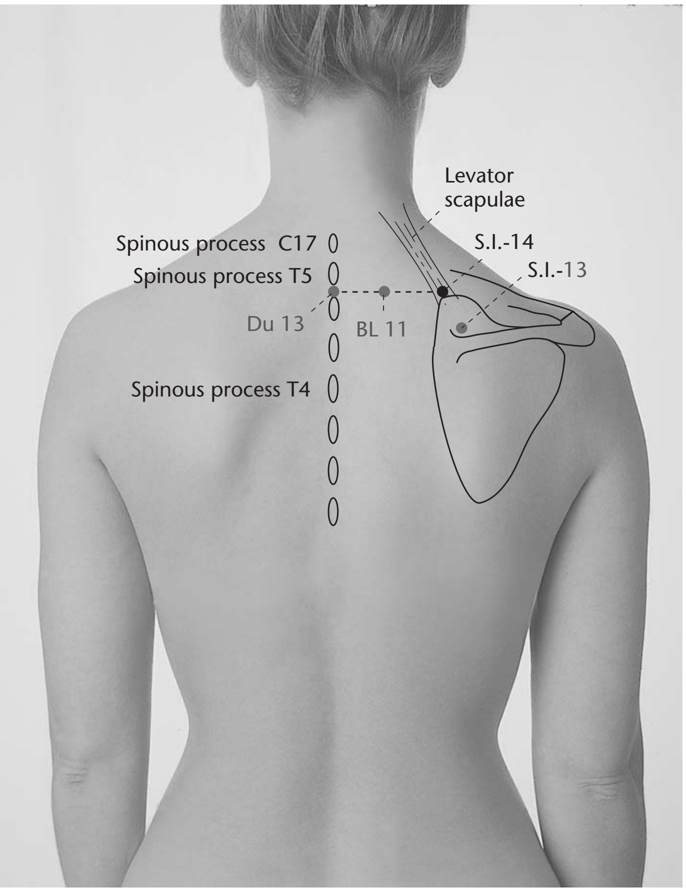
0.5–1 cun vertically or obliquely in a medial direction. Caution: Pneumothorax.

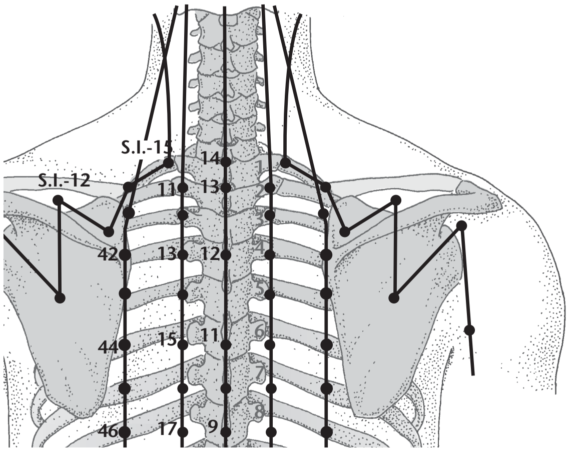
Actions/Indications

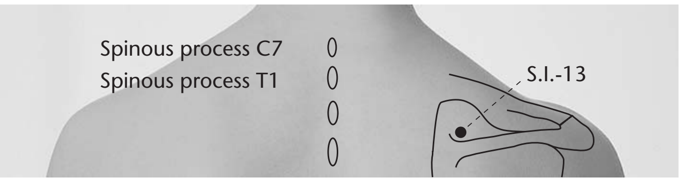
- Opens the channel
- Expels Wind-Cold

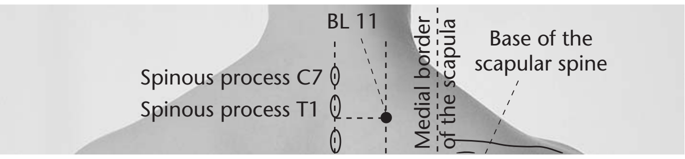
Special features

Trigger point on the levator scapulae muscle

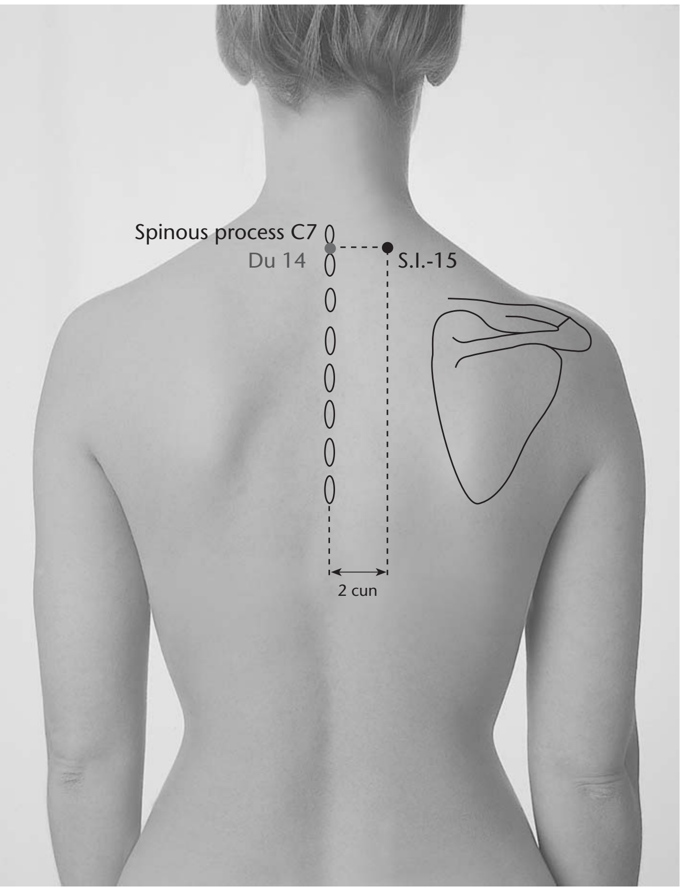

Levator scapulae
Spinous process C17
Spinous process T5
S.I.-14
S.I.-13
Du 13
BL 11
Spinous process T4


S.I.-15
S.I.-12
14
11
13
42
13
12
44
15
11
46
17
9


Spinous process C7
Spinous process T1
S.I.-13


BL 11
Spinous process C7
Spinous process T1
Medial border of the scapula
Base of the scapular spine

Middle Shoulder Shu JIANZHONGSHU S.I.-15


Spinous process C7
Du 14
S.I.-15
2 cun

Location

2 cun lateral to the lower border of the spinous process of the 7th thoracic vertebra.

How to find

For locating the 7th cervical vertebra, see → 3.4.
Located on the same level is → **Du-14** below the spinous process of the 7th cervical vertebra. Locate **S.I.-15** by measuring 2 cun in a lateral direction.

Needling

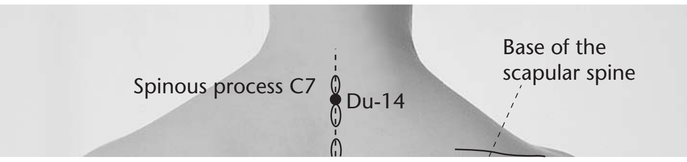
0.5–1 cun vertically or obliquely in a medial direction. Caution: Pneumothorax.

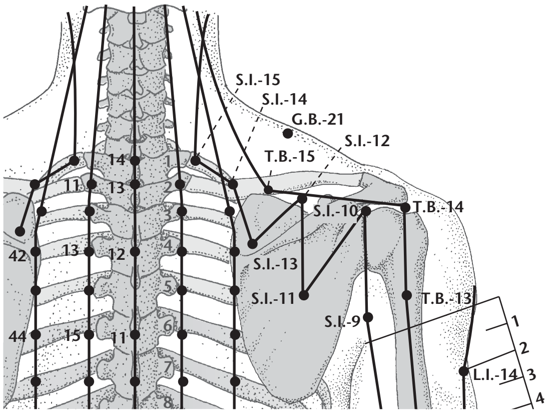
Actions/Indications

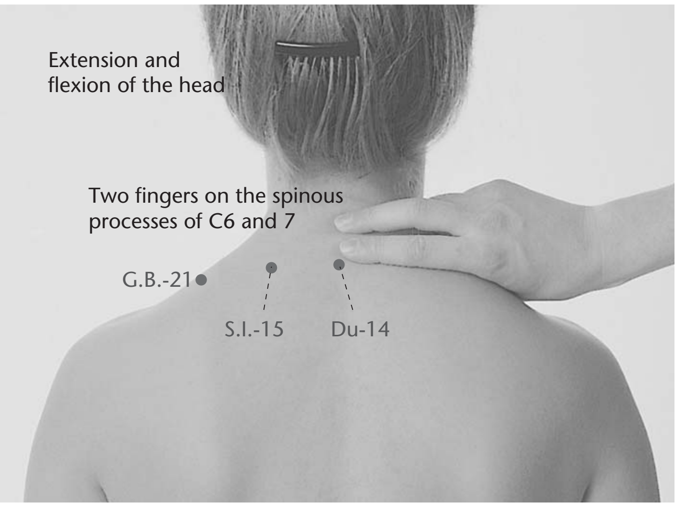
- Opens the channel

Special features

Trigger point on the levator scapulae muscle, effective point for disorders of the cervicodorsal area.


Spinous process C7
Du-14
Base of the scapular spine


S.I.-15
S.I.-14
G.B.-21
S.I.-12
T.B.-15
14
1
11
13
2
3
S.I.-10
T.B.-14
42
13
12
4
S.I.-13
5
S.I.-11
T.B.-13
S.I.-9
1
44
15
11
6
2
7
L.I.-14
3
8
4


Extension and flexion of the head
Two fingers on the spinous processes of C6 and 7
G.B.-21
S.I.-15
Du-14

S.I.-16 *Heavenly Window* TIANCHUANG

Location

Approximately 3.5 cun lateral to the anterior midline, at the level of the laryngeal prominence, on the posterior border of the sternocleidomastoid muscle.

How to find

From the laryngeal prominence (→ 3.2), draw a line to the posterior border of the sternocleidomastoid muscle. **S.I.-16** is located directly at its posterior border, which can be made more clearly visible and palpable by rotating the patient's head in the opposite direction.

Located on the same level are → **ST-9** (on the anterior border of the sternocleidomastoid muscle) and → **L.I.-18** (between the two heads of the SCM muscle).

Needling

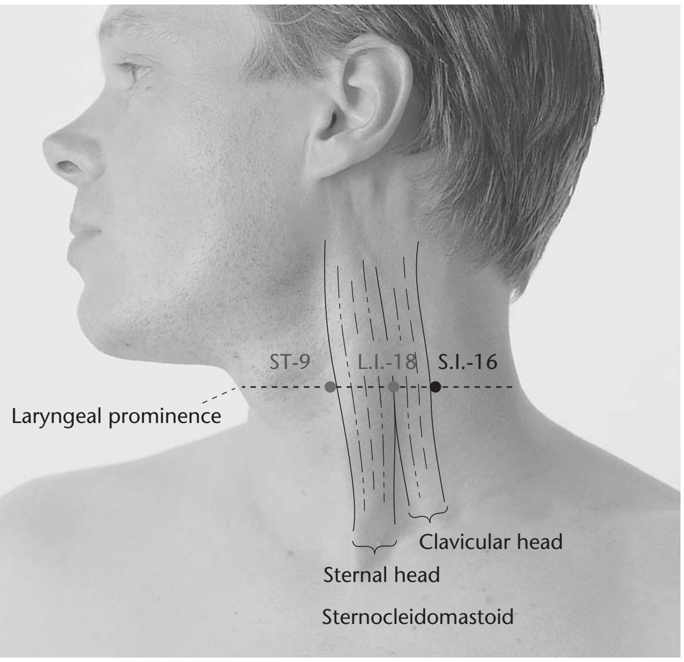
Vertically 0.5–1 cun. If necessary, rotate the patient's head back to its normal position before needle insertion.

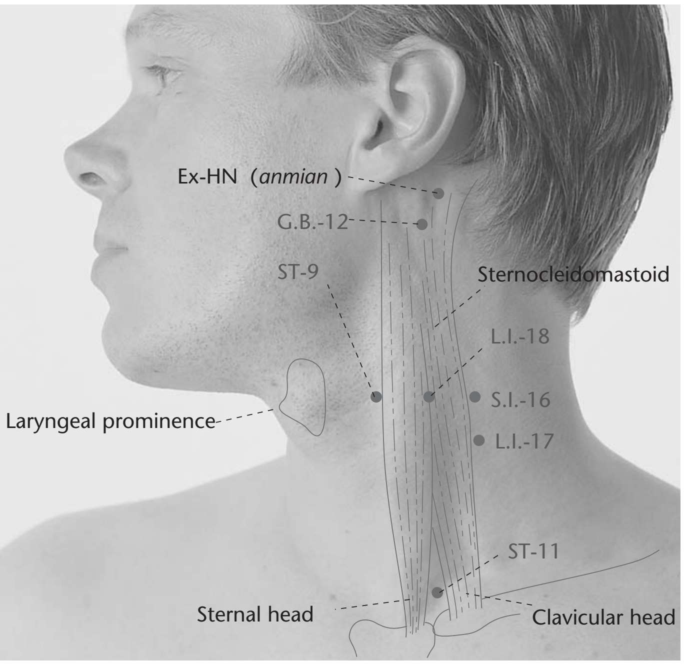
Actions/Indications

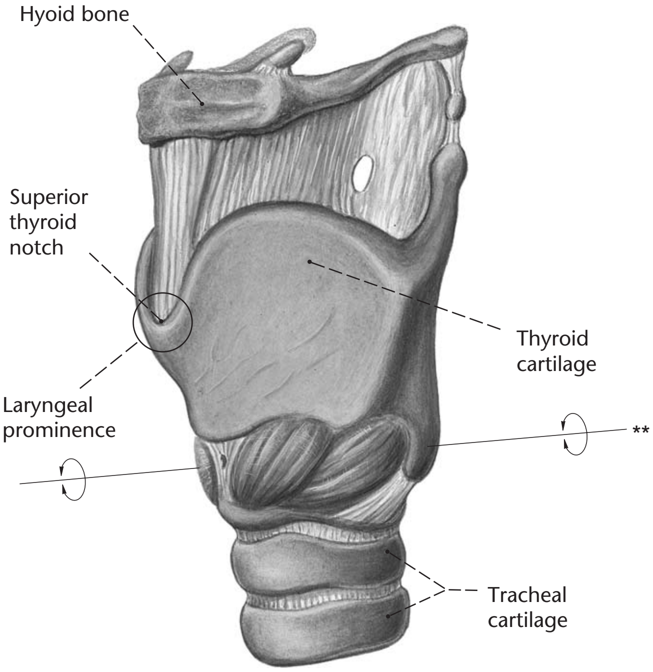
- Expels Wind and Heat, benefits the throat, ears and voice
- Opens the channel

Special features

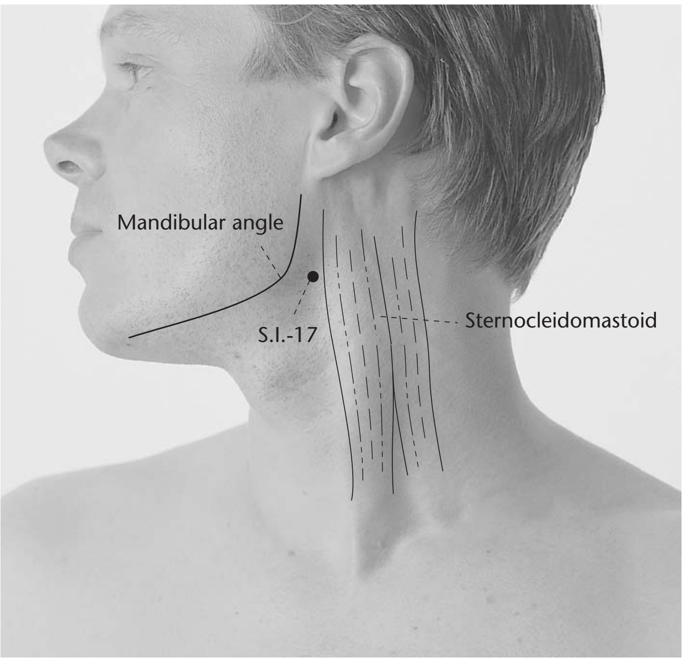
Window of Heaven point

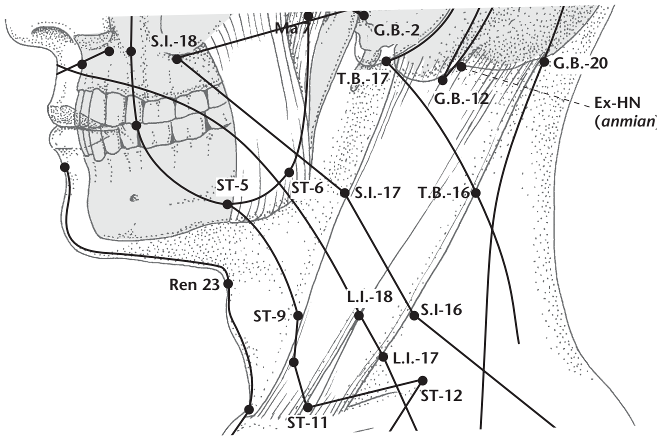

ST-9
L.I.-18
S.I.-16
Laryngeal prominence
Clavicular head
Sternal head
Sternocleidomastoid

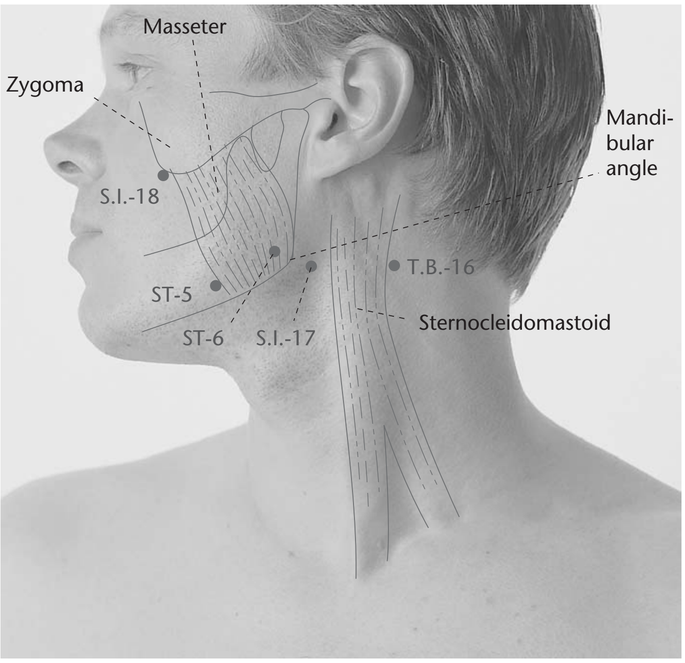

Ex-HN (*anmian*)
G.B.-12
ST-9
Sternocleidomastoid
L.I.-18
S.I.-16
L.I.-17
Laryngeal prominence
ST-11
Sternal head
Clavicular head


Hyoid bone
Superior thyroid notch
Laryngeal prominence
Thyroid cartilage
**
Tracheal cartilage

Heavenly Appearance TIANRONG S.I.-17


Mandibular angle
S.I.-17
Sternocleidomastoid


S.I.-18
Ma 7
G.B.-2
T.B.-17
G.B.-20
G.B.-12
Ex-HN
(*anmian*)
ST-5
ST-6
S.I.-17
T.B.-16
Ren 23
ST-9
L.I.-18
S.I-16
L.I.-17
ST-12
ST-11


Masseter
Zygoma
Mandi-bular angle
S.I.-18
T.B.-16
ST-5
Sternocleidomastoid
ST-6
S.I.-17

Location

Posterior to the mandibular angle, on the anterior border of the sternocleidomastoid muscle.

How to find

By rotating the patient's head in the opposite direction, the border of the sternocleidomastoid muscle becomes more pronounced. **S.I.-17** is located halfway between the angle of the mandible and the anterior border of the sternocleidomastoid muscle.

Needling

Vertically 0.5–1 cun. Caution: Internal carotid artery, internal and external jugular veins.

Actions/Indications

- Expels Wind, opens the channel, disperses accumulations, benefits the ears and throat

Special features

Window of Heaven point

S.I.-18 *Cheekbone Crevice* QUANLIAO

Location

At the intersection of a vertical line through the outer canthus of the eye with the lower border of the zygomatic bone, on the anterior border of the masseter muscle.

How to find

Draw an imaginary vertical line from the outer canthus of the eye to the lower border of the zygomatic bone. **S.I.-18** is located in a depression on the anterior border of the masseter muscle, approximately on the level of the lateral border of the ala nasi (→ **L.I.-20**). By making chewing movements, the anterior border of the masseter muscle becomes easily palpable.

Needling

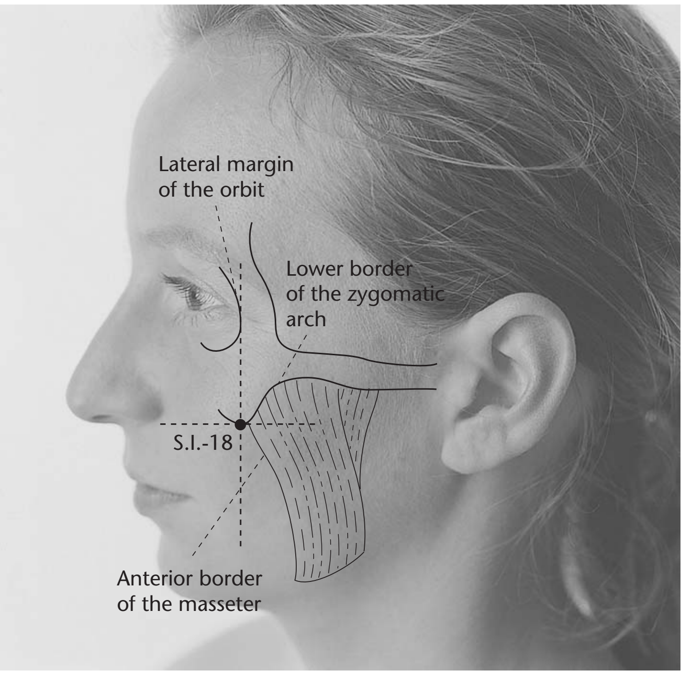
0.3–0.5 cun vertically or 1–1.5 cun transversely (subcutaneously) in the direction of → **ST-4,** → **ST-7** and → **L.I.-20**. According to some texts, moxibustion is contraindicated.

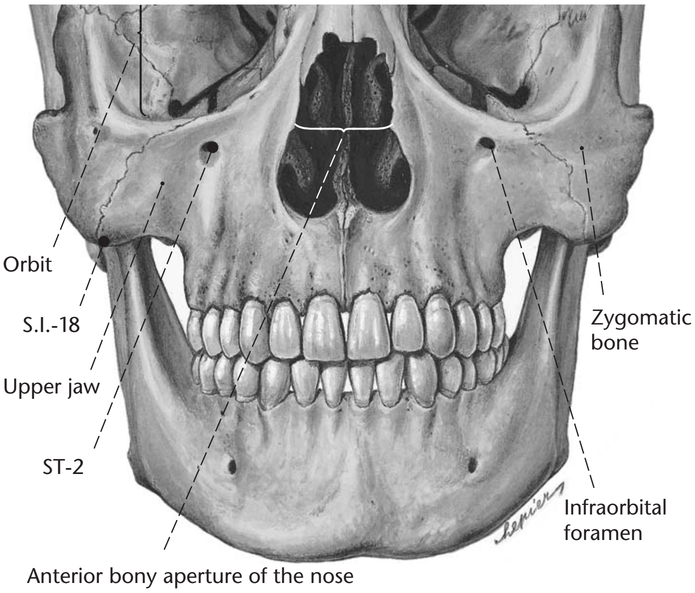
Actions/Indications

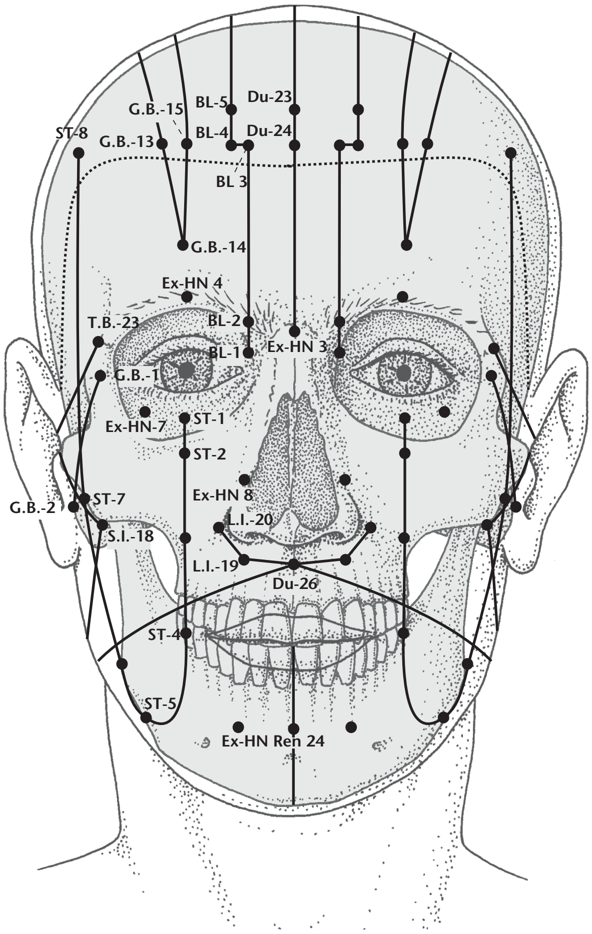
- Eliminates Wind, alleviates pain, clears Heat, reduces swellings

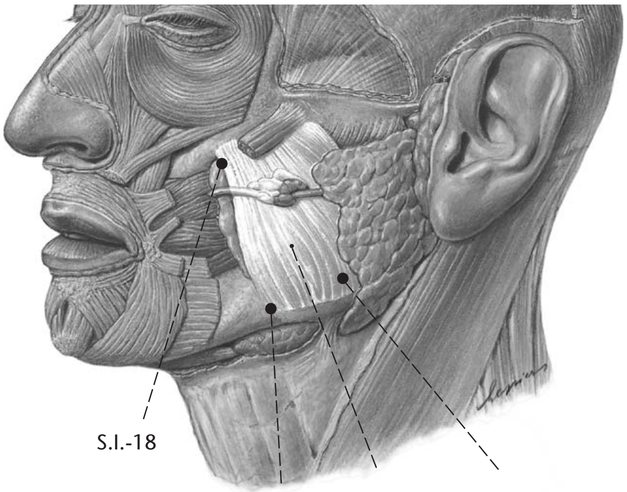
Special features

Meeting point with the Triple Burner channel. Important local point for disorders of the face (caused by internal or external Wind).

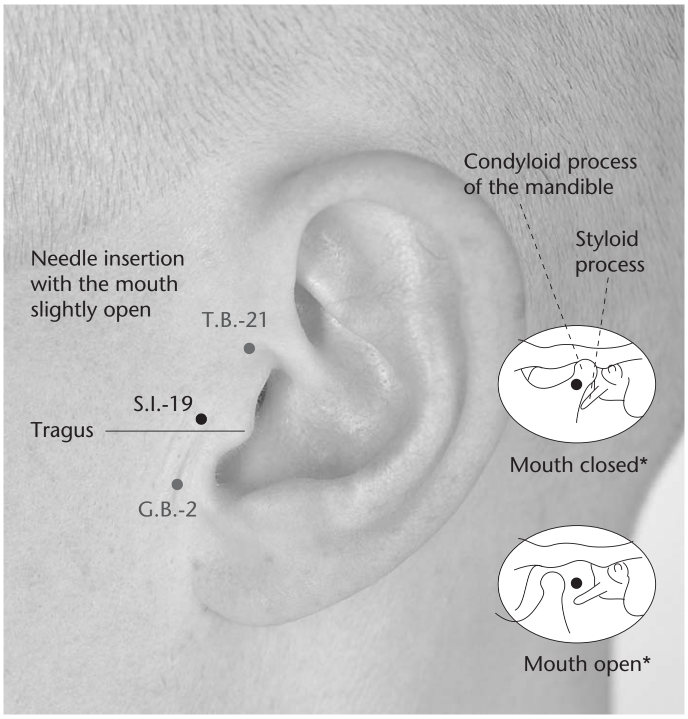

Lateral margin
of the orbit
Lower border
of the zygomatic
arch
S.I.-18
Anterior border
of the masseter


Orbit
S.I.-18
Upper jaw
ST-2
Zygomatic
bone
Infraorbital
foramen
Anterior bony aperture of the nose


G.B.-15
BL-5
Du-23
ST-8
G.B.-13
BL-4
Du-24
BL 3
G.B.-14
Ex-HN 4
T.B.-23
BL-2
BL-1
Ex-HN 3
G.B.-1
Ex-HN-7
ST-1
ST-2
Ex-HN 8
G.B.-2
ST-7
L.I.-20
S.I.-18
L.I.-19
Du-26
ST-4
ST-5
Ex-HN Ren 24



Palace of Hearing TINGGONG S.I.-19


Condyloid process of the mandible
Styloid process
Needle insertion with the mouth slightly open
T.B.-21
S.I.-19
Tragus
G.B.-2
Mouth closed*
Mouth open*

Location

Anterior to the ear, with the mouth open at the level of the middle of the tragus, in a depression between the tragus and condyloid process of the mandible.

How to find

Locate and needle this point with the mouth open. This allows the condyloid process of the mandible to slide anteriorly and reveals the depression. Locate the vertical sulcus at the junction between the ear and the cheek (this is not always very pronounced). Then locate **S.I.-19** on the level of the tragus on the sulcus. If you cannot clearly define the sulcus (it becomes more pronounced with increasing age), an (ear) point locator can be used to locate the point (the patient should have their mouth open in order to reveal the depression).

S.I.-19 is the centre point of three points located anteriorly to the ear (→ **T.B.-21** is located proximal and → **G.B.-2** is located distal to **S.I.-19**).

Needling

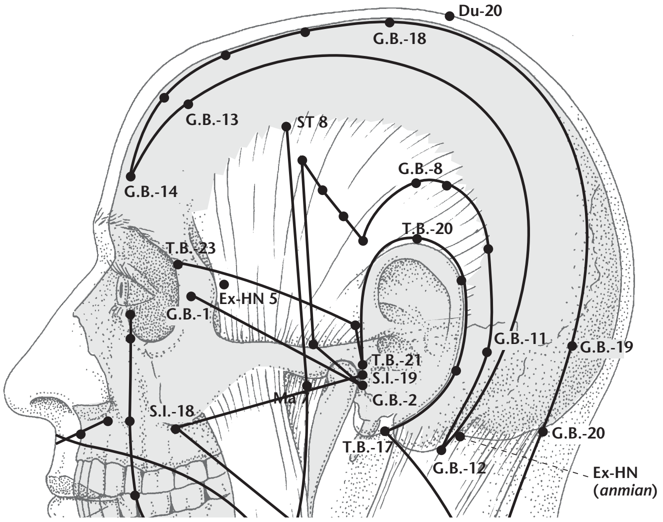
0.5–1 cun vertically or slightly obliquely in an inferior direction. Needle with the mouth open (to avoid intra-articular needling). Caution: This point is located close to the superficial temporal artery and the auriculotemporal nerve (as are → **T.B.-21** and → **G.B.-2**).

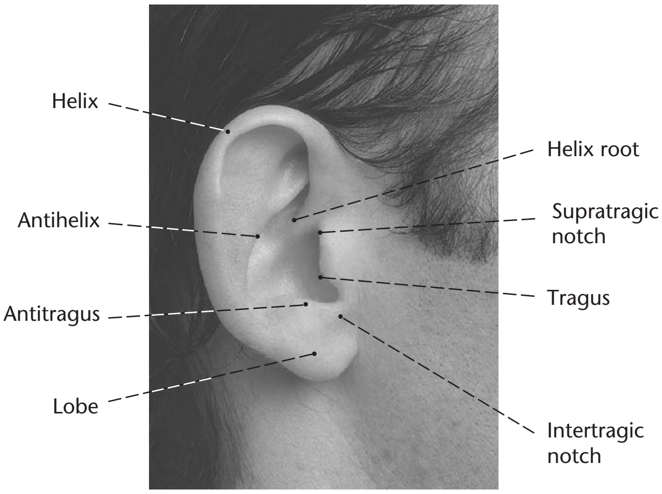
Actions/Indications

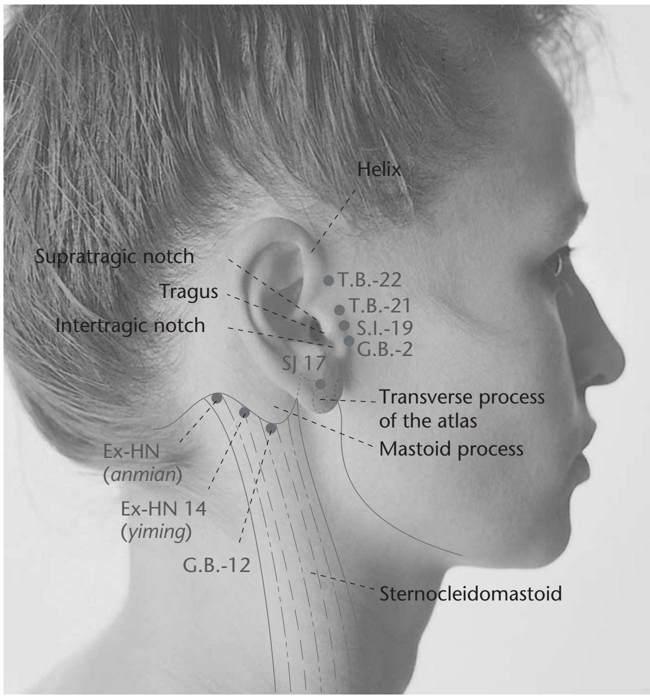
- Benefits the ears
- Calms the *shen*

Special features

Meeting point with the Gall Bladder and Triple Burner channels, exit point. Important local point for disorders of the ears. For temporomandibular joint dysfunction and pain, rather use → **G.B.-2** as a local point.


Du-20
G.B.-18
G.B.-13
ST 8
G.B.-8
G.B.-14
T.B.-20
T.B.-23
Ex-HN 5
G.B.-1
G.B.-11
G.B.-19
T.B.-21
S.I.-19
G.B.-2
S.I.-18
Ma
G.B.-20
T.B.-17
G.B.-12
Ex-HN
(anmian)


Helix
Helix root
Antihelix
Supratragic notch
Tragus
Antitragus
Lobe
Intertragic notch


Helix
Supratragic notch
Tragus
Intertragic notch
T.B.-22
T.B.-21
S.I.-19
G.B.-2
SJ 17
Transverse process of the atlas
Mastoid process
Ex-HN
(anmian)
Ex-HN 14
(yiming)
G.B.-12
Sternocleidomastoid

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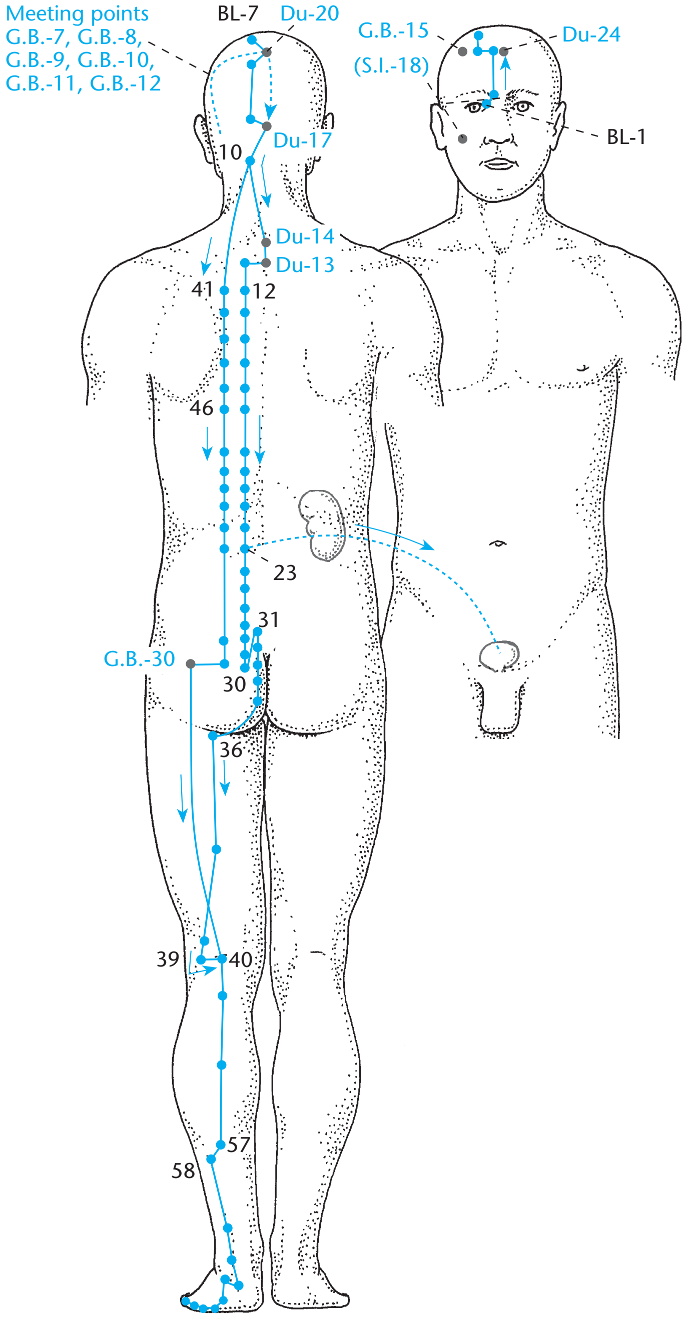
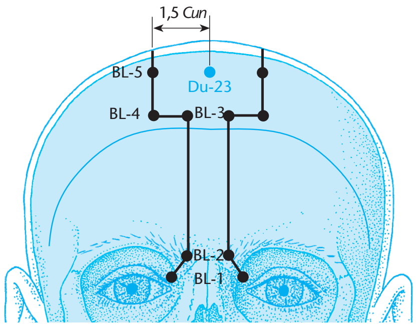
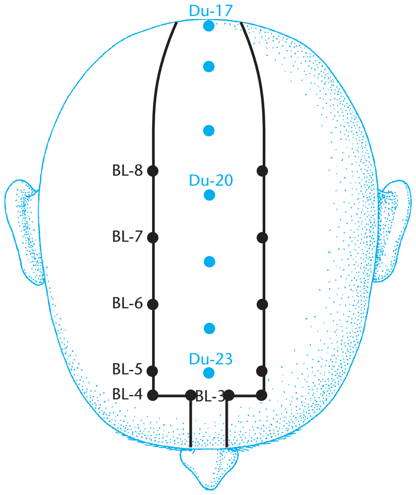
* According to Deadman et al 1998.

4.7 The Bladder Channel System – Foot *taiyang* (*zu tai yang jing luo*)

4.7.1 The Bladder Primary Channel (*zu tai yang jing*)


Meeting points
G.B.-7, G.B.-8,
G.B.-9, G.B.-10,
G.B.-11, G.B.-12
BL-7
Du-20
G.B.-15
(S.I.-18)
Du-24
BL-1
Du-17
10
Du-14
Du-13
41
12
46
23
31
G.B.-30
30
36
39
40
57
58


1,5 Cun
BL-5
Du-23
BL-4
BL-3
BL-2
BL-1


Du-17
BL-8
Du-20
BL-7
BL-6
BL-5
Du-23
BL-4
BL-3

Pathway

The **external** pathway of the Bladder primary channel begins at the inner canthus of the eye at → **BL-1** (*jingming*). This point is reached by a branch that separates from the Small Intestine primary channel at → **S.I.-18** (*quanliao*) (hand–foot pairing of the second great circuit, Yang axes: *taiyang*).

The **external** pathway ascends the forehead, there intersects with → **Du-24** (*shenting*) and → **G.B.-15** (*toulinqi*), continues to the vertex and there connects with the *du mai* at → **Du-20** (*baihui*).

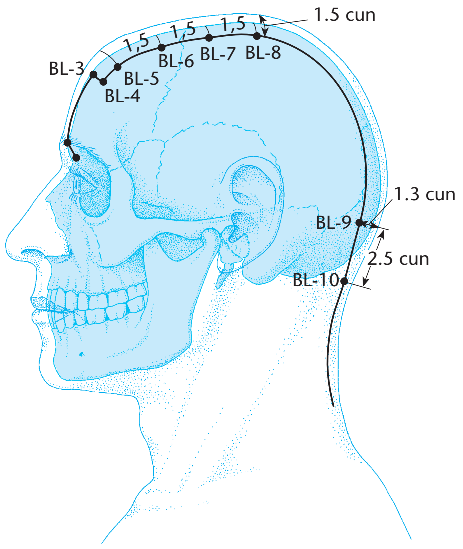
At → **Du-20 two branches** separate from the primary channel:

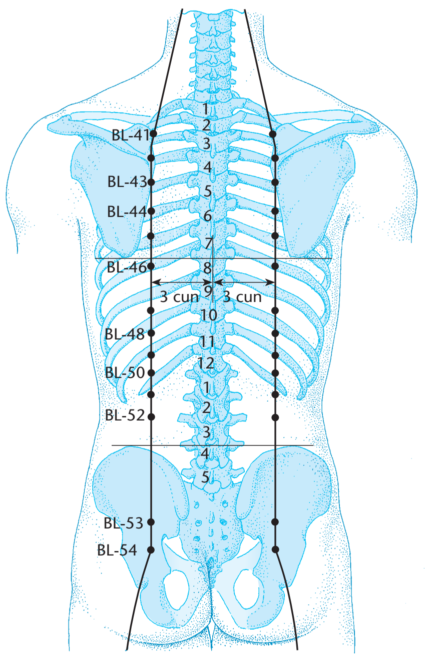
➡ **one branch** travels to the temporal region and intersects the Gall Bladder primary channel at **G.B.-8** (*shuaigu*), **G.B.-7** (*qubin*), **G.B.-9** (*tianchong*), **G.B.-10** (*fubai*), **G.B.-11** (*touqiaoyin*) and **G.B.-12** (*wangu*)

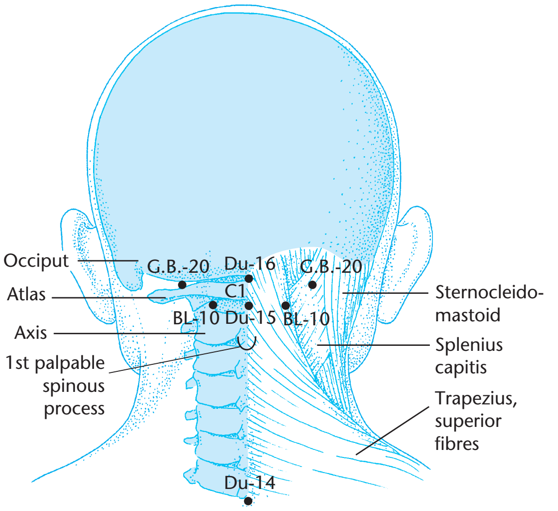
➡ the **other branch** penetrates deeper into the brain and re-emerges at → **Du-17** (*naohu*) or, according to some authors, at **BL-8** (*luoque*).

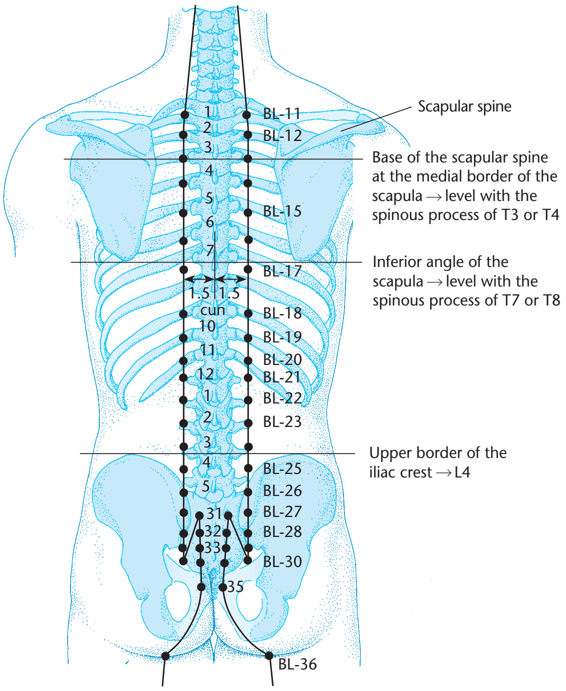
From → **Du-20**, the **external pathway** runs to **BL-8** (*luoque*) and **BL-9** (*yuzhen*), passes → **Du-17** (*naohu*) and continues to **BL-10** (*tianzhu*) in the occipital region. Here, the **external pathway** of the channel separates into **two branches**:

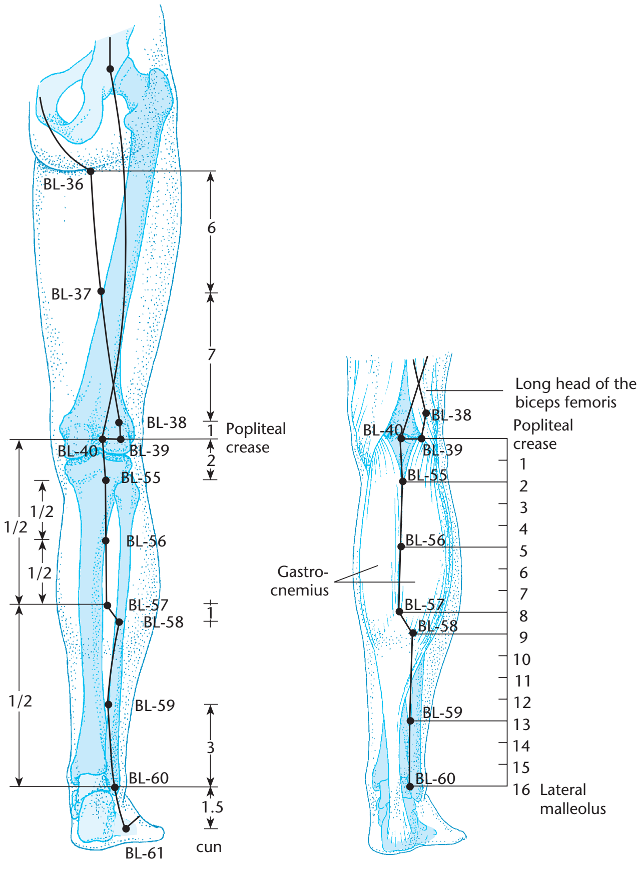
➡ the **medial** branch runs to → **Du-14** (*dazhui*) below the spinal process of C7 where it meets the other Yang primary channels, then continues to → **Du-13** (*taodao*). From T1 it runs parallel to the posterior midline, 1.5 cun lateral to it.

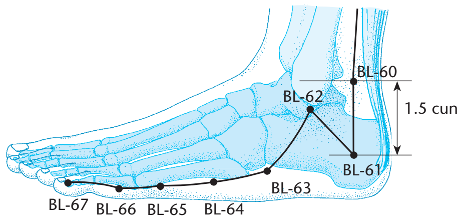

1.5 cun
1,5
1,5
1,5
BL-3
BL-6
BL-7
BL-8
BL-5
BL-4
1.3 cun
BL-9
2.5 cun
BL-10


BL-41
BL-43
BL-44
BL-46
3 cun
3 cun
BL-48
BL-50
BL-52
BL-53
BL-54
1
2
3
4
5
6
7
8
9
10
11
12
1
2
3
4
5


Occiput
G.B.-20
Du-16
G.B.-20
Atlas
C1
Sternocleido-mastoid
BL-10
Du-15
BL-10
Axis
Splenius capitis
1st palpable spinous process
Trapezius, superior fibres
Du-14


1
2
3
4
5
6
7
BL-11
BL-12
Scapular spine
Base of the scapular spine at the medial border of the scapula → level with the spinous process of T3 or T4
BL-15
BL-17
Inferior angle of the scapula → level with the spinous process of T7 or T8
1.5 cun
1.5
10
11
12
1
2
3
4
5
BL-18
BL-19
BL-20
BL-21
BL-22
BL-23
Upper border of the iliac crest → L4
BL-25
BL-26
BL-27
BL-28
BL-30
31
32
33
35
BL-36


BL-36
6
BL-37
7
BL-38
1
Popliteal crease
BL-40
BL-39
2
BL-55
1/2
1/2
1/2
BL-56
BL-57
BL-58
1/2
BL-59
3
BL-60
1.5
cun
BL-61
Long head of the biceps femoris
BL-38
BL-40
Popliteal crease
BL-39
BL-55
1
2
3
4
BL-56
5
Gastro-cnemius
6
7
BL-57
8
BL-58
9
10
11
12
BL-59
13
14
15
BL-60
16
Lateral malleolus


BL-60
BL-62
1.5 cun
BL-61
BL-63
BL-67
BL-66
BL-65
BL-64

At the level of L2, it **enters** the abdomen and reaches its paired *zang*-Organ, the Kidney (*shen*) and its pertaining *fu*-Organ, the Bladder (*pangguang*). The **external** branch runs through the gluteal region and the thigh to the popliteal fossa (**BL-40**), where it re-unites with the lateral external branch.

- the **lateral branch** runs from **BL-10** (*tianzhu*) to **BL-41** (*fufen*) at the level of T2, from where it descends down the back, 3 cun lateral to the midline to the level of the fourth sacral foramen. From there it traverses the gluteal region to → **G.B.-30** (*huantiao*), continues along the posterolateral aspect of the thigh and meets the medial external branch at the popliteal fossa.

From the popliteal fossa (**BL-40**) the channel descends along the posterolateral aspect of the foreleg to the foot

- passes the lateral malleolus
- travels along the lateral border of the foot to the lateral corner of the little toenail to **BL-67** (*zhiyin*). From here, a branch travels to → **KID-1** (*yongquan*) located on the Interiorly–Exteriorly paired Kidney primary channel (foot Yin–Yang pairing of the second great circuit).

Clinical importance (→ 1.2)

Exterior (*biao*) signs and symptoms: Chills and fever, headaches, occipital stiffness, pain in the lumbar region, obstruction of the nasal passages, eye pain with tearing, pain along the posterior aspect of the hip, knee and foreleg, foot pain

Interior (*li*) or *zangfu*-Organ signs and symptoms: Pain and tension in the lower abdomen, retention of urine, enuresis, psycho-emotional disorders, opisthotonus

Connections and meeting points of the Bladder primary channel (→ 1.2)

Connections with other channels

Kidney primary channel (*zu shao yin jing*)

Connection: Foot Yin–Yang pairing of the second great circuit
Location: BL-67 → KID-1 (on the foot).
Circulation: Circadian (according to the Organ clock)
Importance: Exterior–Interior relationship

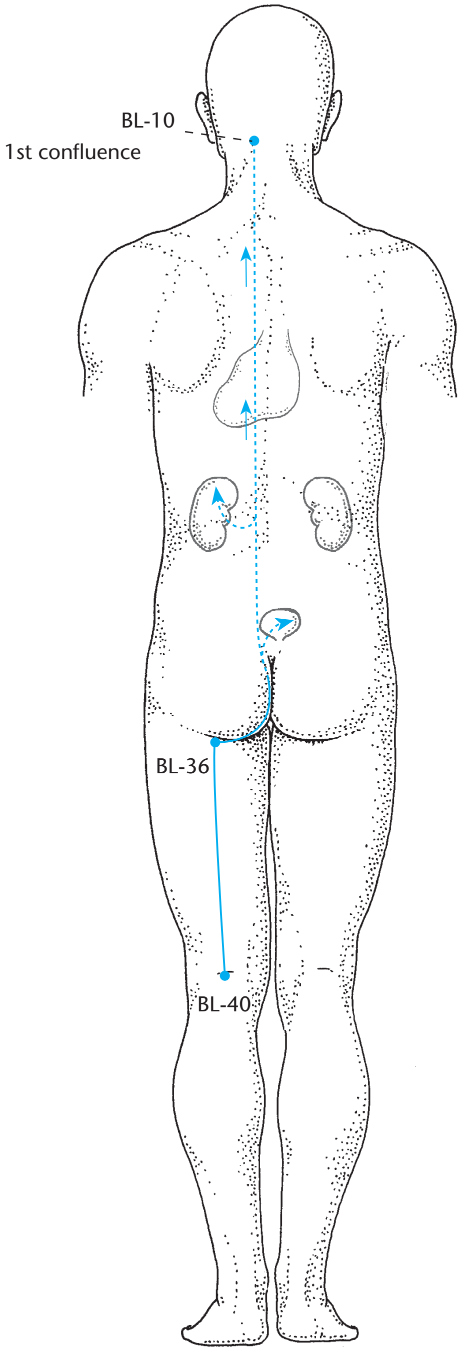
Small Intestine primary channel (*shou tai yang jing*)

Connection: Paired according to the six channel theory (hand–foot pairing): *tai yang* (Yang axes of the second great circuit)
Location: S.I.-18 → BL-1 (on the head).
Circulation: Circadian (according to the Organ clock)
Importance: Above–below relationship

Connections with other *zangfu*-Organ systems

Kidney (*shen*), Bladder (*pangguang*)

4.7.2 The Bladder Divergent Channel (*zu tai yang jing bie*)



Pathway

The Bladder divergent channel separates from the Bladder primary channel in the popliteal fossa at **BL-40** (*weizhong*)

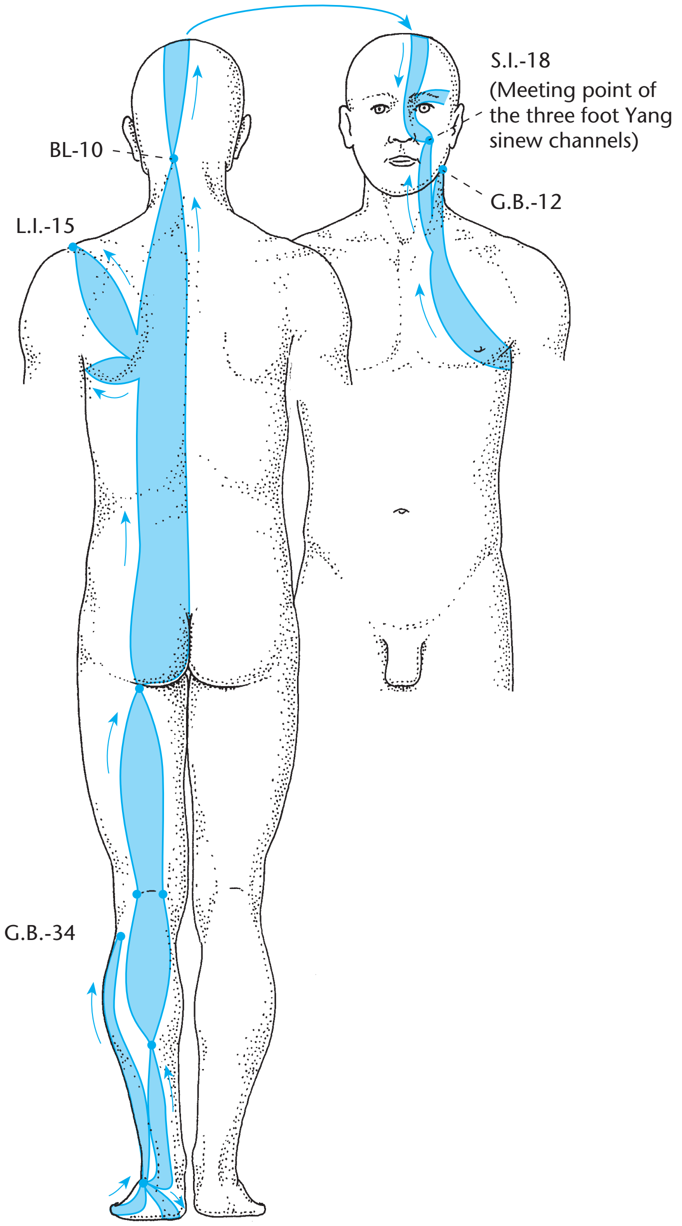
- ascends to the centre of the gluteal crease at **BL-36** (*chengfu*)
- ascends further and penetrates the anus, continues to the Bladder (*pangguang*), its pertaining *fu*-Organ, and the Kidney (*shen*), its paired *zang*-Organ
- rises along the spine and spreads in the Heart (*xin*)

➡ from here it ascends to the occiput, where it unites at **BL-10** (*tianzhu*) with the Kidney divergent channel and the Bladder primary channel to form one of the six *he*-confluences (here: KID/BL as first confluence → 1.3)

Clinical importance

- Strengthens the relationship between the Bladder and the Kidney (*zangfu*-Organs). Points on the Bladder primary channel can therefore be used for disorders of the Kidney, and vice versa points on the Kidney primary channel can treat disorders of the Bladder.
- Supports the connection between the Bladder primary channel and the Heart
- Supports the connection between the Bladder primary channel and the anus
- Creates a connection between the popliteal region (**BL-40**) and the sacral region (**BL-32**, **BL-31**) as well as with the occipital region (**BL-10**).

4.7.3 The Bladder Sinew Channel (*zu tai yang jing jin*)



Pathway

The Bladder sinew channel begins on the lateral aspect of the little toe and travels along the lateral border of the foot to the lateral malleolus, where it binds (*jie*).

At the lateral malleolus **three branches** separate from the sinew channel:

➡ **one branch** runs to the calcaneus where it binds (*jie*) and disperses over the heel

➡ **a further branch** ascends the lateral aspect of the lower leg and binds (*jie*) at the head of the fibula, where it also meets the Gall Bladder and Stmach sinew channels at → **G.B.-34** (*yanglingquan*)

➡ **the main branch** travels to the Achilles tendon, binds (*jie*) in the area of the two heads of the gastrocnemius muscle, ascends the posterior aspect of the leg along the gastrocnemius and soleus muscles and binds (*jie*) on either side of the popliteal crease, ascends the posterior aspect of the thigh and binds (*jie*) at the centre of the gluteal crease, ascends as a broad band along the spine and binds (*jie*) at **BL-10** (*tianzhu*).

Two branches separate from the main branch in the thoracic region at the level of the axilla:

➡ **one branch** ascends to the shoulder and reaches → **L.I.-15** (*jianyu*)

➡ **the other branch** penetrates the axilla, ascends the thorax and runs to the supraclavicular fossa, where again **two sub-branches** separate:

- **one sub-branch** ascends to the mastoid process to → **G.B.-12** (*wangu*)
- **the other sub-branch** crosses the cheek to → **S.I.-18** (*quanliao*) where it meets with the other foot Yang sinew channels

The **main branch** divides at **BL-10** (*tianzhu*) into **two branches:**

➡ **one branch** penetrates deeper to the root of the tongue

➡ **the other branch** crosses the head lateral to the midline, reaches the inner canthus of the eye and separates into **two branches:**

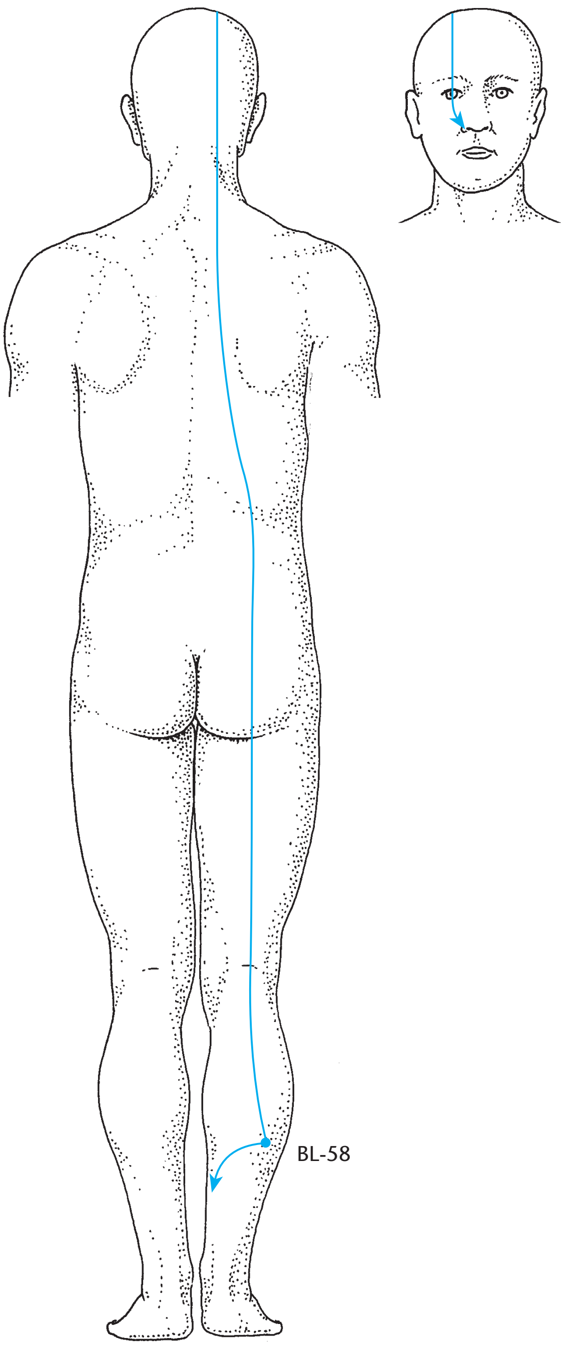
- **one branch** binds (*jie*) lateral to the nose and descends the cheek
- **the other branch** crosses the upper eyelid and connects with the Stomach sinew channel, together forming a network around the eye. It then penetrates deeper into the upper orbital region and ends at the roof of the mouth.

Clinical importance

Pathology: Muscular cramping in the region of the little toe. Tension and pain in the heel. Stiffness and limited range of motion of the joints. Tension and stiffness in the back and along the spine, and difficulty when bending forward. Inability to lift the arms above the shoulder region. Stiffness or distending pain in the axillary region. Pain and tense musculature in the supraclavicular fossa. Limited range of motion of the cervical spine.

Indication: Mainly with *bi*-syndromes (painful obstruction syndrome) along the Bladder channel. The area covered by the Bladder sinew channel is larger than that covered by the Bladder primary channel. This explains why Bladder primary channel points can also be used for disorders of the scapula and the shoulder region as well as for disorders of the lower eyelid and the nasal region.

4.7.4 The Bladder *luo*-Connecting Vessel System (*zu tai yang luo mai*)



Pathway

The Bladder *luo*-connecting channel separates from the Bladder primary channel at **BL-58** (*feiyang*) (→ 8.1.2). It forms a three-dimensional reticular network, dividing into multiple branches and sub-branches (*sun luo*, *fu luo*, *xue luo* → 1.5) within the surrounding tissue.

- Horizontal divisions run to the Interiorly–Exteriorly paired Kidney primary channel; according to some schools of thought (for example Nguyen Van Nghi → Appendix) they travel as a **transverse** BL *luo*-connecting vessel to the *yuan*-source point → **KID-3** (*taixi*).

- Solinas et al. (1998, variant → fig.) describe a **longitudinal** division following the pathway of the Bladder primary channel, reaching the head and penetrating the nose. While this division is not mentioned in the classics, according to Solinas et al it becomes evident based on the classic descriptions of the pathologies of the *luo*-connecting vessels.

Clinical importance (→ 8.1.2)

Pathology

- **Excess (*shi*):** Obstruction of the nasal passages, clear watery nasal discharge, headaches, back pain
- **Deficiency (*xu*):** Nosebleeds, chronic clear nasal discharge, sinusitis

4.7.5 Cutaneous Region (*tai yang pi bu*)

See description and figures → 1.6.

4.7.6 Points of the Bladder Primary Channel (Overview)

Specific points according to their function

- ***Yuan*-source point (→ 8.1.1): BL-64** (*jinggu*)
- ***Luo*-connecting point (→ 8.1.2): BL-58** (*feiyang*)
- ***Xi*-cleft point (→ 8.1.3): BL-63** (*jinmen*)
- ***Xi*-cleft point of the *yang qiao mai*: BL-59** (*fuyang*)
- **Associated Back-*shu* point (→ 8.1.4): BL-28** (*pangguangshu*) 🟦🟦
  - Back-*shu* point of the Lung: **BL-13** (*feishu*) 🟦🟦
  - Back-*shu* point of the Pericardium: **BL-14** (*jueyinshu*)
  - Back-*shu* point of the Heart: **BL-15** (*xinshu*) 🟦🟦
  - Back-*shu* point of the *du mai*: **BL-16** (*dushu*)
  - Back-*shu* point of the diaphragm: **BL-17** (*geshu*) 🟦🟦
  - Back-*shu* point of the Liver: **BL-18** (*ganshu*) 🟦🟦
  - Back-*shu* point of the Gall Bladder: **BL-19** (*danshu*) 🟦⬛
  - Back-*shu* point of the Spleen: **BL-20** (*pishu*) 🟦🟦
  - Back-*shu* point of the Stomach: **BL-21** (*weishu*) 🟦🟦
  - Back-*shu* point of the Triple Burner: **BL-22** (*sanjiaoshu*) 🟦⬛
  - Back-*shu* point of the Kidneys: **BL-23** (*shenshu*) 🟦🟦
  - Back-*shu* point of the Large Intestine: **BL-25** (*dachangshu*) 🟦⬛
  - Back-*shu* point of the Small Intestine: **BL-27** (*xiaochangshu*)
  - Back-*shu* point of the Bladder: **BL-28** (*pangguangshu*) 🟦🟦
- **Associated Front-*mu* point (→ 8.1.5): Ren-3** (*zhongji*) 🟦🟦
- **Five *shu*-transporting points (→ 8.1.6):**
  jing-well point (Metal), tonification point: **BL-67** (*zhiyin*) 🟦⬛
  ying-spring point (Water), *ben* point (Five Phases): **BL-66** (*zutonggu*)
  shu-stream point (Wood), sedation point: **BL-65** (*shugu*)
  jing-river point (Fire): **BL-60** (*kunlun*) 🟦🟦
  he-sea point (Earth): **BL-40** (*weizhong*) 🟦🟦
- ***Hui*-meeting point (→ 8.1.7):**
  - of the Blood: **BL-17** (*geshu*) 🟦🟦
  - of the Bones: **BL-11** (*dazhu*) 🟦⬛
- **Opening point (→ 8.1.8) of the *yang qiao mai*: BL-62** (*shenmai*) 🟦🟦
- **Lower *he*-sea points (→ 8.1.9):**
  of the Triple Burner: **BL-39** (*weiyang*) 🟦⬛
  of the Bladder: **BL-40** (*weizhong*) 🟦🟦
- ***Jiaohui*-meeting points (→ 8.1.10):**
  - with the ST, T.B.* channels, the *yin qiao mai*, *yang qiao mai*, S.I., G.B.* channels, *du mai*: **BL-1** (*jingming*) 🟦⬛
  - with the S.I. channel, (T.B., G.B. channels, *du mai**): **BL-11** (*dazhu*) 🟦⬛
  - with the *du mai*: **BL-12** (*fengmen*) 🟦⬛
  - with the *du mai**: **BL-23** (*shenshu*) 🟦🟦
  - with the G.B. channel: **BL-31–BL-34** 🟦⬛
  - with the S.I. channel: **BL-41** (*fufen*)
  - with the *yang qiao mai*: (**BL-59** (*fuyang*)*), **BL-61** (*pucan*), **BL-62*** (*shenmai*) 🟦🟦
  - with the *yang wei mai*: **BL-63** (*jinmen*)
  - of other channels with the Bladder channel: **Du-24, G.B.-15, Du-20, (G.B.-6*), G.B.-7, G.B.-8, G.B.-9, G.B.-10, G.B.-11, G.B.-12, Du-17, Du-16*, Du-14, Du-13, G.B.-30**
- **Gao Wu command point (→ 8.1.11) for the Back and lumbar region: BL-40** (*weizhong*) 🟦🟦
- **Window of Heaven point (→ 8.1.12): BL-10** (*tianzhu*) 🟦🟦
- **Points of the Four Seas (→ 8.1.13):**
  - Sea of Blood point: **BL-11** (*dazhu*) 🟦⬛
- **Ma Dan Yang Heavenly Star points (→ 8.1.14): BL-40** (*weizhong*) 🟦🟦, **BL-57** (*chengshan*) 🟦⬛, **BL-60** (*kunlun*) 🟦🟦
- **Sun Si Miao Ghost point (→ 8.1.15): BL-62** (*shenmai*) 🟦🟦
- **Other functional points:**
  - *xi*-cleft point of the *yang qiao mai*: **BL-59** (*fuyang*)

Points according to region

- **Local points (→ 8.2.1):** occiput – **BL-10** (*tianzhu*) 🟦🟦; eyes – **BL-1** (*jingming*) 🟦⬛; Stomach/Spleen – **BL-20** (*pishu*) 🟦🟦, **BL-21** (*weishu*) 🟦🟦; Kidney – **BL-23** (*shenshu*) 🟦🟦, **BL-62** (*shenmai*) 🟦🟦; rectum – **BL-35** (*huiyang*); cervical spine – **BL-10** (*tianzhu*) 🟦🟦; thoracic spine – **BL-17** – **BL-23**; lumbar spine – **BL-23** – **BL-26**, **BL-52** (*zhishi*); iliosacral region – **BL-27** (*xiaochangshu*), **BL-28** (*pangguangshu*); hip – **BL-49** (*yishe*), **BL-50** (*weicang*), **BL-54** (*zhibian*); knee – **BL-40** (*weizhong*) 🟦🟦; foot – **BL-60** (*kunlun*) 🟦🟦, **BL-62** (*shenmai*) 🟦🟦
- **Adjacent points (→ 8.2.1):** eyes – **BL-2** (*zanzhu*) 🟦⬛; nose – **BL-7** (*tongtian*); Lung – **BL-13** (*feishu*) 🟦🟦, **BL-43** (*gaohuang*); Heart – **BL-14** (*jueyinshu*), **BL-15** (*xinshu*) 🟦🟦; Liver – **BL-18** (*ganshu*) 🟦🟦, **BL-20** (*pishu*) 🟦🟦; Gall Bladder – **BL-19** (*danshu*) 🟦⬛; Large Intestine – **BL-25** (*dachangshu*) 🟦🟦; Small Intestine – **BL-27** (*xiaochangshu*) 🟦⬛; rectum – **BL-30** (*baihuanshu*), **BL-34** (*xialiao*) 🟦⬛; Bladder – **BL-28** (*pangguangshu*) 🟦🟦, **BL-23** (*shenshu*) 🟦🟦; urogenital region – **BL-23** (*shenshu*) 🟦🟦, **BL-32** (*ciliao*); cervical spine – **BL-11** (*dazhu*) 🟦⬛;

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* Mentioned by only some authors

iliosacral region – **BL-23** (*shenshu*) 🟦🟦; thoracic spine – **BL-38** – **BL-47**; toes – **BL-60** (*kunlun*) 🟦🟦, **BL-65** (*shugu*)

- **Distal points (→ 8.2.1):** occipital region – **BL-65** (*shugu*), **BL-60** (*kunlun*); rectum – **BL-57** (*chengshan*) 🟦🟦; thoracic spine – **BL-57** (*chengshan*) 🟦⬛; cervical, thoracic, lumbar spine – **BL-60** (*kunlun*) 🟦🟦; shoulder and iliosacral region – **BL-58** (*feiyang*); for the thoracic spine, lumbar spine and iliosacral region – **BL-40** (*weizhong*) 🟦🟦; lumbar spine – **BL-40** (*weizhong*) 🟦🟦, **BL-59** (*fuyang*), **BL-60** (*kunlun*) 🟦🟦; lumbar spine and hip – **BL-62** (*shenmai*) 🟦🟦

Specific points according to the channel pathway (in numerical order):

- **BL-1** (*jingming*) 🟦⬛: *jiaohui*-meeting point with the ST, T.B.* channels, the *yin qiao mai, yang qiao mai*, S.I., G.B.* channels, *du mai* (→ 8.1.10): local point for the eyes (→ 8.2.1)
- **BL-2** (*zanzhu*) 🟦⬛: adjacent point for the eyes (→ 8.2.1)
- **BL-7** (*tongtian*): adjacent point for the nose (→ 8.2.1)
- **BL-10** (*tianzhu*) 🟦🟦: Window of Heaven point (→ 8.1.12); important point for eliminating Wind; local point for the occiput and the cervical spine (→ 8.2.1)
- **BL-11** (*dazhu*) 🟦⬛: *hui*-meeting point (→ 8.1.7) of the bones; Sea of Blood point (→ 8.1.13); *jiaohui*-meeting point with the S.I. channel (T.B., G.B. channels, *du mai**) (→ 8.1.10); adjacent point for the cervical spine (→ 8.1.10)
- **BL-12** (*fengmen*) 🟦⬛: *jiaohui*-meeting point with the *du mai* (→ 8.1.10)
- **BL-13** (*feishu*) 🟦🟦: Back-*shu* point of the Lung (→ 8.1.4); adjacent point for the Lung (→ 8.2.1)
- **BL-14** (*jueyinshu*): Back-*shu* point of the Pericardium (→ 8.1.4); adjacent point for the Heart (→ 8.2.1)
- **BL-15** (*xinshu*) 🟦🟦: Back-*shu* point of the Heart (→ 8.1.4); adjacent point for the Heart (→ 8.2.1)
- **BL-16** (*dushu*): Back-*shu* point of the *du mai* (→ 8.1.4);
- **BL-17** (*geshu*) 🟦🟦: Back-*shu* point of the diaphragm (→ 8.1.4); *hui*-meeting point of the Blood (→ 8.1.7)
- **BL-17 to BL-23**: local points for the thoracic spine (→ 8.2.1)
- **BL-18** (*ganshu*) 🟦🟦: Back-*shu* point of the Liver (→ 8.1.4); adjacent point for the Liver (→ 8.2.1)
- **BL-19** (*danshu*) 🟦⬛: Back-*shu* point of the Gall Bladder (→ 8.1.4); adjacent point for the Gall Bladder (→ 8.2.1)
- **BL-20** (*pishu*) 🟦🟦: Back-*shu* point of the Spleen (→ 8.1.4); adjacent point for the Liver (→ 8.2.1)
- **BL-21** (*weishu*) 🟦🟦: local point for the Stomach (→ 8.2.1); Back-*shu* point of the Stomach (→ 8.1.4)
- **BL-22** (*sanjiaoshu*) 🟦⬛: Back-*shu* point of the Triple Burner (→ 8.1.4)
- **BL-23** (*shenshu*) 🟦🟦: *jiaohui*-meeting point with the *du mai** (→ 8.1.10); local point for the Kidneys and lumbar region (→ 8.2.1); adjacent point for the Bladder, urogenital region and iliosacral region (→ 8.2.1); Back-*shu* point of the Kidney (→ 8.1.4)
- **BL-24** (*qihaishu*): local point for the lumbar spine (→ 8.2.1)
- **BL-25** (*dachangshu*) 🟦🟦: Back-*shu* point of the Large Intestine (→ 8.1.4); adjacent point for the lumbar spine (→ 8.2.1)
- **BL-26** (*guanyuanshu*): local point for the lumbar spine (→ 8.2.1)
- **BL-27** (*xiaochangshu*) 🟦⬛: Back-*shu* point of the Small Intestine (→ 8.1.4); adjacent point for the Small Intestine (→ 8.2.1); local point for the iliosacral region (→ 8.2.1)
- **BL-28** (*pangguangshu*) 🟦🟦: Back-*shu* point of the Bladder (→ 8.1.4); adjacent point for the Bladder (→ 8.2.1); local point for the iliosacral region (→ 8.2.1)
- **BL-30** (*baihuanshu*): regional point for the rectum (→ 8.2.1)
- **BL-31** – **BL-34**: *jiaohui*-meeting points with the G.B. channel (→ 8.1.10)
- **BL-32** (*ciliao*): regional point for the urogenital region (→ 8.2.1); local point for the iliosacral region (→ 8.2.1)
- **BL-34** (*xiaoliao*): regional point for the rectum (→ 8.2.1)
- **BL-35** (*huiyang*): local point for the rectum (→ 8.2.1)
- **BL-38** – **BL-47**: adjacent points for the thoracic spine (→ 8.2.1)
- **BL-39** (*weiyang*) 🟦⬛: lower *he*-sea point of the Triple Burner (→ 8.1.9)
- **BL-40** (*weizhong*) 🟦🟦: *he*-sea point (Earth); lower *he*-sea point of the Bladder (→ 8.1.9); Gao Wu command point (→ 8.1.11) of the back and lumbar region; Ma Dan Yang Heavenly Star point (→ 8.1.14); distal point for the thoracic and lumbar spine as well as for the iliosacral region (→ 8.2.1); local point for the knee (→ 8.2.1)
- **BL-41** (*fufen*): *jiaohui*-meeting point with the S.I. channel (→ 8.1.10)
- **BL-43** (*gaohuang*): adjacent point for the Lung (→ 8.2.1)
- **BL-49** (*yishe*): local point for the hip (→ 8.2.1)
- **BL-50** (*weicang*): local point for the hip (→ 8.2.1)
- **BL-52** (*zhishi*): local point for the lumbar region (→ 8.2.1)
- **BL-54** (*zhibian*): local point for the hip (→ 8.2.1)
- **BL-57** (*chengshan*) 🟦⬛: Ma Dan Yang Heavenly Star point (→ 8.1.14); distal point for the rectum (→ 8.2.1); distal point for the thoracic spine (→ 8.2.1)
- **BL-58** (*feiyang*): *luo*-connecting point (→ 8.1.2); distal point for the shoulder and iliosacral region (→ 8.2.1)
- **BL-59** (*fuyang*): *xi*-cleft point of the *yang qiao mai; jiaohui*-meeting point with the *yang qiao mai* (→ 8.1.10)*; distal point for the lumbar spine (→ 8.2.1)
- **BL-60** (*kunlun*) 🟦🟦: *jing*-river point (Fire); Ma Dan Yang Heavenly Star point (→ 8.1.14); distal point for the cervical, thoracic and lumbar spine (→ 8.2.1); distal point for the occipital and lumbar region (→ 8.2.1); local point for the foot (→ 8.2.1); regional point for the toes (→ 8.2.1)
- **BL-61** (*pucan*): *jiaohui*-meeting point with the *yang qiao mai* (→ 8.1.10)
- **BL-62** (*shenmai*) 🟦🟦:Opening point of the *yang qiao mai* (→ 8.1.8); Sun Si Miao Ghost point (→ 8.1.15); *jiaohui*-meeting point with the *yang qiao mai* (→ 8.1.10); local point

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* Mentioned by only some authors

for the Kidney (→ 8.2.1); local point for the foot (→ 8.2.1); distal point for the lumbar spine and hip (→ 8.2.1)
- **BL-63** (*jinmen*): *xi*-cleft point (→ 8.1.3); *jiaohui*-meeting point with the *yang wei mai* (→ 8.1.10)
- **BL-64** (*jinggu*): *yuan*-source point (→ 8.1.1)
- **BL-65** (*shugu*): *shu*-stream point (Wood); sedation point; distal point for the occiput (→ 8.2.1); adjacent point for the toes (→ 8.2.1)
- **BL-66** (*zutongu*): *ying*-spring point (Water); *ben* point (Five Phases point)
- **BL-67** (*zhiyin*) 🟦■: *jing*-well point; tonification point

General location help

- **The medial branch of the Bladder channel** runs from **BL-11** (below the spinal process of the T1) to **BL-30** (level with the fourth sacral foramen), 1.5 cun lateral to the midline

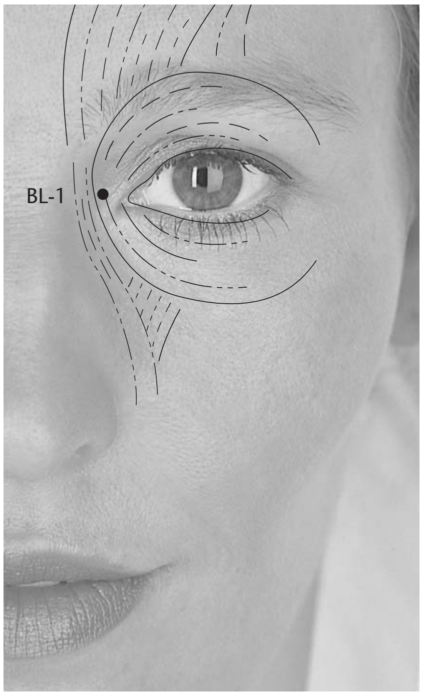
Memorisation help for the medial branch of the BL channel:
- **BL11 to BL-17**: the second digit of the point number corresponds to the level of the respective thoracic vertebra. Example: **BL-13** is located below the spinal process of T3.
- **BL-18 to BL-21**: second digit of the point number + 1. *Example*: **BL-19** (9 + 1) is located below the spinal process of the T10.

The outer branch of the Bladder channel runs from **BL-41** (below the spinal process of the T2) to **BL-54** (below the spinal process of S4/level with the 4th sacral foramen) 3 cun lateral to the midline.

Memorisation help for the lateral branch of the BL channel:
- **BL41 to BL-46**: second digit of the point number + 1. *Example*: **BL-42** (2 + 1) corresponds to T3
- **BL-47 to BL-49**: second digit of the point number + 2. *Example*: **BL-47** (7 + 2) corresponds to the level of T9.
- **BL-50**: second digit of the point number + 12.

Needling: The Back-*shu* points are also commonly needled transversely (subcutaneously) towards the spine. This allows the patient to lie in a supine position during needle retention (the needles can be secured with tape).

Bright Eyes JINGMING **BL-1**

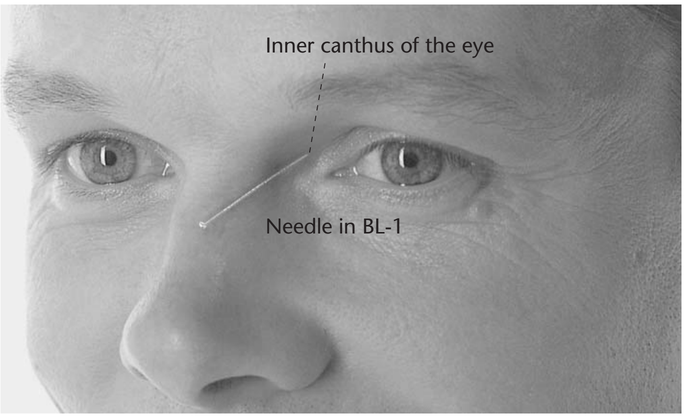


Location

0.1 cun superior and medial to the inner canthus of the eye, in a depression.

How to find

BL-1 is located in a small depression near the inner canthus of the eye, superior to the insertion of the upper eyelid. Medially, it is bordered by the bony root of the nose. → **BL-2** is located directly above **BL-1** in a depression at the medial end of the eyebrow. → **ST-1** is located on the pupil line between the eyeball and the border of the infraorbital ridge, → **G.B.-1** and → **T.B.-23** are located on the outer canthus of the eye.


Inner canthus of the eye
Needle in BL-1

Needling

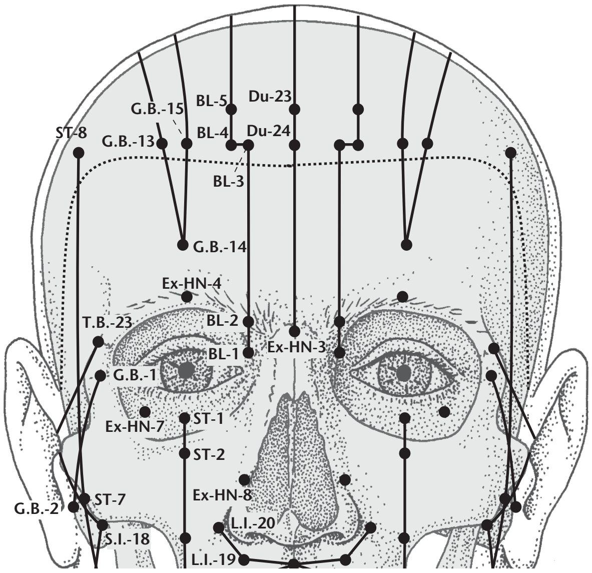
Ask the patient to look downward and outward, with their eyes closed. Gently push the eyeball downward and outward from above. Needle perpendicularly along the supraorbital ridge in a posterior direction. Caution: Angular artery and vein, eyeball, periosteum. This point should only be needled by experienced practitioners. After removing the needle, press on the insertion site for 10 minutes. Despite this precaution, a bruise may still form (inform the patient). **No** needle stimulation! Moxibustion is contraindicated. Alternative point: → **BL-2** or transverse (subcutaneous) insertion at **BL-1** in the direction of → **BL-2**.

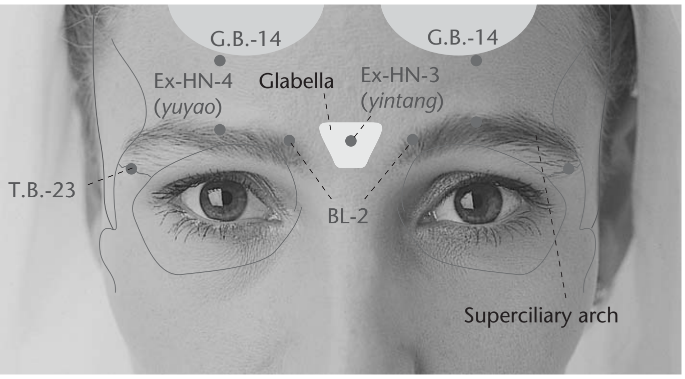
Actions/Indications

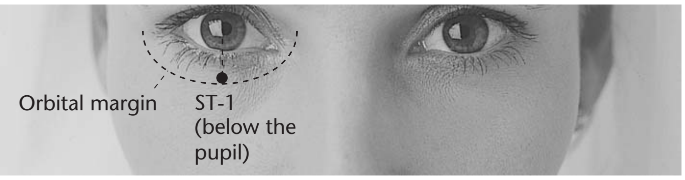
- Expels Wind and clears Heat, benefits the eyes

Special features

Meeting point with the *du mai*, *yin qiao mai*, *yang qiao mai* as well as the ST, S.I., G.B. channels and, according to some authors, also the T.B. channel. Entry point.


G.B.-15
BL-5
Du-23
ST-8
G.B.-13
BL-4
Du-24
BL-3
G.B.-14
Ex-HN-4
T.B.-23
BL-2
BL-1
Ex-HN-3
G.B.-1
Ex-HN-7
ST-1
ST-2
Ex-HN-8
G.B.-2
ST-7
L.I.-20
S.I.-18
L.I.-19


G.B.-14
G.B.-14
Ex-HN-4
(*yuyao*)
Glabella
Ex-HN-3
(*yintang*)
T.B.-23
BL-2
Superciliary arch


Orbital margin
ST-1
(below the
pupil)

BL-2 Gathered Bamboo ZANZHU

Location

In a depression at the medial end of the eyebrow, directly above the inner canthus of the eye.

How to find

As the location of the eyebrow can vary, the medial canthus of the eye should be used for reference (→ **BL-1**). Palpate for a generally pressure-sensitive depression in this area of the orbital ridge. Caution: According to Sobotta, except in rare cases, **BL-2** is not located on the supraorbital foramen (mainly located more laterally), but in the area where the supratrochlear artery and the supraorbital nerve emerge (frontal notch).

→ **BL-1** is located inferior to **BL-2**.

Needling

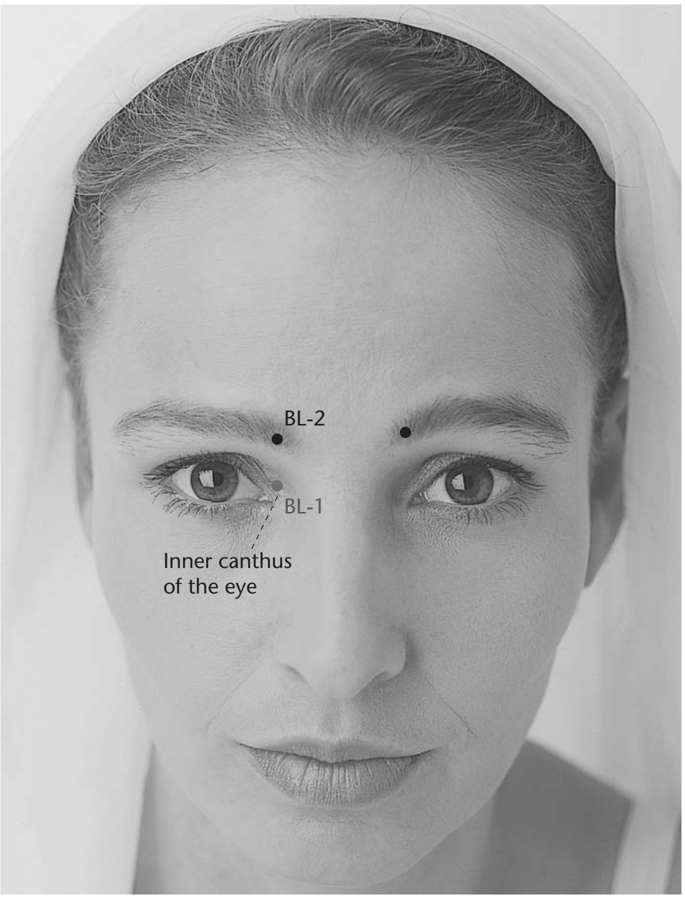
0.3–0.5 cun obliquely from lateral to medial or transversely (subcutaneously) in the direction of the disorder. Caution: Branches of the frontal nerve, facial nerve, blood vessels! According to the majority of authors, moxibustion is contraindicted. Considered a less risky alternative to → **BL-1**.

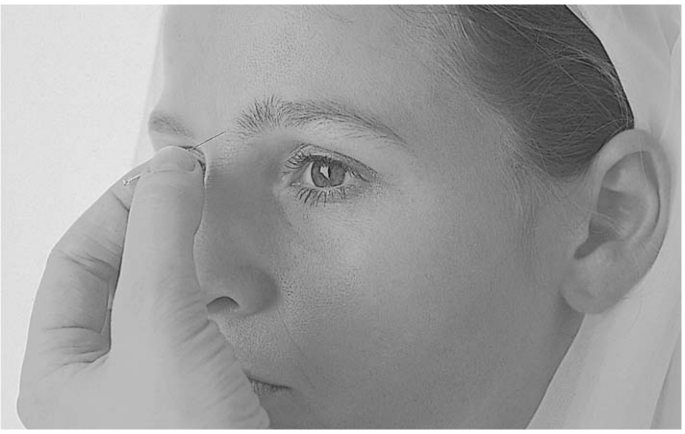
Actions/Indications

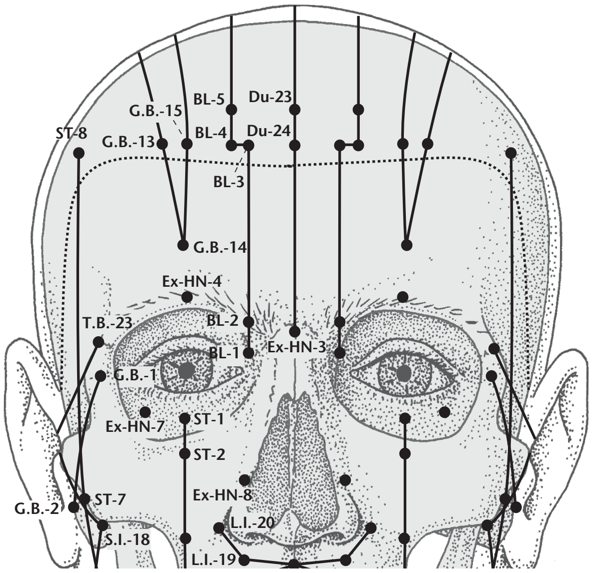
- Benefits the eyes
- Expels external pathogenic factors such as Wind, clears Heat
- Clears the head
- Moves Qi in the Bladder divergent channel (for example, for painful haemorrhoids)

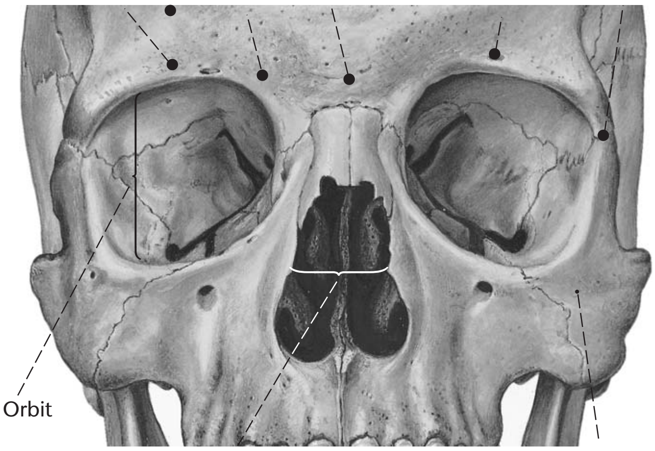
Special features

Important and frequently used local point for the eye region. Good point for excess and Heat syndromes of the eye region: prick to bleed (puncture the point and let it bleed), but avoid facial haematoma.

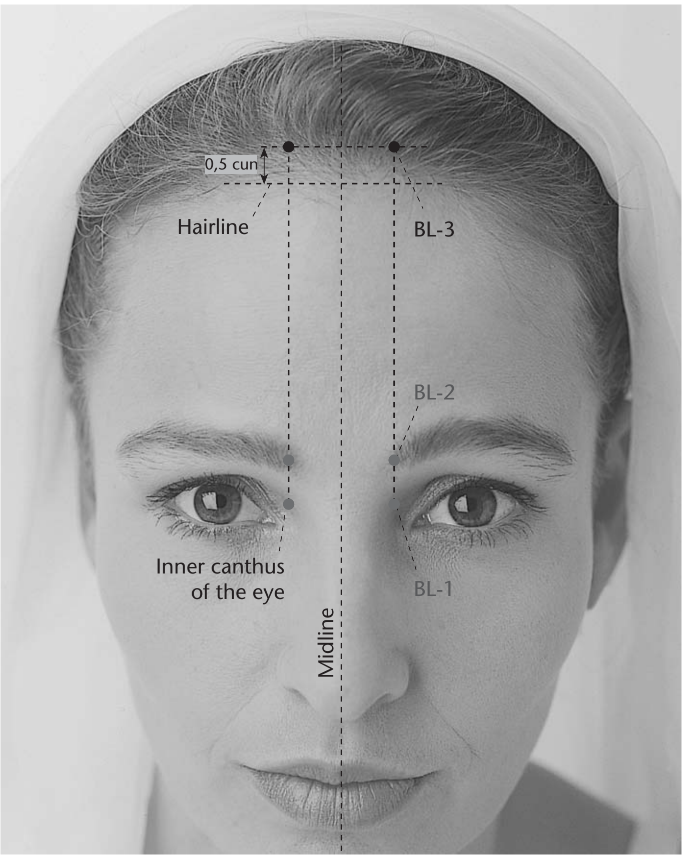

BL-2
BL-1
Inner canthus of the eye







Eyebrows' Pouring MEICHONG **BL-3**


0,5 cun
Hairline
BL-3
BL-2
Inner canthus of the eye
BL-1
Midline

Location

0.5 cun within the anterior hairline, vertically above the medial canthus of the eye.

How to find

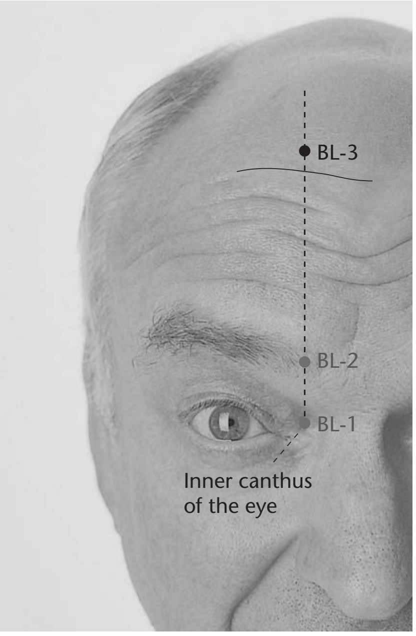
BL-3 is located directly above the medial canthus of the eye (→ **BL-1**) and 0.5 cun within the anterior hairline (→ 3.1.1). Located on the same level (0.5 cun within the anterior hairline) are → **Du-24** (on the midline), → **G.B.-15** (on the pupil line), → **G.B.-13** (3 cun lateral to the midline) and → **ST-8** (on the corner of the forehead).

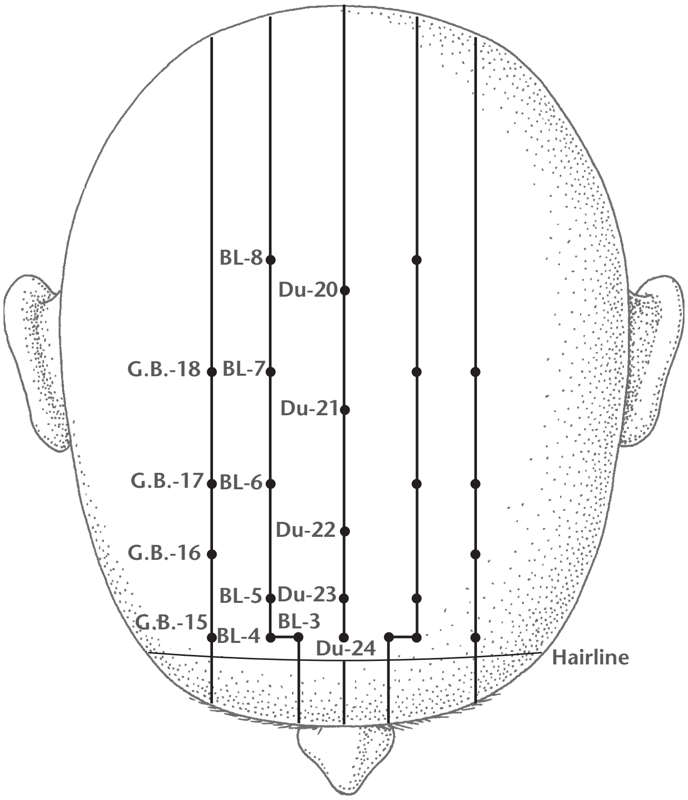
Needling

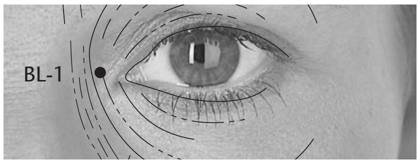
0.5–1 cun obliquely in a dorsal direction or transversely (subcutaneously). According to some classic texts, moxibustion is contraindicated.

Actions/Indications

- Expels Wind and clears Heat from the head and forehead


BL-3
BL-2
BL-1
Inner canthus of the eye


BL-8
Du-20
G.B.-18
BL-7
Du-21
G.B.-17
BL-6
Du-22
G.B.-16
BL-5
Du-23
G.B.-15
BL-3
BL-4
Du-24
Hairline



BL-4 *Crooked Curve* QUCHA

Location

0.5 cun superior to the anterior hairline and 1.5 cun lateral to the midline (or one third of the distance between → **Du-24** and → **ST-8**).

How to find

While → **BL-3** is still located on a vertical line through the inner canthus of the eye, **BL-4** is located slightly more laterally (hence its name). The distance of 1.5 cun from the midline refers to the proportional cun measurements along the anterior hairline (→ 3.1.1): the distance between → **Du-24** (on the midline) and → **ST-8** (on the corner of the forehead) is 4.5 proportional cun; therefore, the distance between **BL-4** and the midline is one third of this distance.

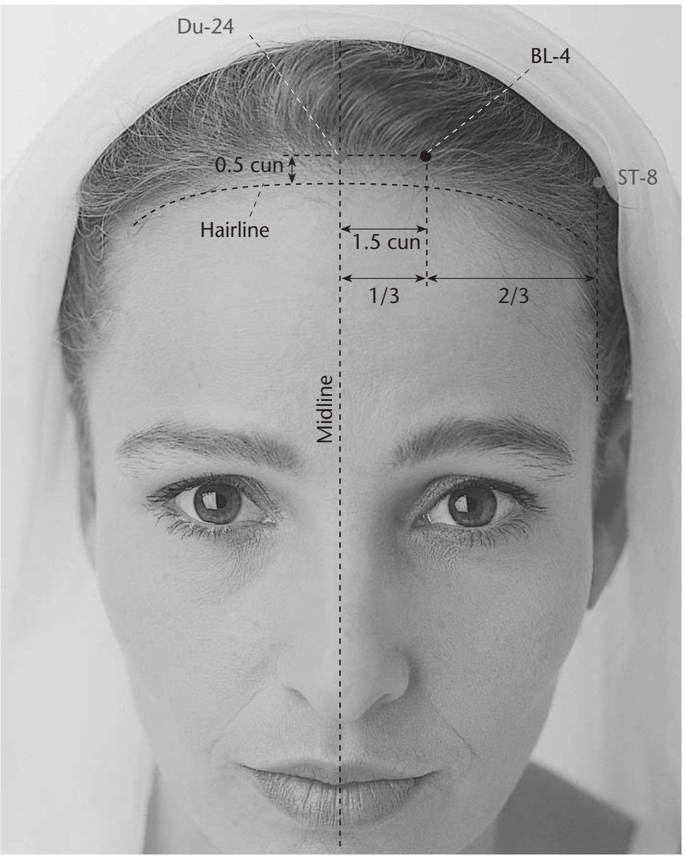
Located on the same level (0.5 cun within the anterior hairline) are → **Du-24** (on the midline), → **BL-3** (superior to the inner canthus of the eye), → **G.B.-15** (on the pupil line), → **G.B.-13** (3 cun lateral to the midline) and → **ST-8** (on the corner of the forehead).

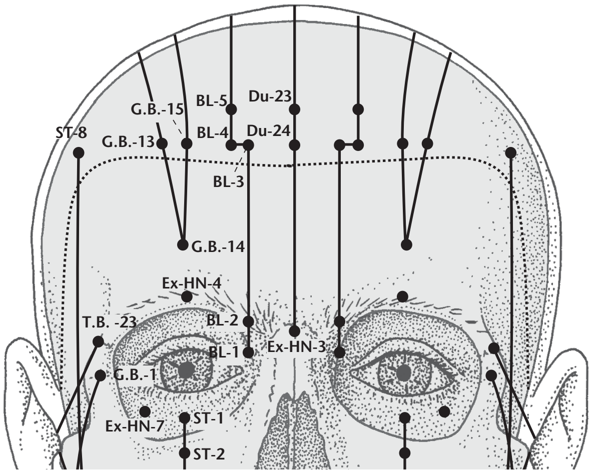
Needling

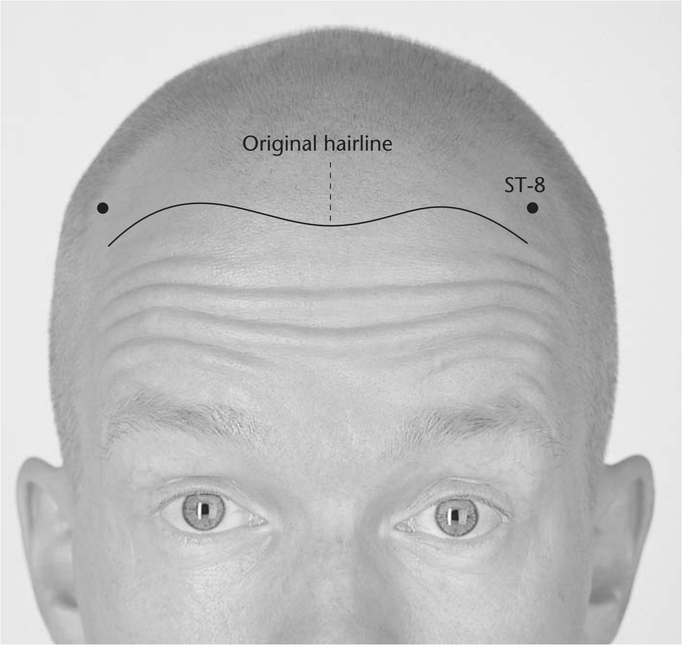
Transversely (subcutaneously) 0.5–1 cun

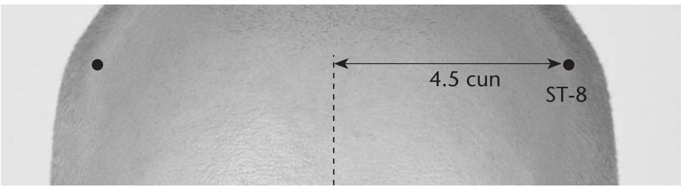
Actions/Indications

- Expels Wind and Wind-Heat, especially from the eyes and the nose
- Clears the head, opens the orifices, alleviates pain

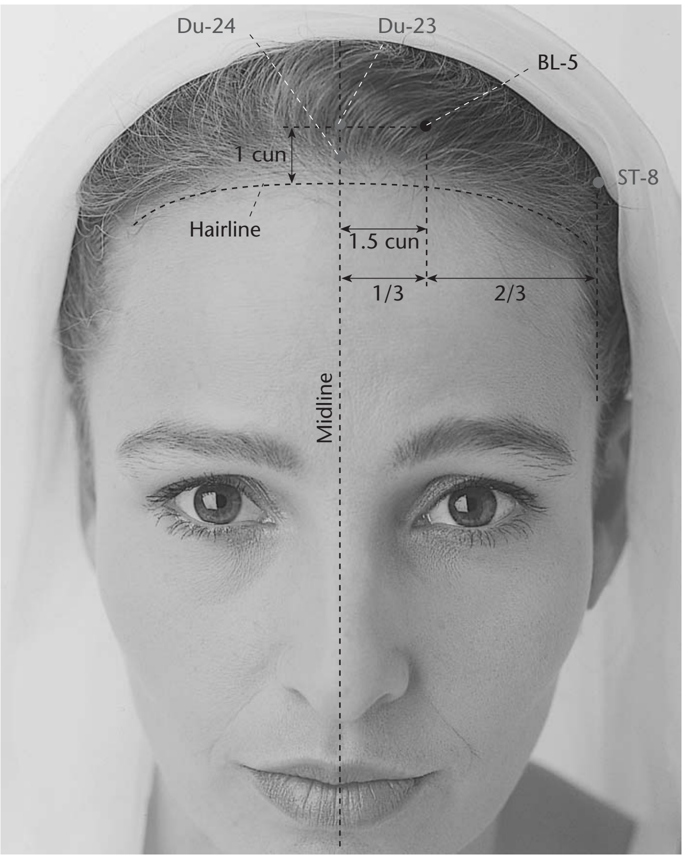

Du-24
BL-4
0.5 cun
ST-8
Hairline
1.5 cun
1/3
2/3
Midline


G.B.-15
BL-5
Du-23
ST-8
G.B.-13
BL-4
Du-24
BL-3
G.B.-14
Ex-HN-4
T.B.-23
BL-2
BL-1
Ex-HN-3
G.B.-1
Ex-HN-7
ST-1
ST-2


Original hairline
ST-8



Fifth Place WUCHU BL-5


Du-24
Du-23
BL-5
1 cun
ST-8
Hairline
1.5 cun
1/3
2/3
Midline

Location

1 cun superior to the anterior hairline and 1.5 cun lateral to the midline or one third of the distance between → **Du-24** and → **ST-8**.

How to find

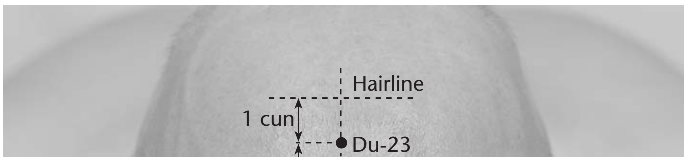
The distance of 1.5 cun refers to the proportional cun measurement for the distance of 4.5 cun between → **Du-24** (midline, 0.5 cun superior to the anterior hairline) and → **ST-8** (corner of the forehead), (→ 2.2). By dividing this distance into thirds, **BL-5** can be located one third of the distance from → **Du-24** and 1 cun superior to the anterior hairline.
Located on the same level is → **Du-23** (on the midline).

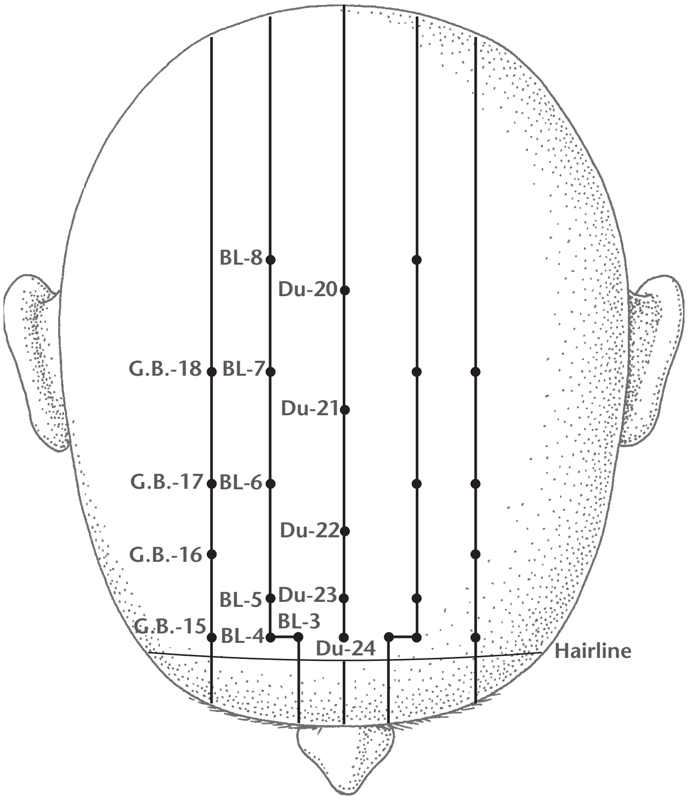
Needling

Transversely (subcutaneously) 0.5–1 cun. Moxibustion is contraindicated according to some texts.

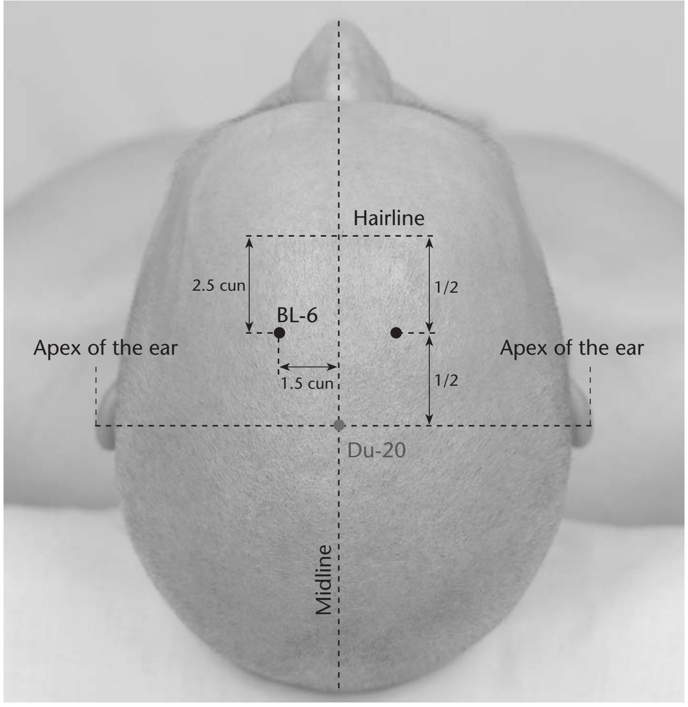
Actions/Indications

- Releases the Exterior, expels Wind and Heat from the head and eyes
- Opens the channel and the *luo* vessels
- Opens the orifices (especially the eyes) and revives consciousness


Hairline
1 cun
Du-23


BL-8
Du-20
G.B.-18
BL-7
Du-21
G.B.-17
BL-6
Du-22
G.B.-16
BL-5
Du-23
BL-3
G.B.-15
BL-4
Du-24
Hairline

BL-6 Receiving Light CHENGGUAN


Hairline
2.5 cun
BL-6
1/2
Apex of the ear
Apex of the ear
1.5 cun
1/2
Du-20
Midline

Location

2.5 cun superior to the anterior hairline and 1.5 cun lateral to the midline or one third of the distance between → **Du-24** and → **ST-8**.

How to find

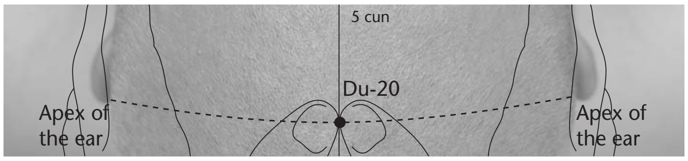
Spreading hands technique (→ 2.3.3): First, locate the anterior midline at the level of the anterior hairline (→ 3.1.1) as well as → **Du-20** (5 cun superior to the anterior hairline, on the vertex, at the junction of the midline with a line connecting the apices of the ears). Next, determine the midpoint between those two reference points (→ 2.5 cun superior to the anterior hairline). From this point, measure 1.5 cun laterally (or one third of the distance between → **Du-24** and → **ST-8**) to locate **BL-6**.
Located on the same level (→ 2.5 cun superior to the anterior hairline), but more laterally (pupil line), is → **G.B.-17**.

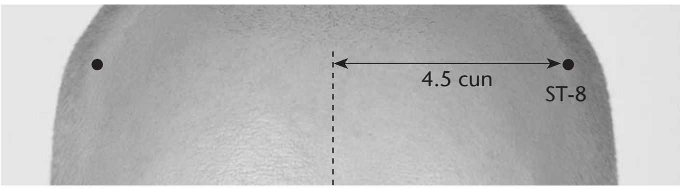
Needling

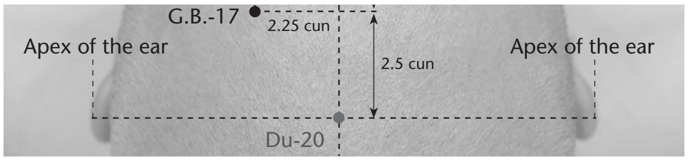
Transversely (subcutaneously) 0.5–1 cun. Moxibustion only following careful diagnosis.

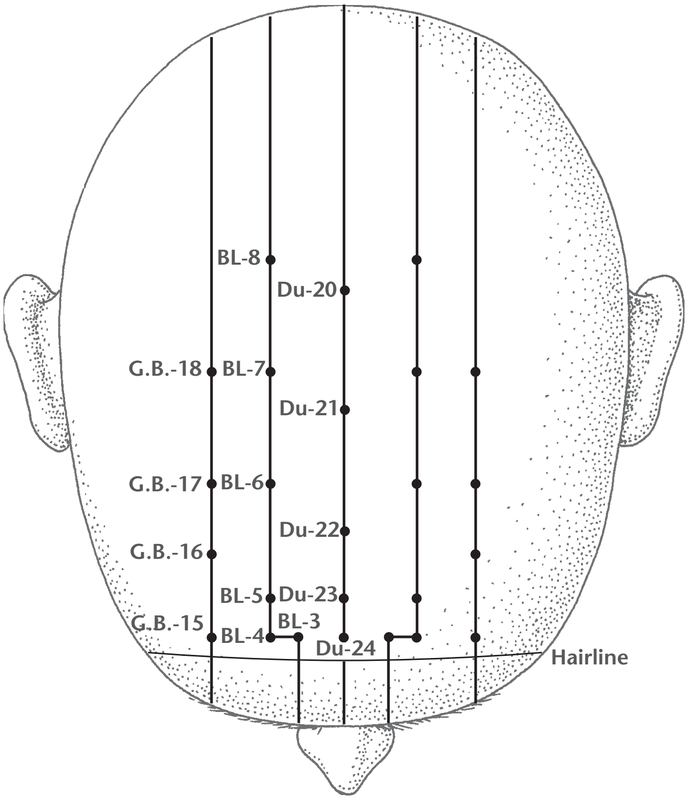
Actions/Indications

- Expels Wind, especially from the head and eyes
- Clears Heat from the head, especially from the eyes and nose

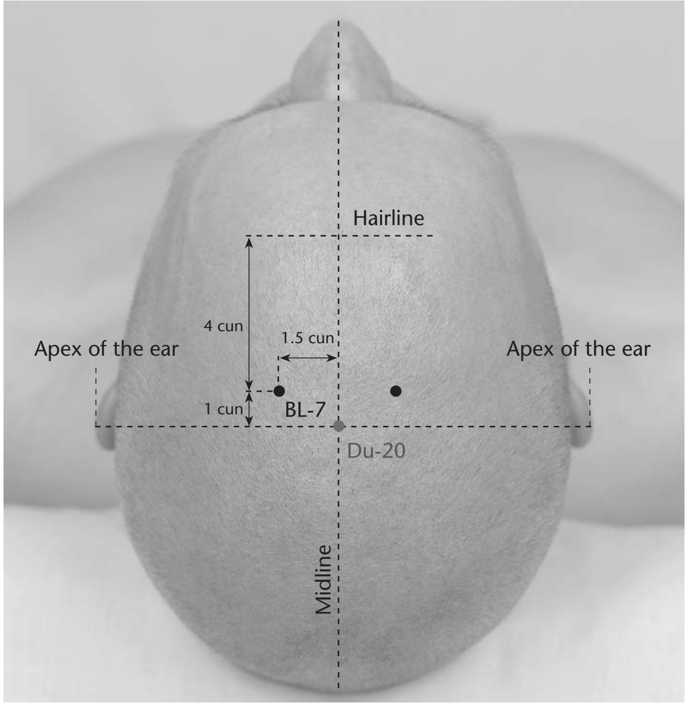

5 cun
Du-20
Apex of the ear
Apex of the ear

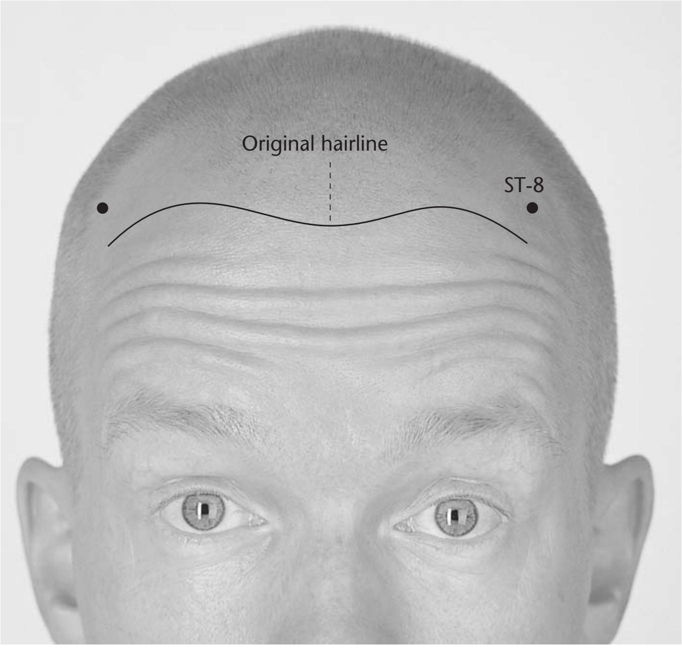


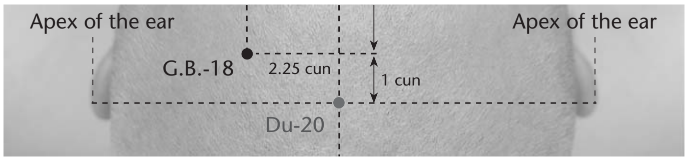

G.B.-17
2.25 cun
Apex of the ear
2.5 cun
Apex of the ear
Du-20

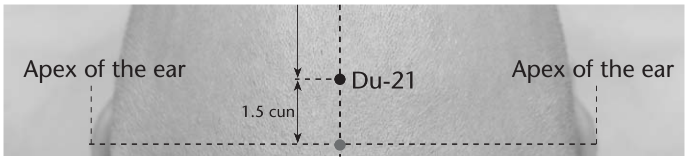

BL-8
Du-20
G.B.-18
BL-7
Du-21
G.B.-17
BL-6
Du-22
G.B.-16
BL-5
Du-23
G.B.-15
BL-4
BL-3
Du-24
Hairline

Heavenly Connection TONGTIAN BL-7


Hairline
4 cun
1.5 cun
Apex of the ear
Apex of the ear
1 cun
BL-7
Du-20
Midline


Original hairline
ST-8


Apex of the ear
Apex of the ear
G.B.-18
2.25 cun
1 cun
Du-20


Apex of the ear
Du-21
Apex of the ear
1.5 cun

Location

1.5 cun lateral to the midline and 4 cun superior to the anterior hairline or 1 cun anterior to → **Du-20**.

How to find

BL-7 is best located by using → **Du-20** (5 cun superior to the anterior hairline, on the vertex, at the junction of the midline with a line connecting the apices of the ears) as a reference point. Measure 1 cun anterior from → **Du-20** and 1.5 cun lateral to the midline (or one third of the distance between → **Du-24** and **ST-8,** → 2.2) to locate **BL-7**. Located on the same level (4 cun superior to the anterior hairline), but more laterally (pupil line), is → **G.B.-18**. → **Du-21** is located on the midline, 1.5 cun anterior to → **Du-20**.

Needling

Transversely (subcutaneously) 0.5–1 cun

Actions/Indications

- Clears the head, benefits especially the nose

Special features

Important point for treating disorders of the nose

BL-8 *Declining Connection* LUOQUE

Location

1.5 cun lateral to the midline and 5.5 cun superior to the anterior hairline or 0.5 cun posterior to ➞ **Du-20**.

How to find

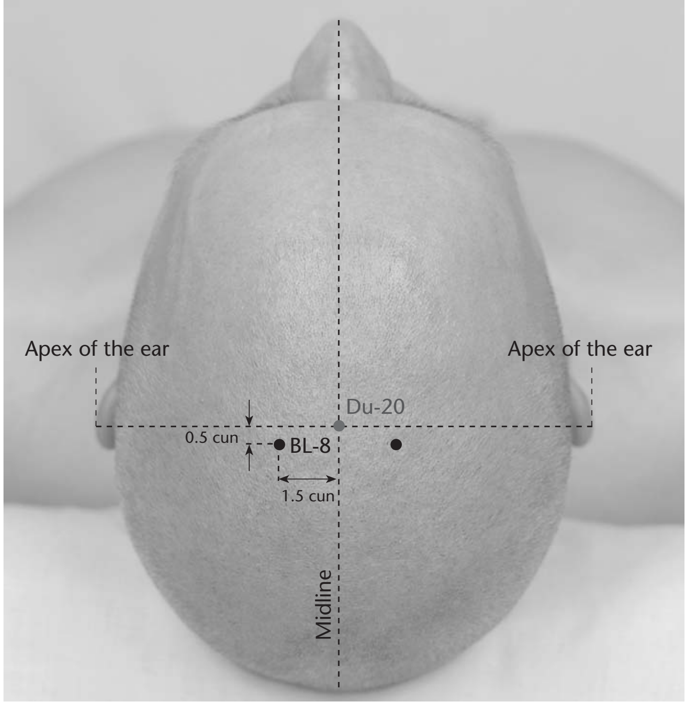
BL-8 is best located by using ➞ **Du-20** as a reference point. ➞ **Du-20** is located at the junction of the vertical midline with a line connecting the apices of the ears, 5 cun superior to the anterior hairline (➞ 3.1.1). To locate **BL-8**, measure 0.5 cun from ➞ **Du-20** in a posterior direction and 1.5 cun in a lateral direction.

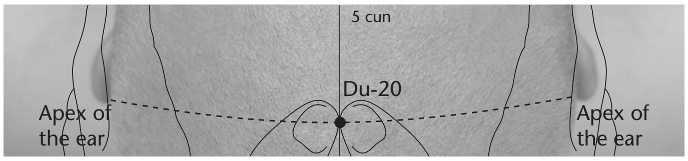
Needling

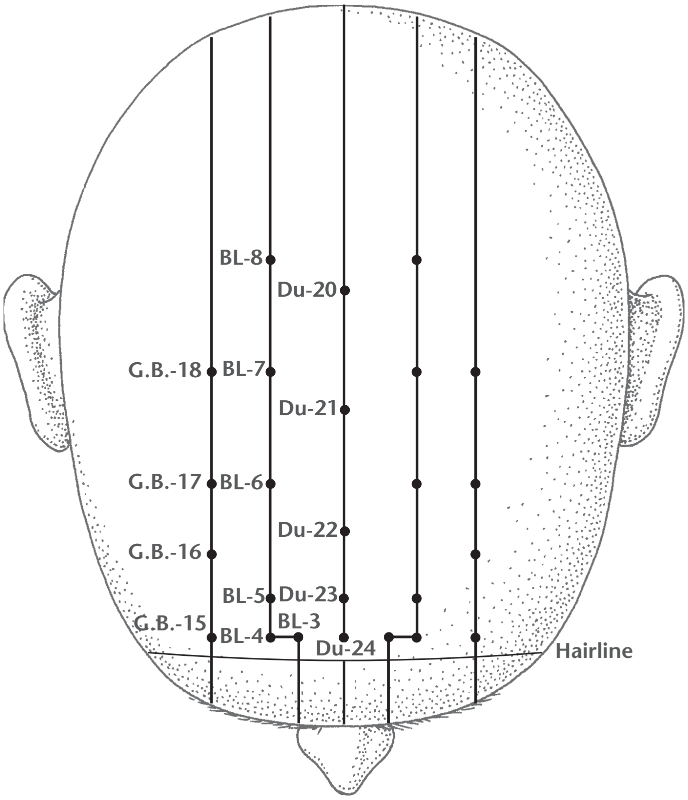
Transversely (subcutaneously) 0.5–1 cun. Moxibustion possible.

Actions/Indications

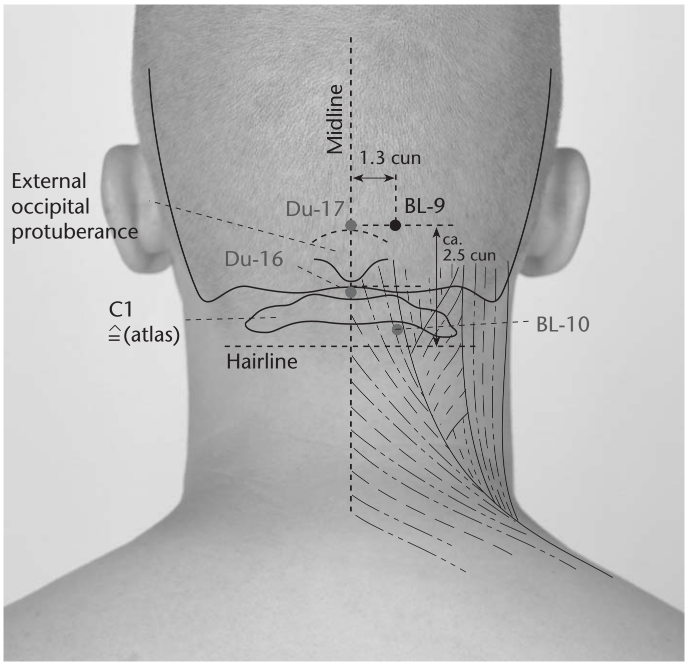
- Opens the orifices
- Subdues Wind
- Transforms Phlegm
- Calms the *shen*

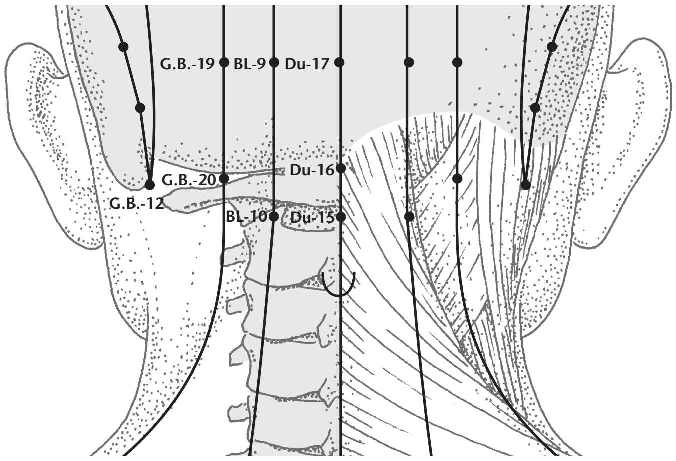

Apex of the ear
Apex of the ear
Du-20
0.5 cun
BL-8
1.5 cun
Midline

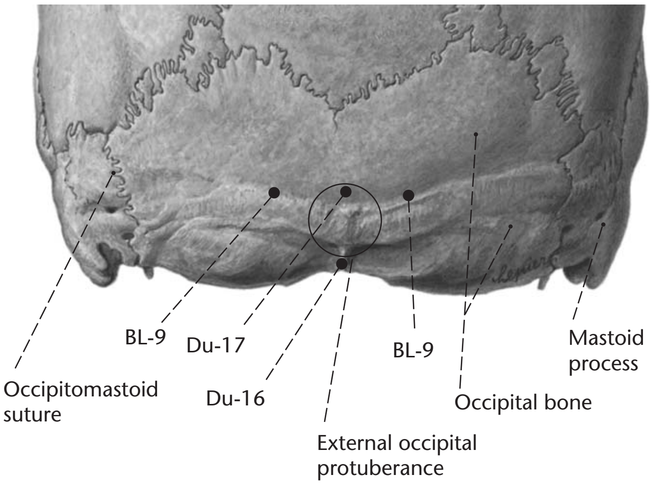

5 cun
Du-20
Apex of the ear
Apex of the ear

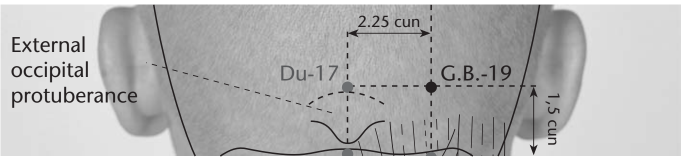

BL-8
Du-20
G.B.-18
BL-7
Du-21
G.B.-17
BL-6
Du-22
G.B.-16
BL-5
Du-23
BL-3
G.B.-15
BL-4
Du-24
Hairline

Jade Pillow YUZHEN BL-9


Midline
1.3 cun
External occipital protuberance
Du-17
BL-9
ca. 2.5 cun
Du-16
C1 ≙(atlas)
BL-10
Hairline


G.B.-19
BL-9
Du-17
G.B.-20
Du-16
G.B.-12
BL-10
Du-15


BL-9
Du-17
BL-9
Mastoid process
Occipitomastoid suture
Du-16
Occipital bone
External occipital protuberance


2.25 cun
External occipital protuberance
Du-17
G.B.-19
1.5 cun

Location

2.5 cun superior to the posterior hairline and 1.3 cun lateral to the midline or → **Du-17** (directly superior to the external occipital protuberance).

How to find

To locate **BL-9,** → **Du-17** is a good reference point, located on the midline, in the depression directly superior to the upper border of the external occipital protuberance (→ 3.1.5). From there, measure 1.3 cun in a lateral direction to locate **BL-9**, which is generally located on an imaginary vertical line through → **BL-10.**

Or: Locate the posterior hairline (often not very accurate → 3.1.5) and, on the midline, measure 2.5 cun in a superior direction, then 1.3 cun towards lateral.

Located on the same level are → **Du-17** (midline, in the depression at the upper border of the external occipital protuberance) and → **G.B.-19** (more laterally, on a vertical line through → **G.B.-20**).

Needling

Transversely (subcutaneously) 0.5–1 cun. Moxibustion possible.

Actions/Indications

- Expels Wind and Cold
- Opens the channel and *luo* vessels, alleviates pain
- Benefits the eyes and nose

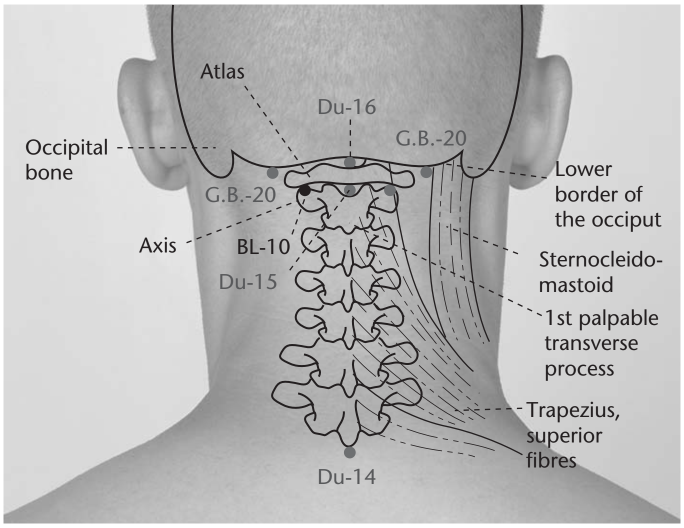
Special features

In Qigong practice, **BL-9** plays an important role as one of the three gates (*san guan*).

BL-10 *Heavenly Pillar* TIANZHU

Location

Approximately 1.3 cun lateral to ➞ **Du-15**, where the trapezius muscle inserts on the lower border of the occiput, close to where the major occipital nerve emerges.

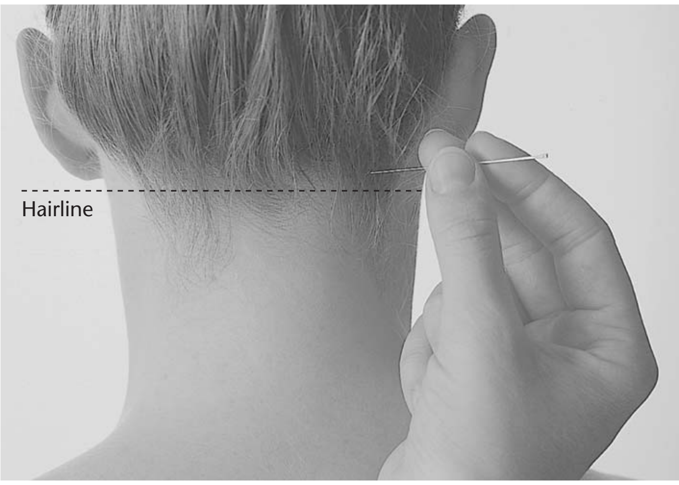

Atlas
Du-16
G.B.-20
Occipital bone
Lower border of the occiput
G.B.-20
Axis
BL-10
Sternocleido-mastoid
Du-15
1st palpable transverse process
Trapezius, superior fibres
Du-14

How to find

With the patient's head in an upright and relaxed position, first locate ➞ **G.B.-20** below the lower border of the occiput and between the insertions of the sternocleidomastoid and trapezius muscles. From there, palpate in a medial and inferior direction at a 45° angle, until the finger comes to a halt against the bulge of the trapezius muscle. This is the location of **BL-10**. For reference: If the practitioner places their left middle finger on ➞ **G.B.-20**, the (shorter) index finger will be pointing to **BL-10**. Located on the same level is ➞ **Du-15** (approximately 1.3 cun lateral to the midline and superior to the axis (first palpable spinous process)).

Needling

0.5–1 cun vertically or slightly obliquely in a dorsal direction. Caution: Do not needle in a superior direction.

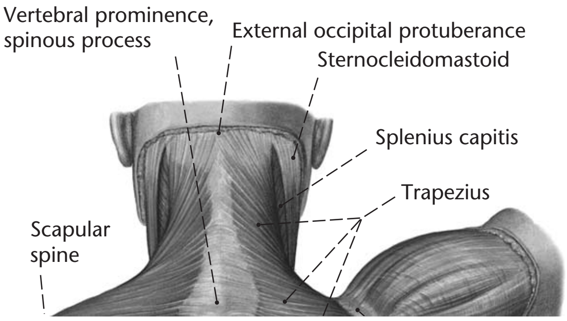


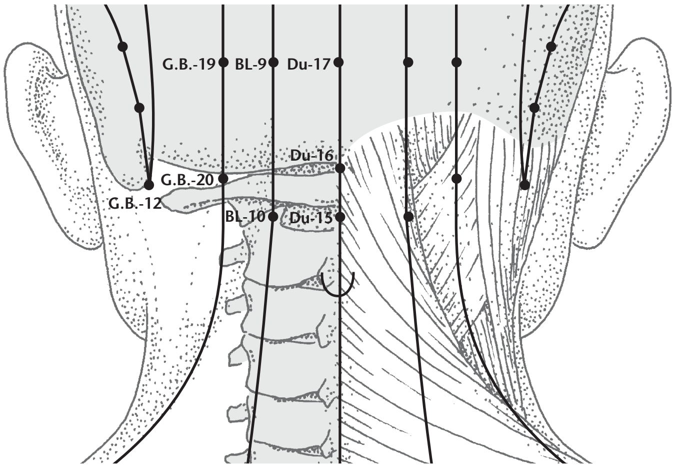
Actions/Indications

- Regulates the Qi, calms Wind and the *shen*, benefits the head and sensory orifices
- Opens the channel
- Strengthens the lower back
- Expels Wind

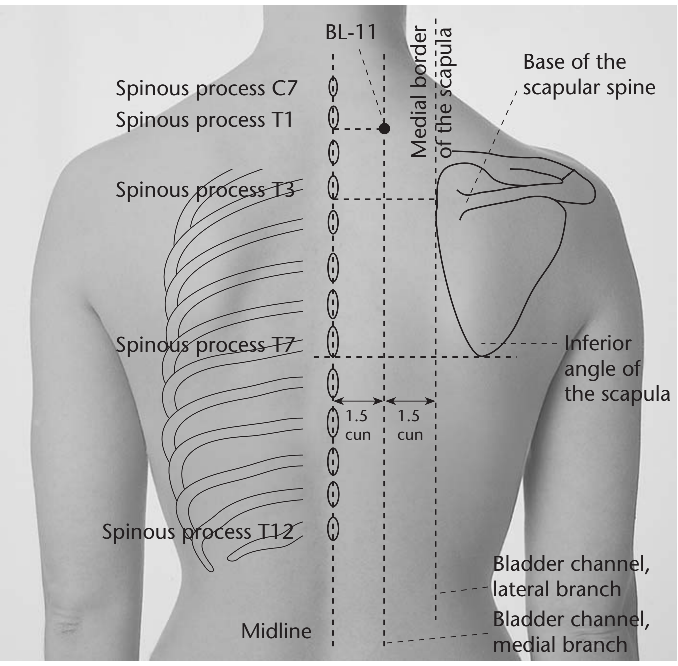
Special features

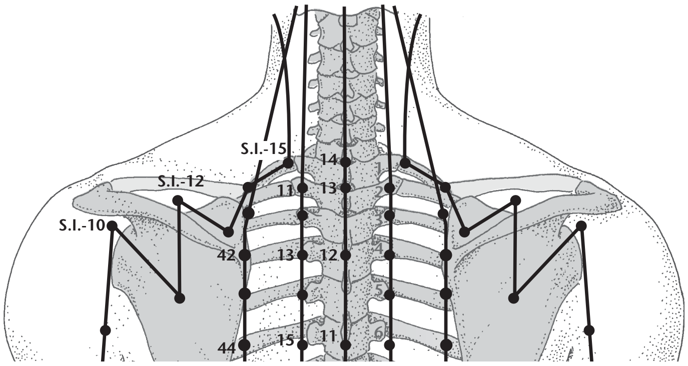
Window of Heaven point. Important point for expelling (internal and external) Wind. In contrast to ➞ **G.B.-20**, **BL-10** is used in clinical practice mainly for pacifiying internal Wind.

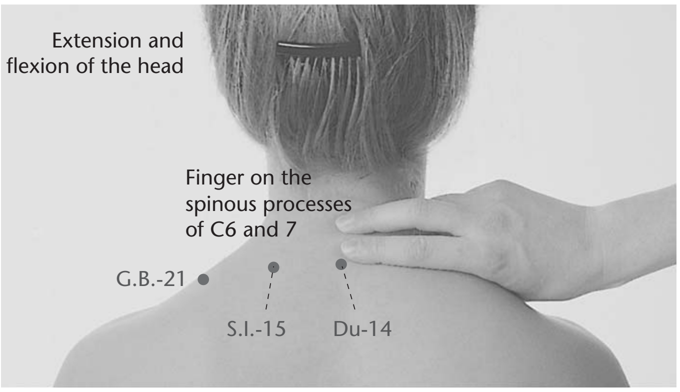

Vertebral prominence, spinous process
External occipital protuberance
Sternocleidomastoid
Splenius capitis
Trapezius
Scapular spine

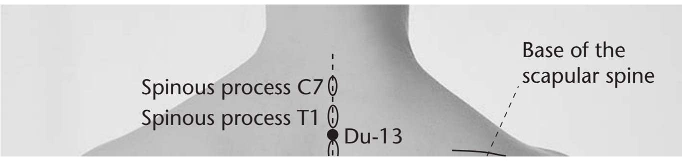

G.B.-19
BL-9
Du-17
Du-16
G.B.-20
G.B.-12
BL-10
Du-15

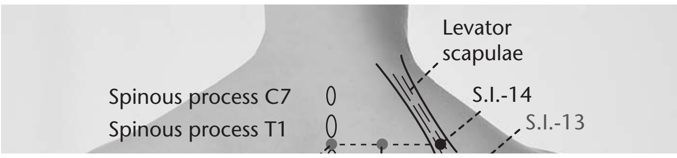
Great Shuttle DAZHU BL-11


BL-11
Medial border of the scapula
Base of the scapular spine
Spinous process C7
Spinous process T1
Spinous process T3
Spinous process T7
Inferior angle of the scapula
1.5 cun
1.5 cun
Spinous process T12
Bladder channel, lateral branch
Bladder channel, medial branch
Midline


S.I.-15
S.I.-12
S.I.-10
14
11
13
42
13
12
44
15
11


Extension and flexion of the head
Finger on the spinous processes of C6 and 7
G.B.-21
S.I.-15
Du-14


Base of the scapular spine
Spinous process C7
Spinous process T1
Du-13


Levator scapulae
Spinous process C7
Spinous process T1
S.I.-14
S.I.-13

Location

1.5 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 1st thoracic vertebra (T1, with hanging shoulders on the level of the acromion).

How to find

First, locate the spinous process of C7 (→ 3.4.1). The next spinous process inferior to this belongs to the T1. Locate **BL-11** 1.5 cun lateral to the lower border of T1, at the highest point of the paraspinal musculature.

Located on the same level are → **Du-13** (on the midline), a point of → **Ex-B-2** (0.5 cun lateral to the midline) and → **S.I.-14** (3 cun lateral to the midline).

Needling

0.5–1 cun obliquely towards the spine or transversely (subcutaneously). Caution: Pneumothorax.

Actions/Indications

- Expels pathogenic factors (Wind-Heat)
- Regulates the Lung Qi
- Opens the channel, benefits the bones and joints

Special features

Hui-meeting point with the bones; meeting point with the S.I. channel, according to some authors also with the T.B., G.B. channels and the *du mai*; Sea of Blood point.

BL-12 Wind Gate FENGMEN

Location

1.5 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 2nd thoracic vertebra (T2).

How to find

First, locate the spinous process of C7 (→ 3.4.1). From there, count down two spinous processes to the lower border of the spinous process of T2. Measure 1.5 cun laterally to locate **BL-12** on the highest point of the paraspinal musculature.
Located on the same level are a point of → **Ex-B-2** (0.5 cun lateral to the midline), → **BL-41** (3 cun lateral to the midline) and → **S.I.-13** (on the scapula, on the medial end of the scapular spine).

Needling

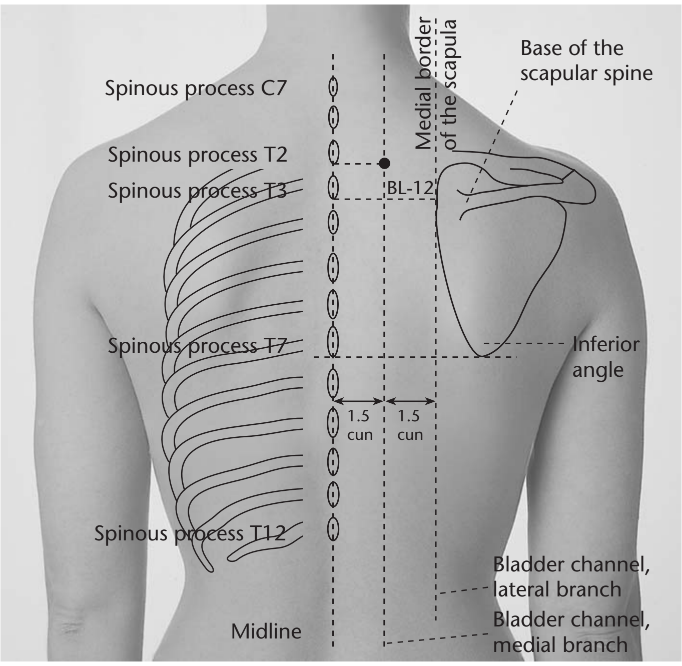
0.5–1 cun obliquely towards the spine. In clinical practice, this point is often needled transversely (subcutaneously) towards the spine. This allows the patient to lie in a supine position during needle retention (the needles can be secured with tape). Caution: Pneumothorax. For acute febrile colds, use reducing needling techniques or cupping. For susceptibility to catching colds, use tonifying needling techniques and/or moxibustion.

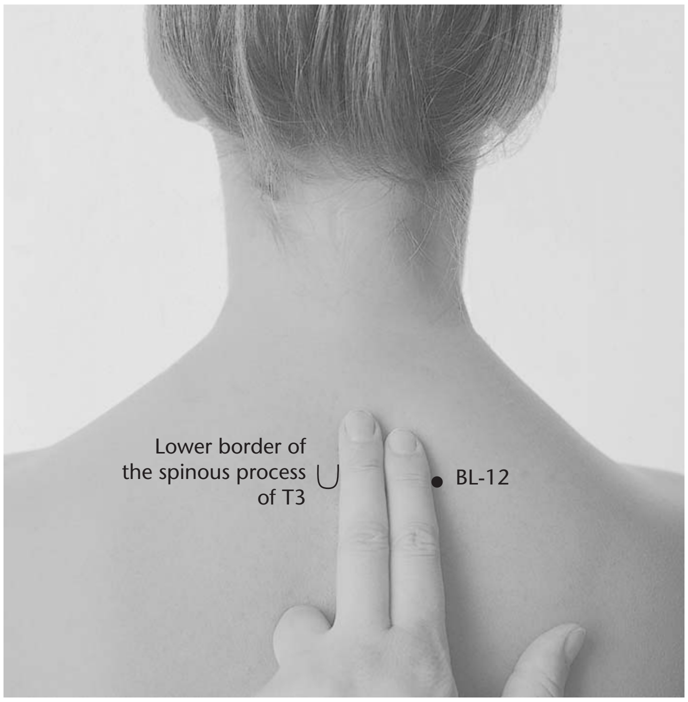
Actions/Indications

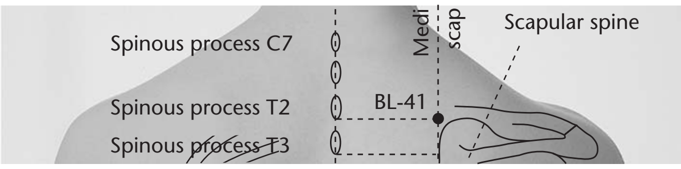
- Expels (external) Wind and releases the Exterior
- Spreads and descends the Lung Qi
- Tonifies the defensive Qi (*wei qi*), stabilises the Exterior
- Benefits the nose
- Opens the channel

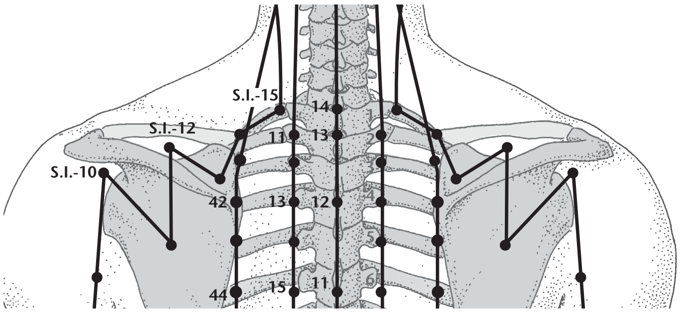
Special features

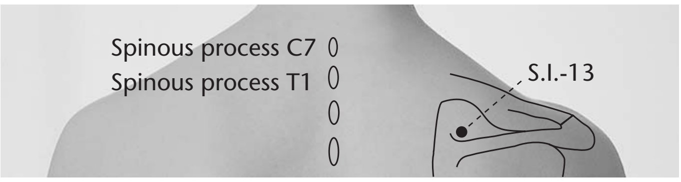
Meeting point with the *du mai*. Important point for expelling pathogenic factors, especially Wind.

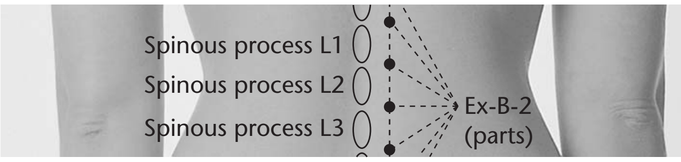

Spinous process C7
Spinous process T2
Spinous process T3
Spinous process T7
Spinous process T12
Medial border of the scapula
Base of the scapular spine
BL-12
Inferior angle
1.5 cun
1.5 cun
Bladder channel, lateral branch
Bladder channel, medial branch
Midline


Lower border of the spinous process of T3
BL-12

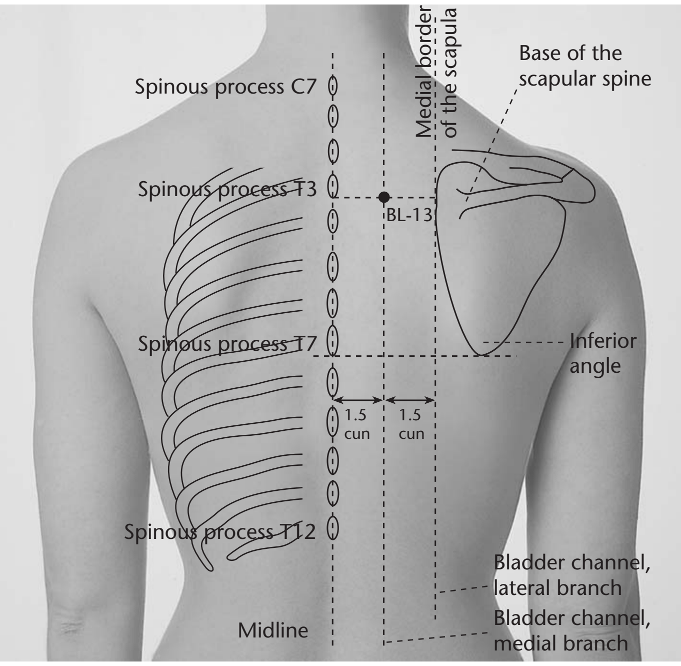

Spinous process C7
Spinous process T2
Spinous process T3
Medi
scap
Scapular spine
BL-41


S.I.-15
14
S.I.-12
11
13
S.I.-10
42
13
12
44
15
11


Spinous process C7
Spinous process T1
S.I.-13


Spinous process L1
Spinous process L2
Spinous process L3
Ex-B-2 (parts)

***Lung* Shu FEISHU BL-13**


Spinous process C7
Medial border of the scapula
Base of the scapular spine
Spinous process T3
BL-13
Spinous process T7
Inferior angle
1.5 cun
1.5 cun
Spinous process T12
Bladder channel, lateral branch
Midline
Bladder channel, medial branch

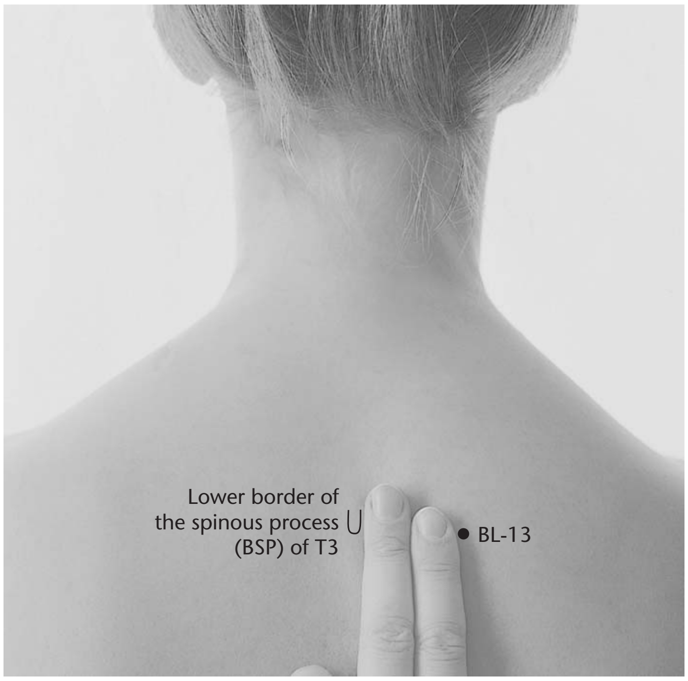
Location

1.5 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 3rd thoracic vertebra (T3).

How to find

First, locate the spinous process of C7 (→ 3.4.1). From there, count down three spinous processes to the lower border of the spinous process of the T3. Measure 1.5 cun laterally to locate **BL-13** on the highest point of the paraspinal musculature. **Or:** With the patient seated and their arms hanging down, the spinous process of the T3 is generally on the level of the medial end of the scapular spine (→ 3.4.2). Locate **BL-13** 1.5 cun lateral to the midline.

Located on the same level are → **Du-12** (on the midline), a point of → **Ex-B-2** (0.5 cun lateral to the midline) and **BL-42** (3 cun lateral to the midline).


Lower border of the spinous process (BSP) of T3
BL-13

Needling

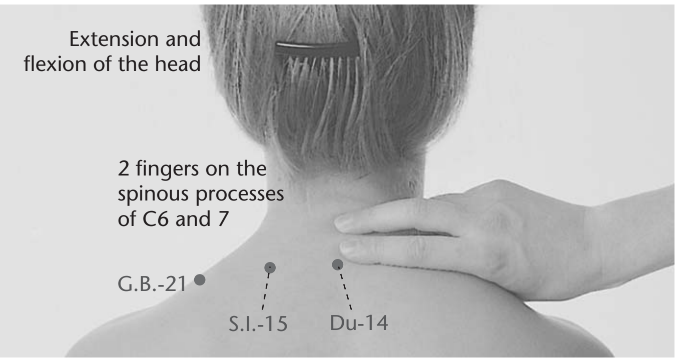
0.5–1 cun obliquely towards the spine. In clinical practice, this point is often needled transversely (subcutaneously) towards the spine. This allows the patient to lie in a supine position during needle retention (the needles can be secured with tape). Caution: Pneumothorax. For chronic Lung Qi deficiency without Heat signs, use moxibustion.

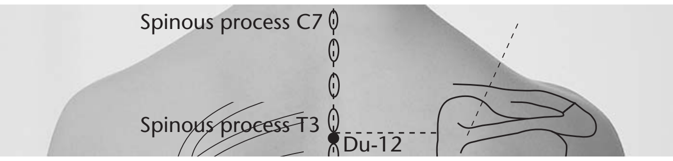
Actions/Indications

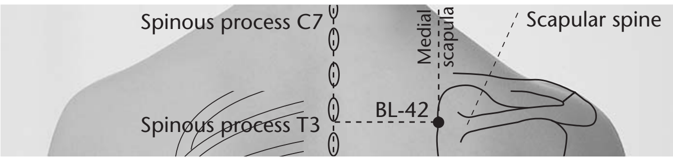
- Tonifies, spreads and descends the Lung Qi, nourishes the Lung Yin
- Clears Heat from the Lung
- Releases the Exterior
- Opens the channel, alleviates pain

Special features

Back-*shu* point of the lung. Major point for all disorders of the Lung (Lung deficiency and excess patterns).


Extension and flexion of the head
2 fingers on the spinous processes of C6 and 7
G.B.-21
S.I.-15
Du-14


Spinous process C7
Spinous process T3
Du-12


Spinous process C7
Medial scapula
Scapular spine
Spinous process T3
BL-42

BL-14 Jueyin Shu JUEYINSHU

Location

1.5 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 4th thoracic vertebra (T4).

How to find

First, locate the spinous process of C7 (➞ 3.4.1). From there, count down four spinous processes to the lower border of the spinous process of T4. Measure 1.5 cun laterally to locate **BL-14** on the highest point of the paraspinal musculature. **Or:** With the patient seated and their arms hanging down, the spinous process of T3 is generally on the level of the medial end of the scapular spine (➞ 3.4.2). The next spinous process in an inferior direction belongs to the T4. Locate **BL-14** 1.5 cun lateral to the midline. Located on the same level are a point of ➞ **Ex-B-2** (0.5 cun lateral to the midline) and ➞ **BL-43** (3 cun lateral to the midline).

Needling

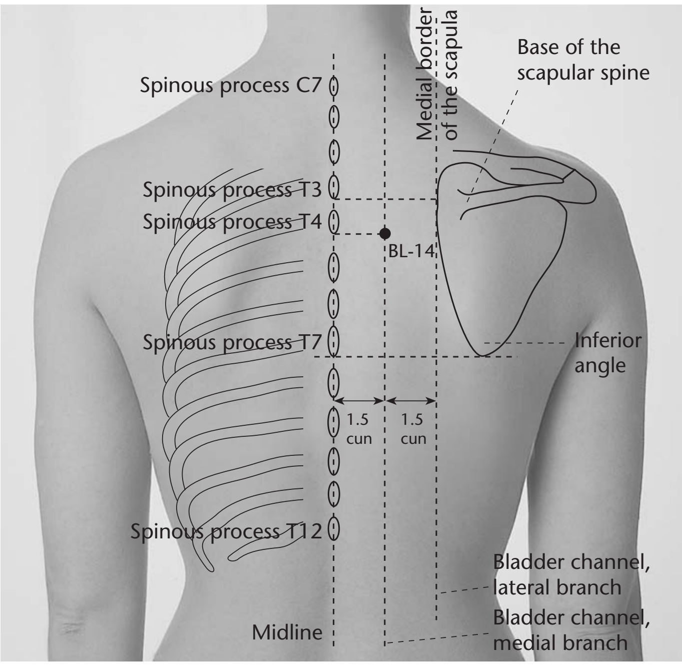
0.5–1 cun obliquely towards the spine or transversely (subcutaneously). Caution: Pneumothorax.

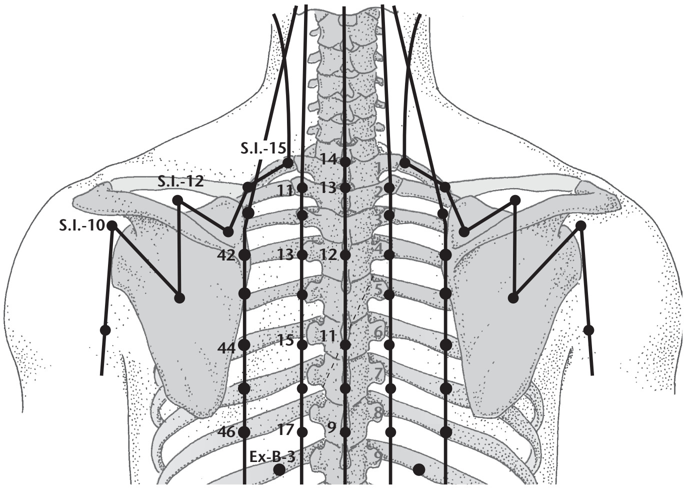
Actions/Indications

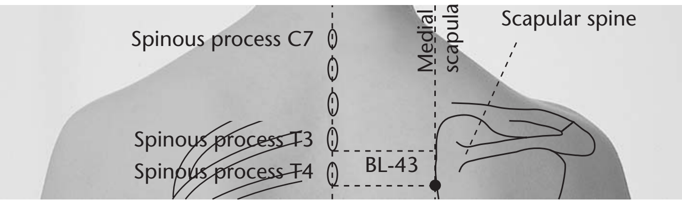
- Regulates and tonifies the Heart
- Unbinds the chest, regulates the Qi
- Calms the *shen*

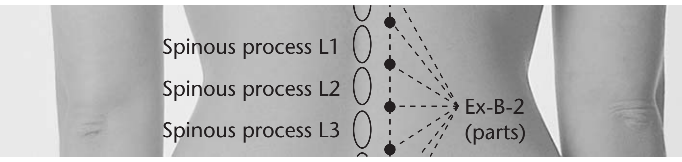
Special features

Back-*shu* point of the Pericardium

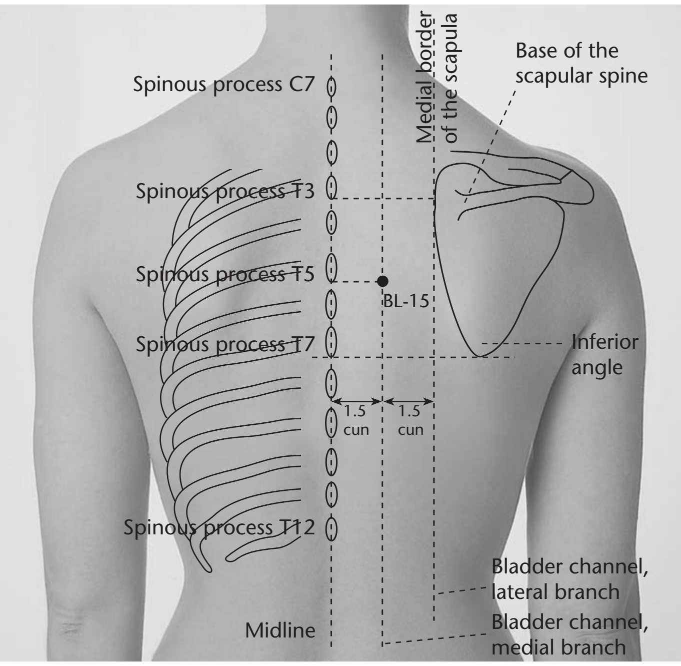

Spinous process C7
Medial border of the scapula
Base of the scapular spine
Spinous process T3
Spinous process T4
BL-14
Spinous process T7
Inferior angle
1.5 cun
1.5 cun
Spinous process T12
Bladder channel, lateral branch
Bladder channel, medial branch
Midline

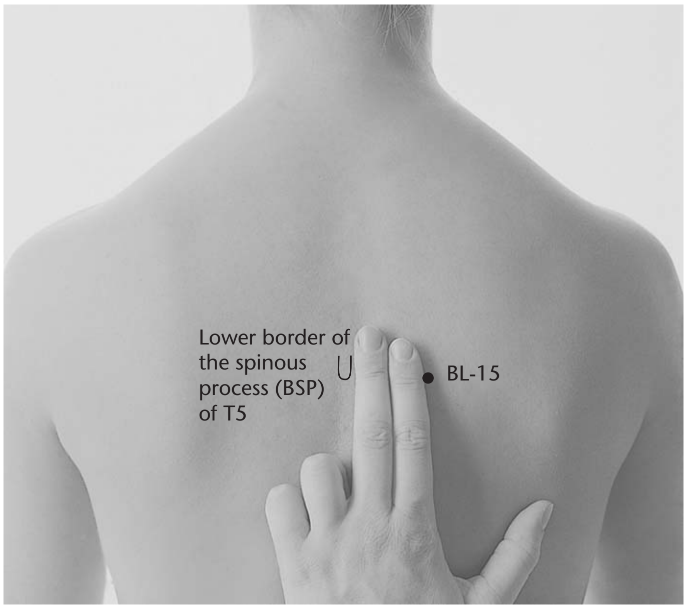

S.I.-15
14
S.I.-12
11
13
S.I.-10
42
13
12
44
15
11
46
17
9
Ex-B-3

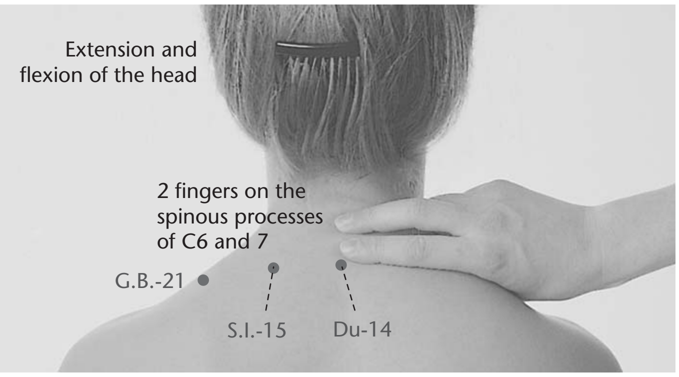

Spinous process C7
Medial scapula
Scapular spine
Spinous process T3
Spinous process T4
BL-43


Spinous process L1
Spinous process L2
Spinous process L3
Ex-B-2 (parts)

Heart Shu XINSHU BL-15


Medial border of the scapula
Base of the scapular spine
Spinous process C7
Spinous process T3
Spinous process T5
BL-15
Spinous process T7
Inferior angle
1.5 cun
1.5 cun
Spinous process T12
Bladder channel, lateral branch
Midline
Bladder channel, medial branch


Lower border of the spinous process (BSP) of T5
BL-15


Extension and flexion of the head
2 fingers on the spinous processes of C6 and 7
G.B.-21
S.I.-15
Du-14

Location

1.5 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 5th thoracic vertebra (T5).

How to find

First, locate the spinous process of C7 (➞ 3.4.1). From there, count down five spinous processes to the lower border of the spinous process of T5. Measure 1.5 cun laterally to locate **BL-15** on the highest point of the paraspinal musculature. **Or:** With the patient seated and their arms hanging down, the spinous process of the T3 is generally on the level of the easily palpable medial end of the scapular spine (➞ 3.4.2). From there, count down two spinous processes in an inferior direction to the T5. Locate **BL-15** 1.5 cun lateral to the midline.

Located on the same level are ➞ **Du-11** (on the midline), a point of ➞ **Ex-B-2** (0.5 cun lateral to the midline) and ➞ **BL-44** (3 cun lateral to the midline).

Needling

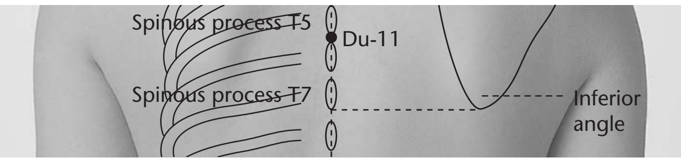
0.5–1 cun obliquely towards the spine. In clinical practice, this point is often needled transversely (subcutaneously) towards the spine. This allows the patient to lie in a supine position during needle retention (the needles can be secured with tape). Caution: Pneumothorax.

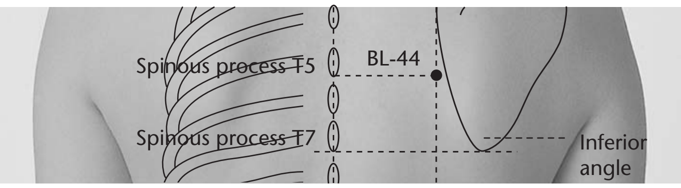
Actions/Indications

- Tonifies and nourishes the Heart, regulates the Heart Qi, unbinds the chest and removes Blood stasis, calms the *shen*, clears Fire, moves Qi locally and along the channel pathway: for example, for disorders of the thoracic spine and intercostal region

Special features

Back-*shu* point of the Heart


Spinous process T5
Du-11
Spinous process T7
Inferior angle


Spinous process T5
BL-44
Spinous process T7
Inferior angle

BL-16 *Governing Shu* DUSHU

Location

1.5 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 6th thoracic vertebra (T6).

How to find

First, locate the spinous process of the C7 (➞ 3.4.1). From there, count down six spinous processes to the lower border of the spinous process of T6. Measure 1.5 cun laterally to locate **BL-16** on the highest point of the paraspinal musculature. **Or:** With the patient standing and their arms hanging down, the spinous process of T7 is level with the inferior angle of the scapula (➞ 3.4.2). The next spinous process in a superior direction belongs to T6. Locate **BL-16** 1.5 cun lateral to the midline.

Located on the same level are ➞ **Du-10** (on the midline), a point of ➞ **Ex-B-2** (0.5 cun lateral to the midline) and ➞ **BL-45** (3 cun lateral to the midline).

Needling

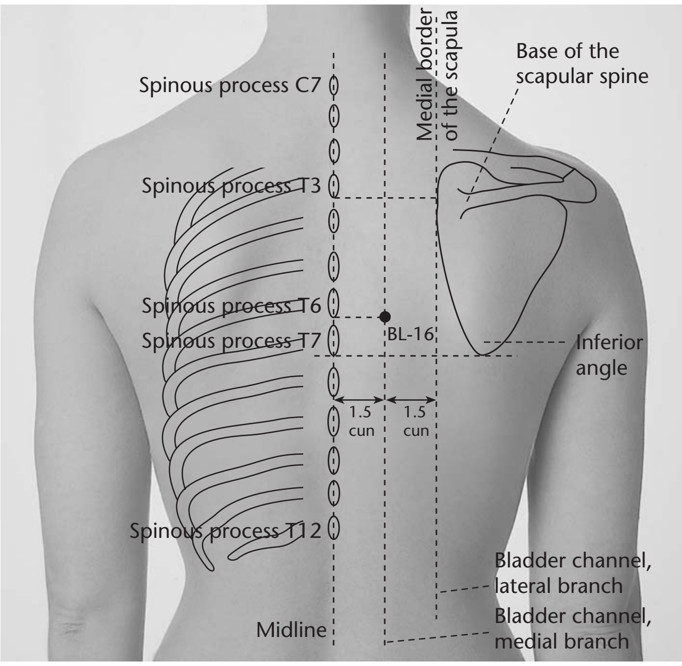
0.5–1 cun obliquely towards the spine or transversely (subcutaneously). Caution: Pneumothorax.

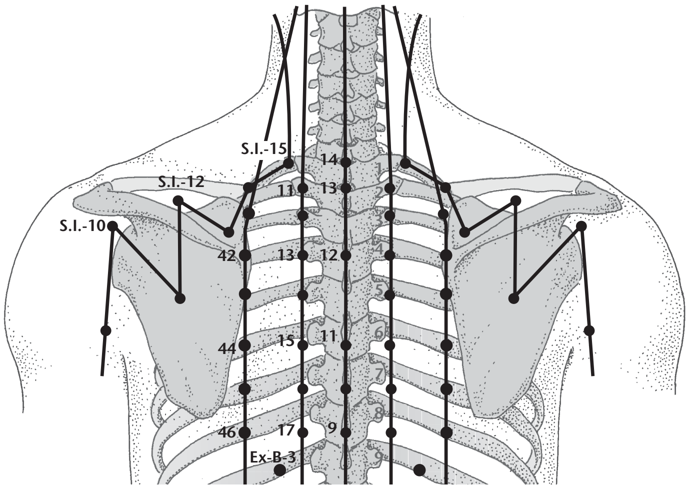
Actions/Indications

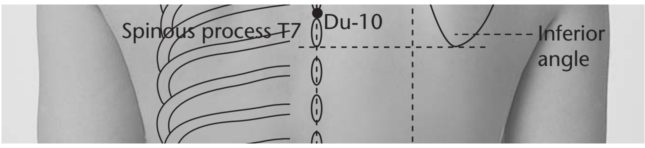
- Unbinds the chest and regulates the Qi movement in the thorax and the abdomen

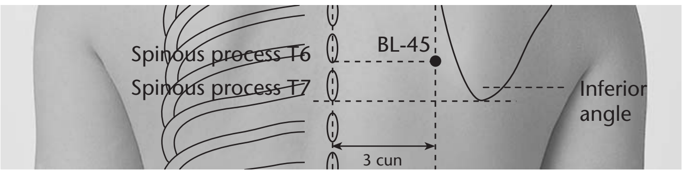
Special features

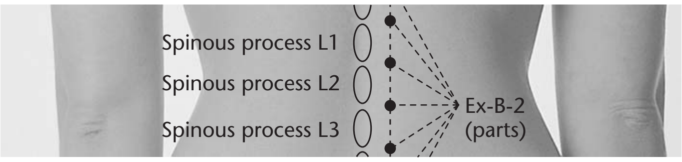
Despite its designation as Back-*shu* point of the *du mai*, this point is hardly mentioned in classical or modern texts.


Spinous process C7
Medial border of the scapula
Base of the scapular spine
Spinous process T3
Spinous process T6
Spinous process T7
BL-16
Inferior angle
1.5 cun
1.5 cun
Spinous process T12
Bladder channel, lateral branch
Midline
Bladder channel, medial branch

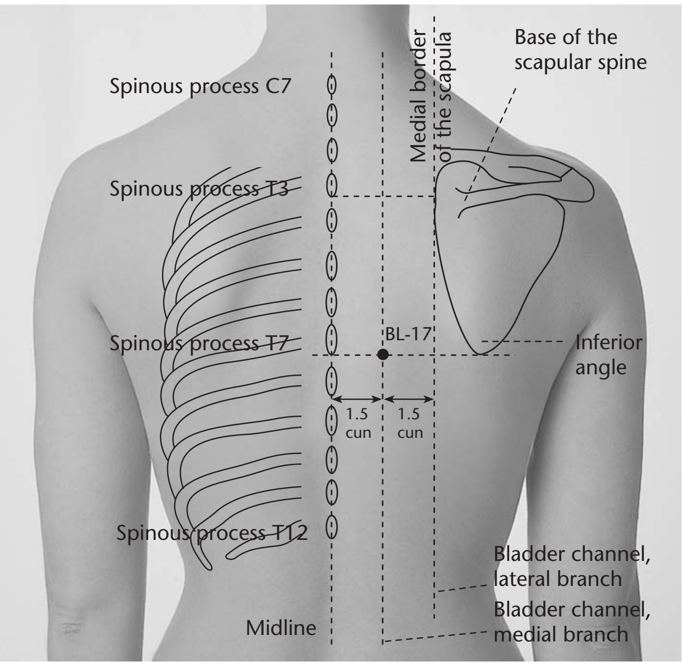

S.I.-15
14
S.I.-12
11
13
S.I.-10
42
13
12
44
15
11
46
17
9
Ex-B-3

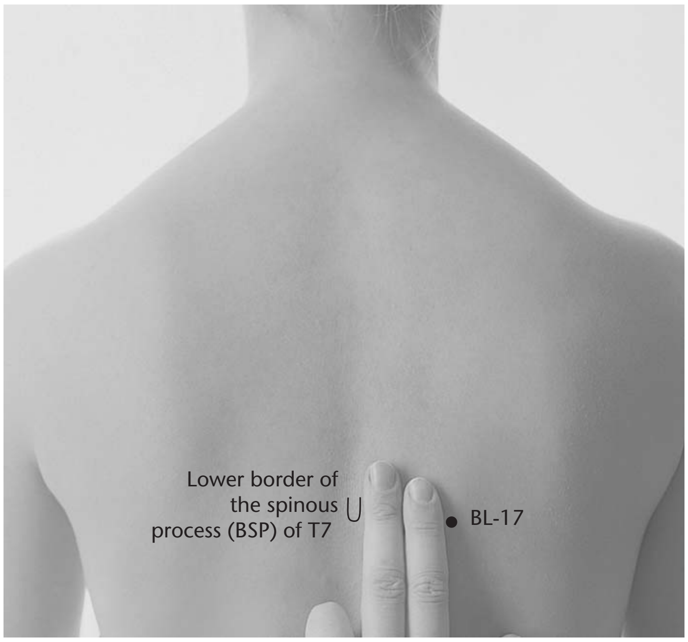

Spinous process T7
Du-10
Inferior angle

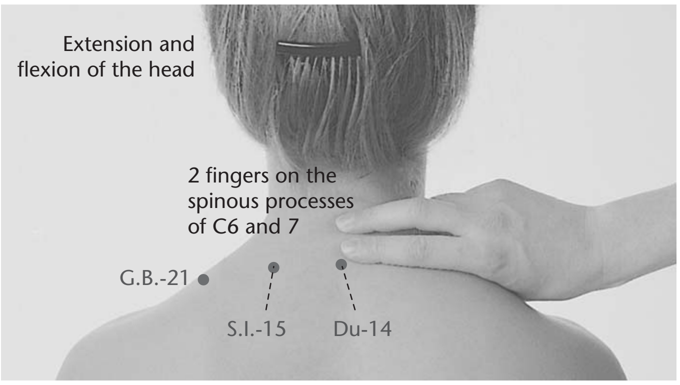

Spinous process T6
Spinous process T7
BL-45
Inferior angle
3 cun


Spinous process L1
Spinous process L2
Spinous process L3
Ex-B-2 (parts)

Diaphragm Shu GESHU BL-17


Spinous process C7
Medial border of the scapula
Base of the scapular spine
Spinous process T3
Spinous process T7
BL-17
Inferior angle
1.5 cun
1.5 cun
Spinous process T12
Bladder channel, lateral branch
Bladder channel, medial branch
Midline


Lower border of the spinous process (BSP) of T7
BL-17


Extension and flexion of the head
2 fingers on the spinous processes of C6 and 7
G.B.-21
S.I.-15
Du-14

Location

1.5 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 7th thoracic vertebra (T7).

How to find

The spinous process of the T7 is approximately on the level of the inferior angle of the scapula (→ 3.4.2). **BL-17** is located on the level of the lower border of its spinous process and 1.5 cun lateral to the midline at the highest point of the paraspinal musculature. **Or:** Use the spinous process of the T3 for reference (generally on the level of the medial end of the scapular spine) (→ 3.4.2). **Or:** Use C7 as a reference point (→ 3.4.1).
Located on the same level are → **Du-9** (on the midline), a point of → **Ex-B-2** (0.5 cun lateral to the midline) and → **BL-46** (3 cun lateral to the midline).

Needling

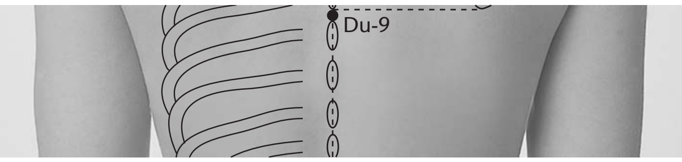
0.5–1 cun obliquely towards the spine. In clinical practice, this point is often needled transversely (subcutaneously) towards the spine. This allows the patient to lie in a supine position during needle retention (the needles can be secured with tape). Caution: Pneumothorax.

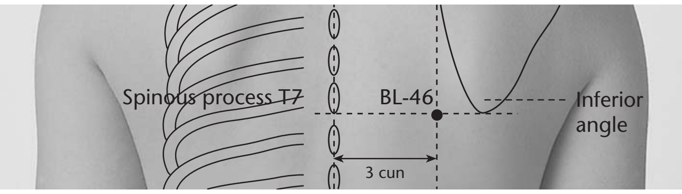
Actions/Indications

- Cools Blood-Heat, stops bleeding, removes Blood stasis, nourishes and harmonises Blood (and Yin)
- Regulates the diaphragm, descends counterflow Qi
- Moves Qi locally and along the channel pathway

Special features

Back-*shu* point of the Diaphragm, *hui*-meeting point of the Blood.




Spinous process T7
BL-46
Inferior angle
3 cun

BL-18 *Liver* Shu GANSHU

Location

1.5 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 9th thoracic vertebra (T9).

How to find

In a standing position with the arms hanging down, the spinous process of T7 is approximately on the level of the inferior angle of the scapula (→ 3.4.2). From there, count down two spinous processes to the spinous process of T9. **BL-18** is located on the level of the lower border of its spinous process and 1.5 cun lateral to the midline at the highest point of the paraspinal musculature. **Or:** Use the C7 as a reference point (→ 3.4.1). From there, count down nine spinous processes to T9 and locate **BL-18** 1.5 cun lateral to the lower border of its spinous process.
Located on the same level are → **Du-8** (on the midline), a point of → **Ex-B-2** (0.5 cun lateral to the midline) and → **BL-47** (3 cun lateral to the midline).

Needling

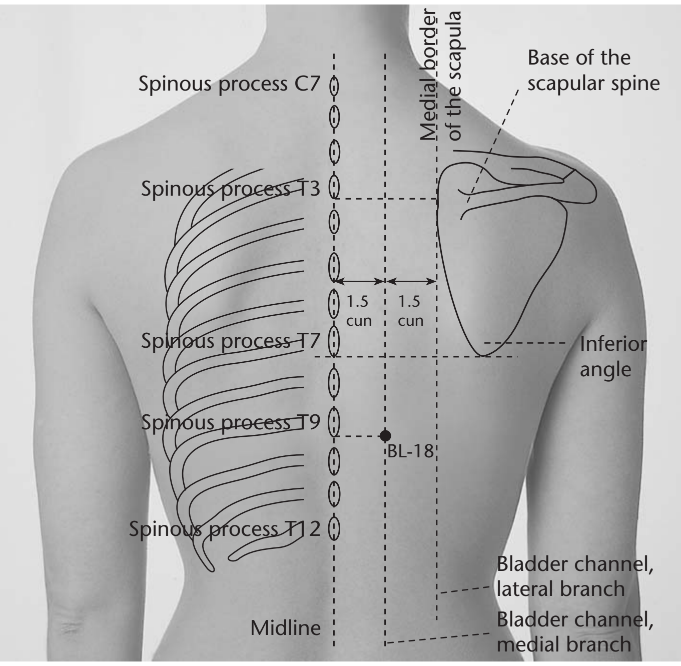
0.5–1 cun obliquely towards the spine. In clinical practice, this point is often needled transversely (subcutaneously) towards the spine. This allows the patient to lie in a supine position during needle retention (the needles can be secured with tape). Caution: Pneumothorax.

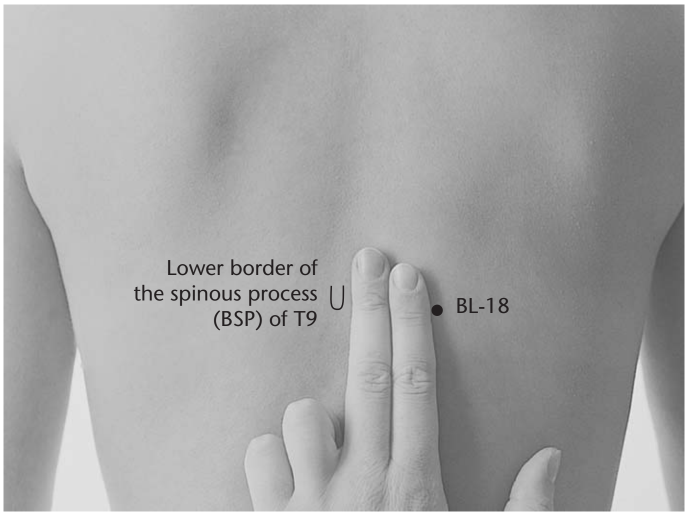
Actions/Indications

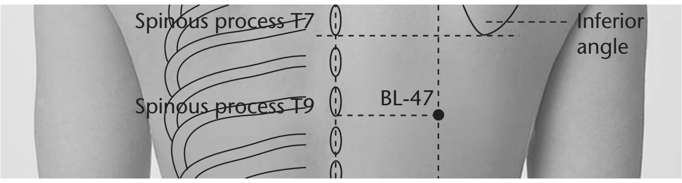
- Spreads Liver Qi, cools Fire, clears Damp-Heat, regulates and nourishes Liver Blood, subdues (internal) Wind
- Benefits the eyes
- Benefits the sinews

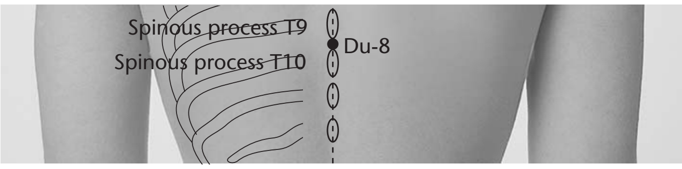
Special features

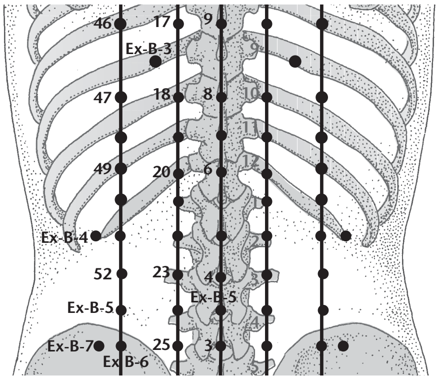
Back-*shu* point of the Liver


Spinous process C7
Medial border of the scapula
Base of the scapular spine
Spinous process T3
1.5 cun
1.5 cun
Spinous process T7
Inferior angle
Spinous process T9
BL-18
Spinous process T12
Bladder channel, lateral branch
Midline
Bladder channel, medial branch

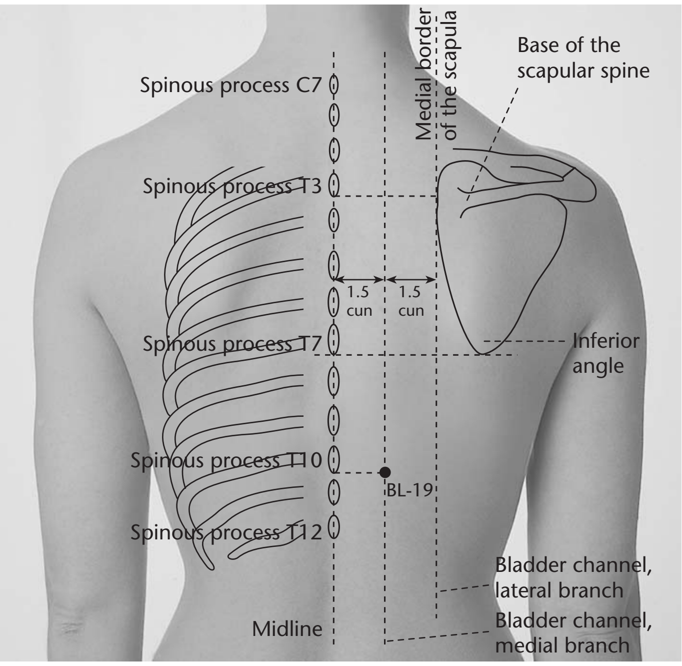

Lower border of the spinous process (BSP) of T9
BL-18


Spinous process T7
Inferior angle
Spinous process T9
BL-47


Spinous process T9
Spinous process T10
Du-8


46
17
9
Ex-B-3
47
18
8
10
11
49
20
6
Ex-B-4
52
23
4
Ex-B-5
Ex-B-5
Ex-B-7
Ex-B-6
25
3

Gall Bladder Shu DANSHU BL-19


Spinous process C7
Medial border of the scapula
Base of the scapular spine
Spinous process T3
1.5 cun
1.5 cun
Spinous process T7
Inferior angle
Spinous process T10
BL-19
Spinous process T12
Bladder channel, lateral branch
Midline
Bladder channel, medial branch

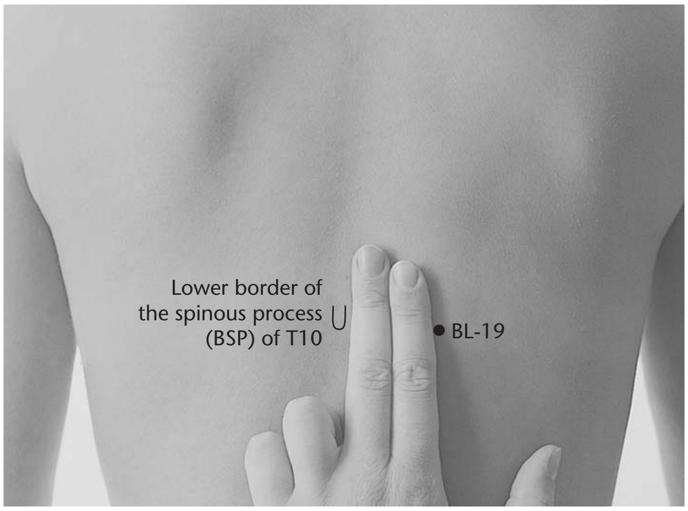
Location

1.5 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 10th thoracic vertebra (T10).

How to find

In a standing position with the patient's arms hanging down, the spinous process of T7 is approximately on the level of the inferior angle of the scapula (→ 3.4.2). From there, count down three spinous processes to the spinous process of T10. **BL-19** is located on the level of the lower border of its spinous process and 1.5 cun lateral to the midline at the highest point of the paraspinal musculature. **Or:** Use C7 as a reference point (→ 3.4.1). From there, count down 10 spinous processes to T10 and locate **BL-19** 1.5 cun lateral to the lower border of its spinous process. **Or:** Use the lumbar spine as a reference point (→ 3.4.3).

Located on the same level are → **Du-7** (on the midline), a point of → **Ex-B-2** (0.5 cun lateral to the midline) and → **BL-48** (3 cun lateral to the midline).


Lower border of the spinous process (BSP) of T10
BL-19

Needling

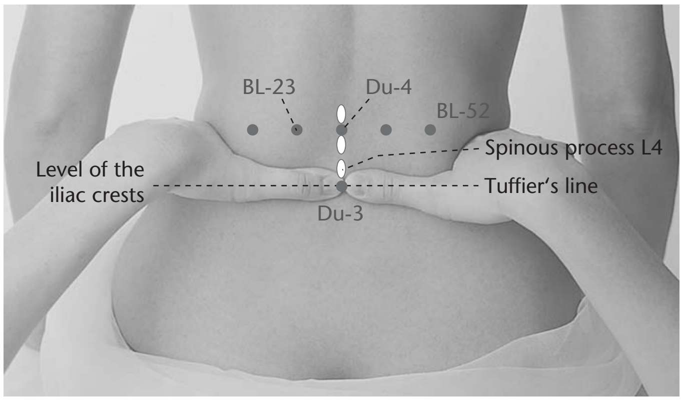
0.5–1 cun obliquely towards the spine. In clinical practice, this point is often needled transversely (subcutaneously) towards the spine. This allows the patient to lie in a supine position during needle retention (the needles can be secured with tape). Caution: Pneumothorax.

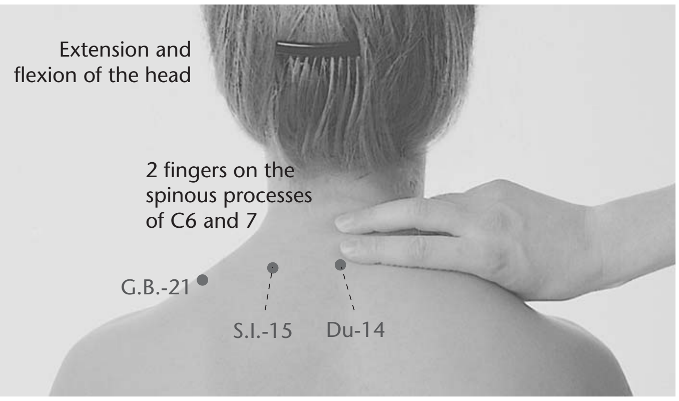
Actions/Indications

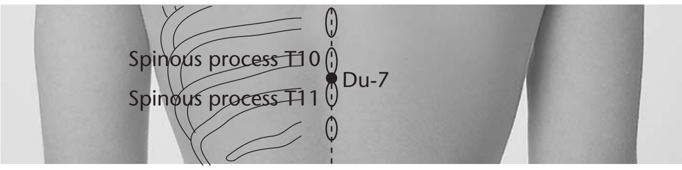
- Clears Damp-Heat from the Liver and Gall Bladder
- Expels pathogenic factors from the *shaoyang*
- Tonifies and regulates the Gall Bladder Qi
- Unbinds the chest and relaxes the pathway of the channel

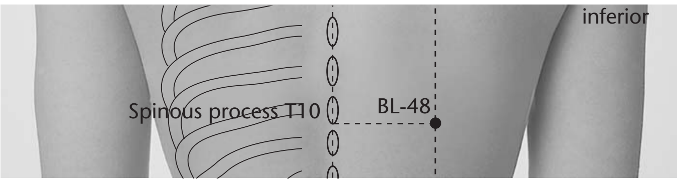
Special features

Back-*shu* point of the Gall Bladder. Important point for clearing Damp-Heat from the Liver and Gall Bladder.


BL-23
Du-4
BL-52
Spinous process L4
Level of the iliac crests
Tuffier's line
Du-3


Extension and flexion of the head
2 fingers on the spinous processes of C6 and 7
G.B.-21
S.I.-15
Du-14


Spinous process T10
Du-7
Spinous process T11


inferior
Spinous process T10
BL-48

BL-20 *Spleen* Shu PISHU

Location

1.5 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 11th thoracic vertebra (T11).

How to find

In a seated position with the arms hanging down, the spinous process of T7 is approximately on the level of the inferior angle of the scapula (→ 3.4.2). From there, count down four spinous processes to the spinous process of T11. **BL-20** is located on the level of the lower border of its spinous process and 1.5 cun lateral to the midline at the highest point of the paraspinal musculature. **Or:** Locate the articulation of the most inferior rib (T12) and palpate in a superior direction to T11. **Or:** Use the lumbar spine for reference (→ 3.4.3).
Located on the same level are → **Du-6** (on the midline), a point of → **Ex-B-2** (0.5 cun lateral to the midline) and **BL-49** (3 cun lateral to the midline).

Needling

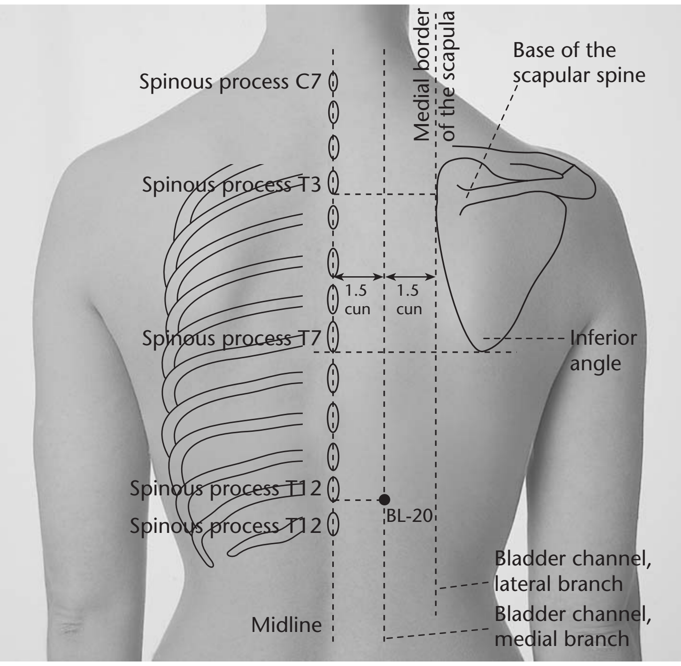
0.5–1 cun obliquely towards the spine. In clinical practice, this point is often needled transversely (subcutaneously) towards the spine. This allows the patient to lie in a supine position during needle retention (the needles can be secured with tape). Caution: Pneumothorax.

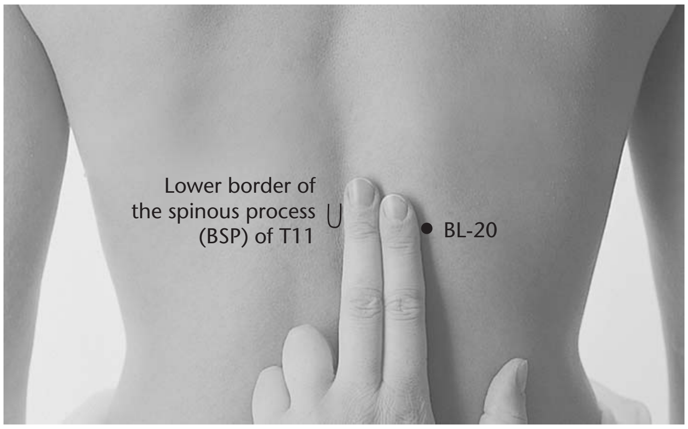
Actions/Indications

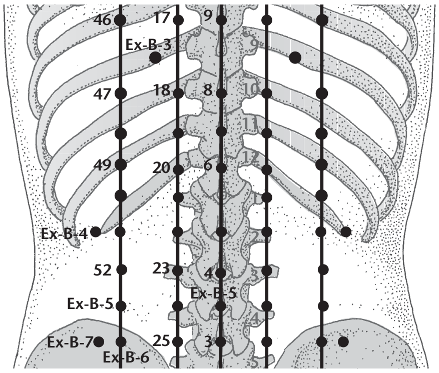
- Tonifies the Spleen Qi and Yang, regulates Qi in the Middle, raises Qi
- Transforms Dampness
- Holds and nourishes Blood

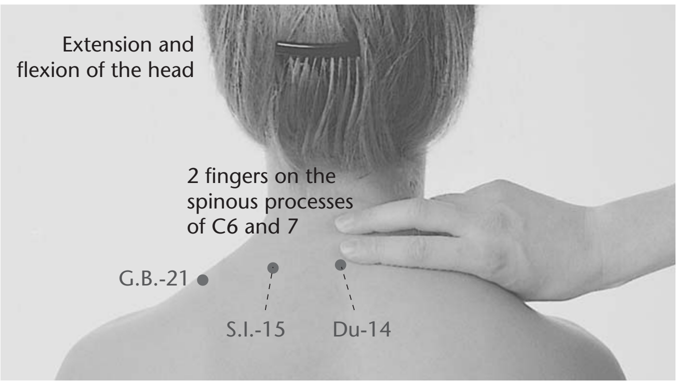
Special features

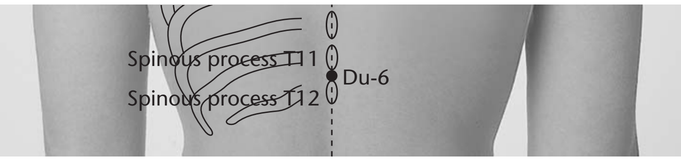
Back-*shu* point of the spleen. Major point for tonifying the Middle, especially for Spleen deficiency syndromes. Use moxibustion or tonifying needle techniques for nourishing the Blood.

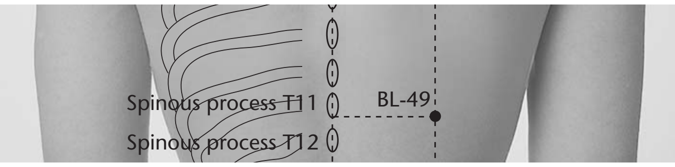

Spinous process C7
Medial border of the scapula
Base of the scapular spine
Spinous process T3
1.5 cun
1.5 cun
Spinous process T7
Inferior angle
Spinous process T12
Spinous process T12
BL-20
Bladder channel, lateral branch
Midline
Bladder channel, medial branch

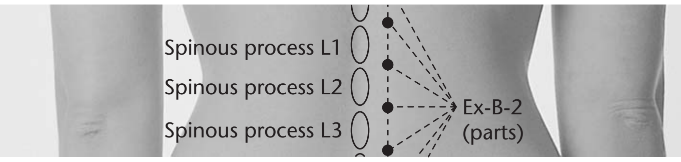

Lower border of the spinous process (BSP) of T11
BL-20


46
17
9
Ex-B-3
47
18
8
49
20
6
Ex-B-4
52
23
4
Ex-B-5
Ex-B-5
Ex-B-7
25
3
Ex-B-6

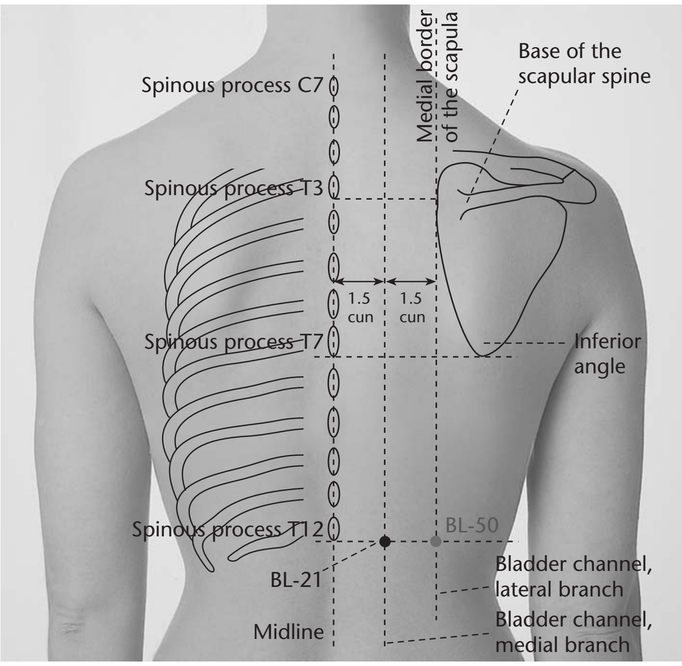

Extension and flexion of the head
2 fingers on the spinous processes of C6 and 7
G.B.-21
S.I.-15
Du-14

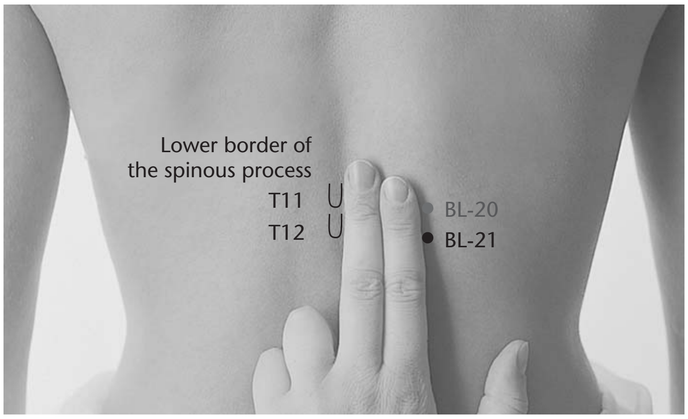

Spinous process T11
Du-6
Spinous process T12

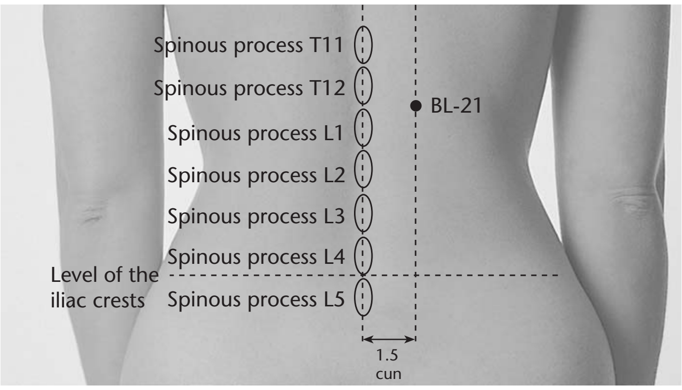

Spinous process T11
BL-49
Spinous process T12

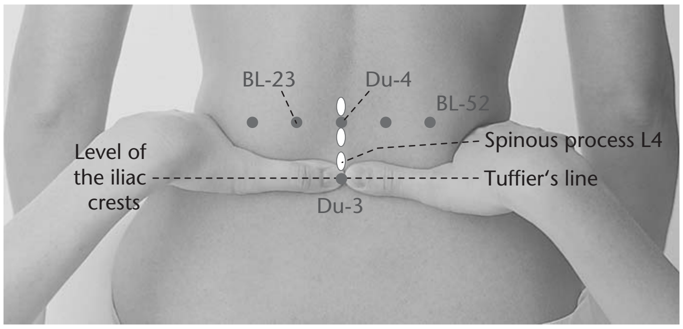

Spinous process L1
Spinous process L2
Spinous process L3
Ex-B-2 (parts)

Stomach Shu WEISHU BL-21


Spinous process C7
Medial border of the scapula
Base of the scapular spine
Spinous process T3
1.5 cun
1.5 cun
Spinous process T7
Inferior angle
Spinous process T12
BL-50
BL-21
Bladder channel, lateral branch
Midline
Bladder channel, medial branch


Lower border of the spinous process
T11
T12
BL-20
BL-21


Spinous process T11
Spinous process T12
BL-21
Spinous process L1
Spinous process L2
Spinous process L3
Spinous process L4
Level of the iliac crests
Spinous process L5
1.5 cun


BL-23
Du-4
BL-52
Spinous process L4
Level of the iliac crests
Tuffier's line
Du-3

Location

1.5 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 12th thoracic vertebra (T12).

How to find

In a seated position with the arms hanging down, the spinous process of T7 is approximately on the level of the inferior angle of the scapula (→ 3.4.2). From there, count down five spinous processes to the spinous process of T12. **BL-21** is located on the level of the lower border of its spinous process and 1.5 cun lateral to the midline at the highest point of the paraspinal musculature. **Or:** Palpate for the articulation of the most inferior rib with T12 and locate **BL-21** 1.5 cun lateral to the lower border of its spinous process. **Or:** Use the lumbar spine for reference (→ 3.4.3). Located on the same level are a point of → **Ex-B-2** (0.5 cun lateral to the midline) and → **BL-50** (3 cun lateral to the midline).

Needling

0.5–1 cun obliquely towards the spine. In clinical practice, this point is often needled transversely (subcutaneously) towards the spine. This allows the patient to lie in a supine position during needle retention (the needles can be secured with tape). Caution: Pneumothorax.

Actions/Indications

- Regulates the Stomach, descends counterflow Qi, harmonises the Middle Burner, eliminates Dampness and food stagnation
- Opens the channel

Special features

Back-*shu* point of the Stomach, main point for regulating any dysfunction of the Stomach.

BL-22 San Jiao Shu SANJIAOSHU

Location

1.5 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 1st lumbar vertebra (L1).

How to find

For orientation in the lumbar region (→ 3.4.3), first, determine the Tuffier's line (a line connecting the highest points of the iliac crests), which in most cases intersects with the spinous process of L4 (note: this varies depending on the patient's position → 3.4.3). From there, count upward to the lower border of the spinous process of L1 and, on this level, locate **BL-22** 1.5 cun in a lateral direction, on the highest point of the paraspinal musculature. Located on the same level are → **Du-5** (on the midline), a point of → **Ex-B-2/BL-51/Ex-B-4** (0.5 cun/3 cun/3.5cun lateral of the midline).

Needling

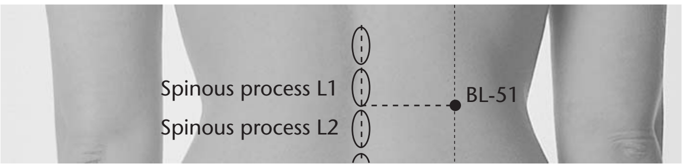
Obliquely 0.5–1.5 cun. Caution: Kidneys.

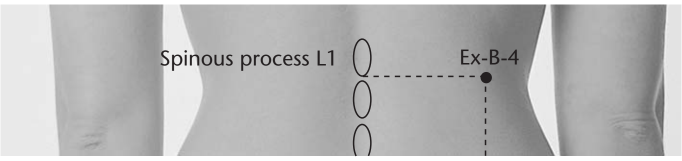
Actions/Indications

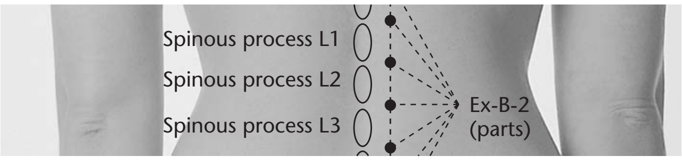
- Regulates the Triple Burner
- Opens the water passages and promotes urination
- Has an effect on the *shaoyang*

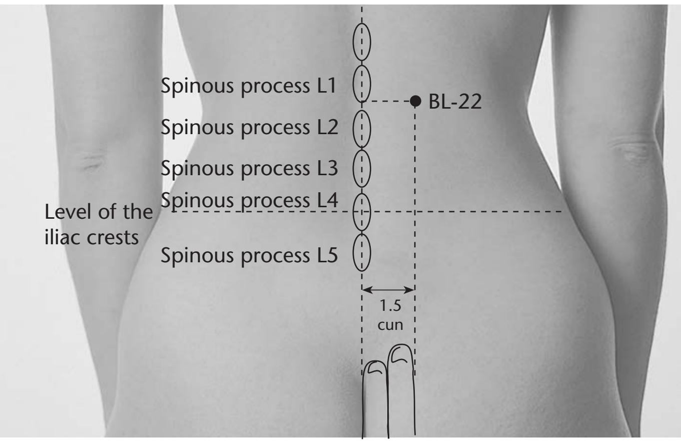
Special features

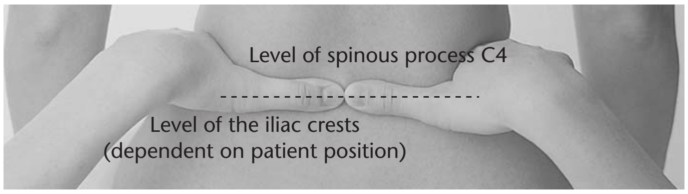
Back-*shu* point of the Triple Burner. Especially regulates the relationship between the Middle and Lower Burner.

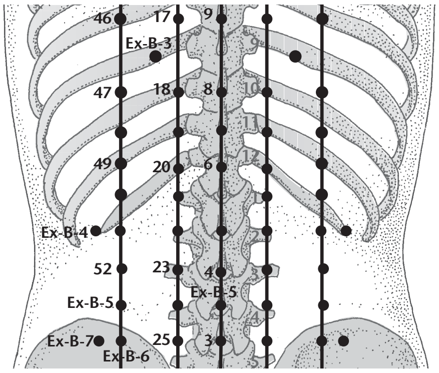

Spinous process L1
Spinous process L2
BL-51


Spinous process L1
Ex-B-4


Spinous process L1
Spinous process L2
Spinous process L3
Ex-B-2
(parts)


Spinous process L1
BL-22
Spinous process L2
Spinous process L3
Level of the
iliac crests
Spinous process L4
Spinous process L5
1.5
cun


Level of spinous process C4
Level of the iliac crests
(dependent on patient position)


46
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Ex-B-3
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Ex-B-4
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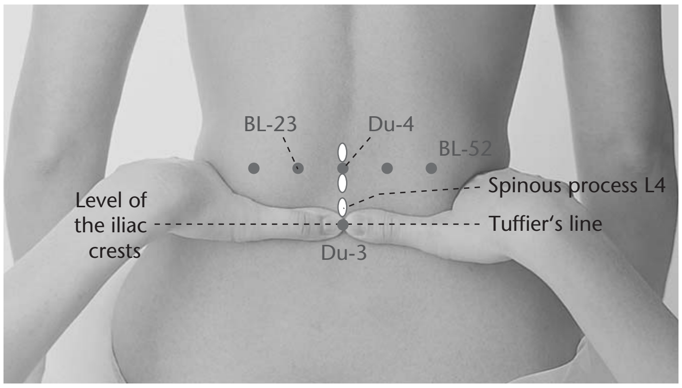
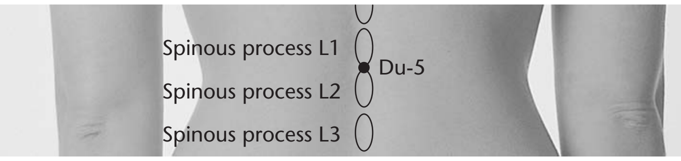
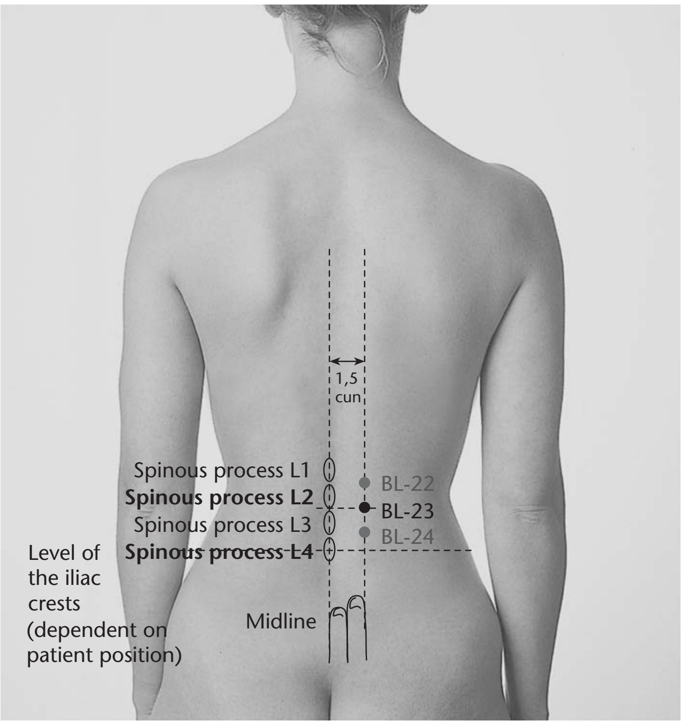
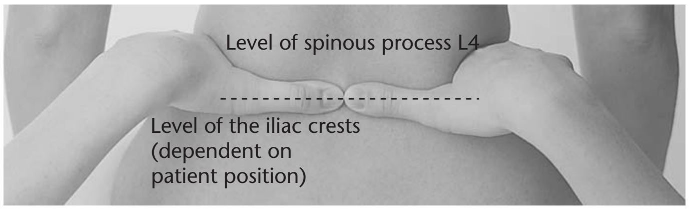
4
Ex-B-5
Ex-B-5
Ex-B-7
25
3
Ex-B-6

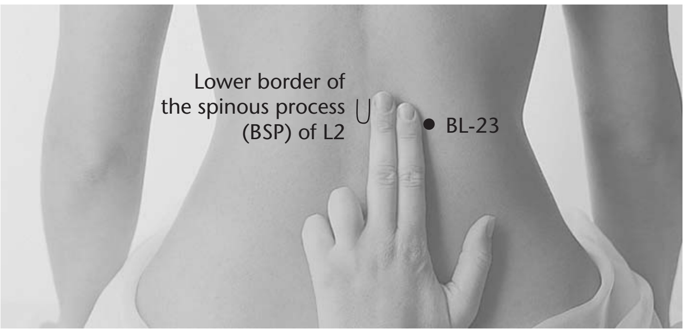

BL-23
Du-4
BL-52
Spinous process L4
Level of
the iliac
crests
Tuffier's line
Du-3

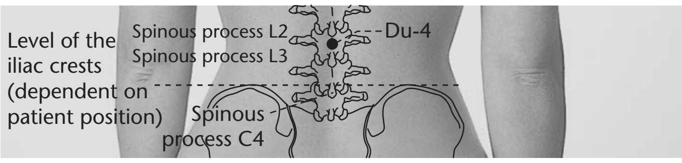

Spinous process L1
Du-5
Spinous process L2
Spinous process L3

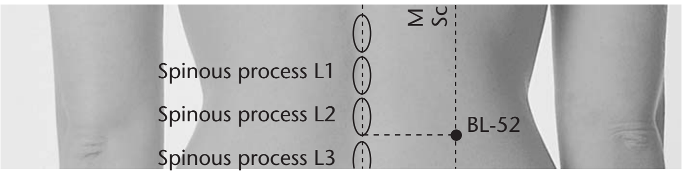
Kidney Shu SHENSHU BL-23


1,5
cun
Spinous process L1
Spinous process L2
Spinous process L3
Spinous process L4
BL-22
BL-23
BL-24
Level of
the iliac
crests
(dependent on
patient position)
Midline


Level of spinous process L4
Level of the iliac crests
(dependent on
patient position)


Lower border of
the spinous process
(BSP) of L2
BL-23


Level of the
iliac crests
(dependent on
patient position)
Spinous process L2
Spinous process L3
Du-4
Spinous
process C4


M
Sc
Spinous process L1
Spinous process L2
Spinous process L3
BL-52

Location

1.5 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 2nd lumbar vertebra (L2).

How to find

For orientation in the lumbar region (➞ 3.4.3), first, determine the Tuffier's line (a line connecting the highest points of the iliac crests), which in most cases intersects with the spinous process of L4 (note: this varies depending on the patient's position ➞ 3.4.3). From there, count upward to the lower border of the spinous process of L2 and, on this level, locate **BL-23** 1.5 cun in a lateral direction, on the highest point of the paraspinal musculature. Located on the same level are ➞ **Du-4** (on the midline), a point of ➞ **Ex-B-2/BL-52** (0.5 cun/3 cun lateral of the midline).

Needling

Vertically or obliquely 0.5–1.5 cun. Caution: Kidneys.

Actions/Indications

- Strengthens the Kidneys, tonifies the Kidney Qi and Yang, benefits the Essence (*jing*), nourishes the Kidney Yin
- Regulates the Lower Burner, benefits the uterus
- Benefits the bones and the marrow
- Benefits the eyes and ears
- Strengthens the lower back

Special features

Back-*shu* point of the Kidneys, according to some authors, meeting point with the *du mai*. Major point for tonifying the Kidneys. Use tonifying needle techniques for all Kidney deficiency syndromes. Moxibustion tonifies especially the Kidney Yang. **Caution**: Moxibustion is contraindicated for Kidney Yin deficiency with empty Heat (Heat in the Five Hearts (Heat in the thorax, the palms and the soles of the feet), night sweats, restlessness, often a red tongue).

BL-24 *Sea of Qi* QIHAISHU

Location

1.5 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 3rd lumbar vertebra (L3).

How to find

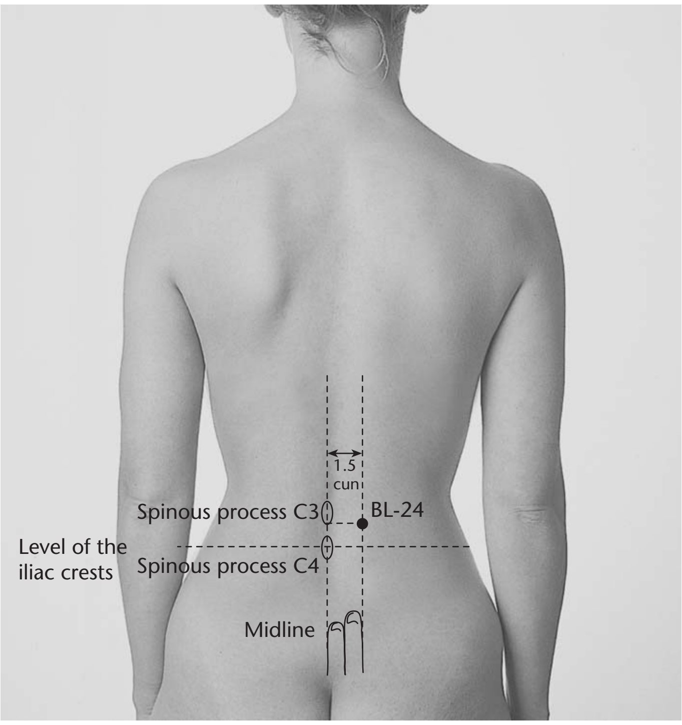
For orientation in the lumbar region (→ 3.4.3), first, determine the Tuffier's line. Place both hands directly superior or lateral to the highest points of the iliac crests, joining the thumbs on the midline at the lumbar spine. In most cases, this line intersects with the spinous process of L4 (note: this varies depending on the patient's position → 3.4.3). From there, count upward to the lower border of the spinous process of L3 and, on this level, locate **BL-24** 1.5 cun in a lateral direction.
Located on the same level are a point of → **Ex-B-2** (0.5 cun lateral to the midline) and → **Ex-B-5** (*xiazhishi*; 3 cun lateral to the midline according to the WHO location notes).

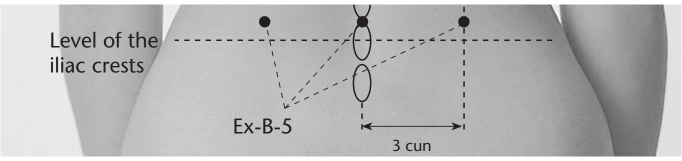
Needling

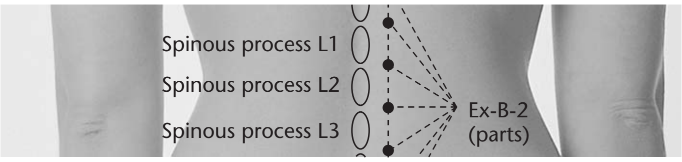
Vertically 0.5–1.5 cun

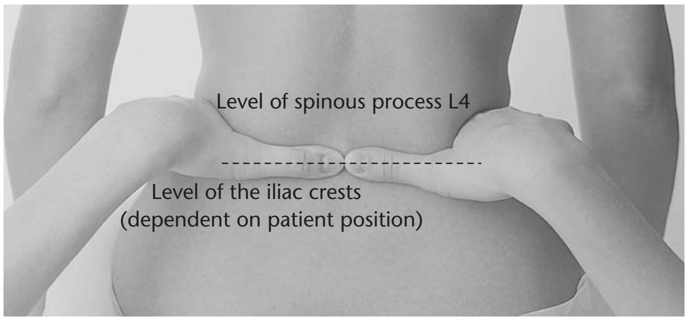
Actions/Indications

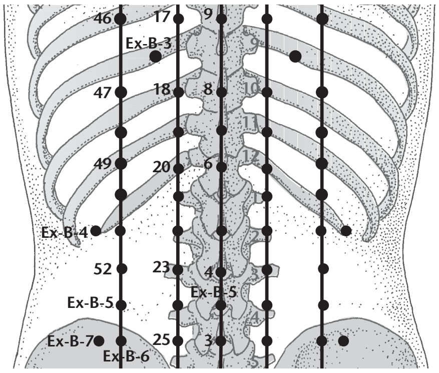
- Benefits the back and strengthens the knees
- Regulates and tonifies Qi and Blood of the Lower Burner


1.5 cun
Spinous process C3
BL-24
Level of the iliac crests
Spinous process C4
Midline

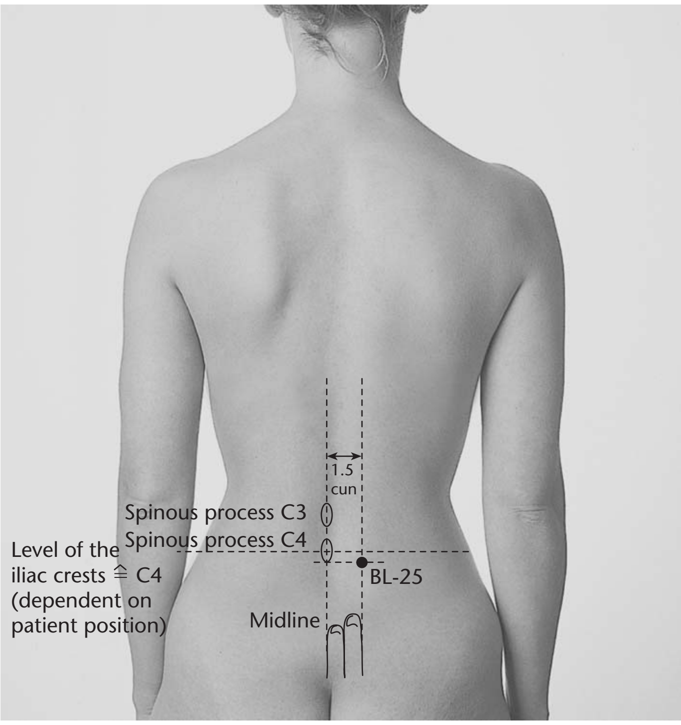

Level of the iliac crests
Ex-B-5
3 cun


Spinous process L1
Spinous process L2
Spinous process L3
Ex-B-2 (parts)


Level of spinous process L4
Level of the iliac crests (dependent on patient position)


46
17
9
Ex-B-3
47
18
8
49
20
6
Ex-B-4
52
23
4
Ex-B-5
Ex-B-5
Ex-B-7
Ex-B-6
25
3

Large Intestine Shu DACHANGSHU BL-25


1.5 cun
Spinous process C3
Spinous process C4
Level of the iliac crests ≙ C4 (dependent on patient position)
BL-25
Midline

Location

1.5 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 4th lumbar vertebra (L4).

How to find

For orientation in the lumbar region (→ 3.4.3), first, determine the Tuffier's line. Place both hands directly superior or lateral to the highest points of the iliac crests, joining the thumbs on the midline at the lumbar spine. In most cases, this line intersects with the spinous process of L4 (note: this varies depending on the patient's position → 3.4.3). On this level, locate **BL-25** 1.5 cun in a lateral direction.

Located on the same level are → **Du-3** (on the midline), a point of → **Ex-B-2** (0.5 cun lateral to the midline), → **Ex-B-6** (3 cun lateral to the midline) and → **Ex-B-7** (3.5 cun lateral to the midline).

Needling

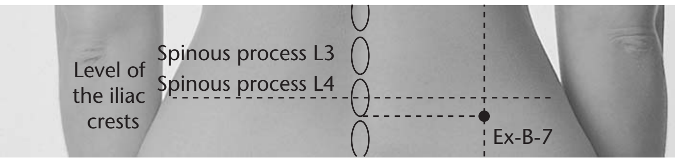
Vertically 1–1.5 cun

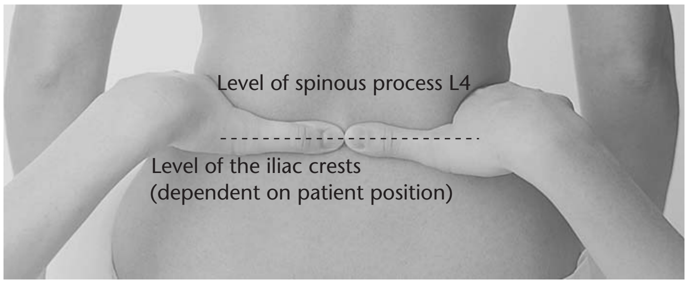
Actions/Indications

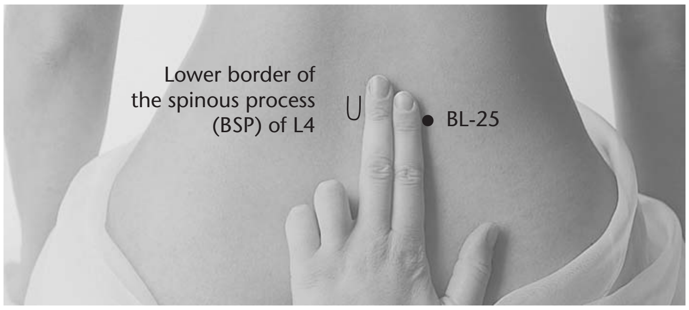
- Regulates the intestines and promotes the Qi flow
- Strengthens the lower back

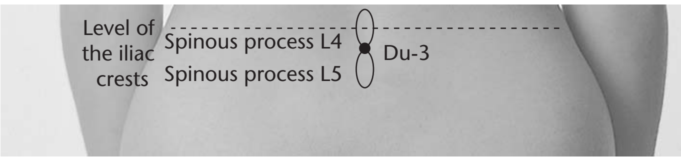
Special features

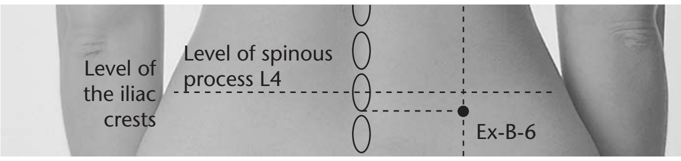
Back-*shu* point of the Large Intestine. Important point for regulating the Large Intestine Qi. Important local point for acute and chronic lumbar disorders.


Level of the iliac crests
Spinous process L3
Spinous process L4
Ex-B-7


Level of spinous process L4
Level of the iliac crests (dependent on patient position)


Lower border of the spinous process (BSP) of L4
BL-25


Level of the iliac crests
Spinous process L4
Spinous process L5
Du-3


Level of the iliac crests
Level of spinous process L4
Ex-B-6

BL-26 *Gate of Origin* Shu GUANYUANSHU

Location

1.5 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 5th lumbar vertebra (L5).

How to find

For orientation in the lumbar region (→ 3.4.3), first, determine the Tuffier's line. Place both hands directly superior or lateral to the highest points of the iliac crests, joining the thumbs on the midline at the lumbar spine. In most cases, this line intersects with the spinous process of L4 (note: this varies depending on the patient's position; for more detail on orientation in the lumbar/sacral region → 3.4.3, 3.4.4). Next, locate the lower border of the spinous process of L5 and, on this level, locate **BL-26** 1.5 cun in a lateral direction.

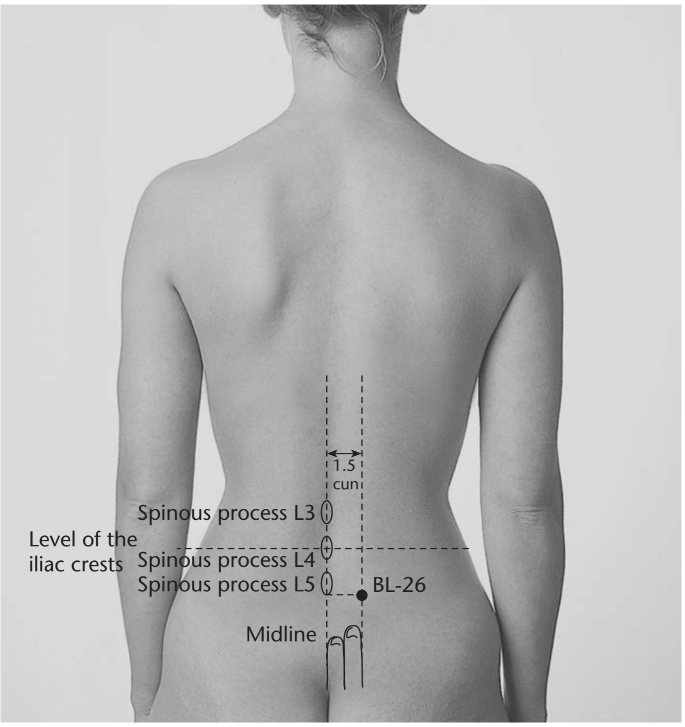
Located on the same level are → **Ex-B-8** (on the midline) and a point of → **Ex-B-2** (0.5 cun lateral to the midline).

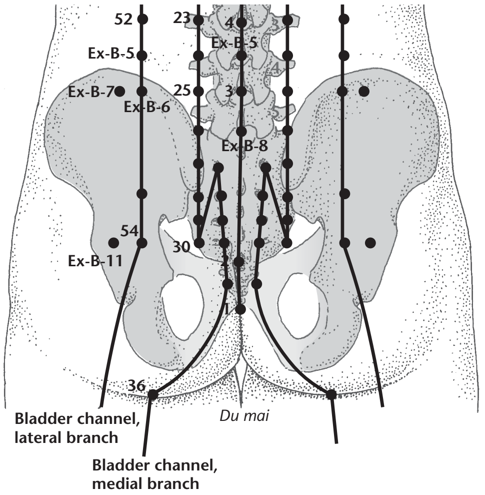
Needling

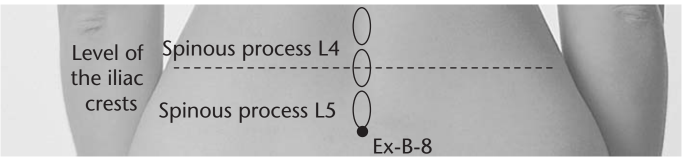
Vertically 0.5–1.5 cun

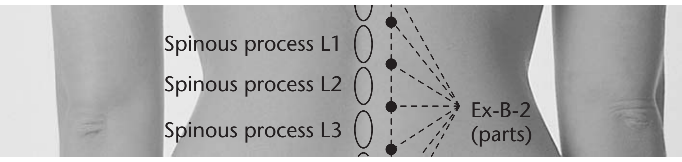
Actions/Indications

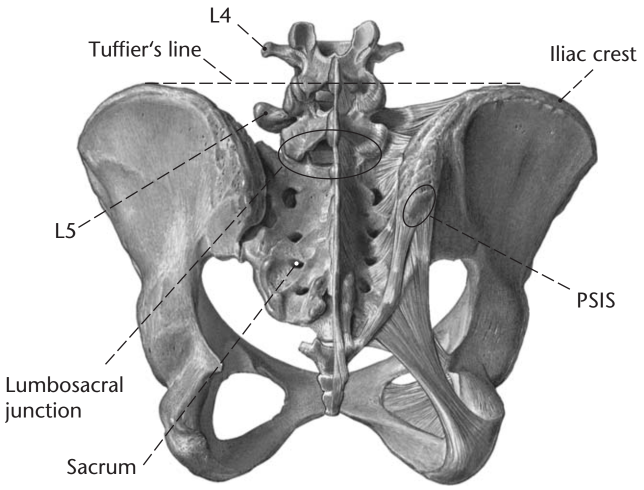
- Strengthens the back, especially for Kidney deficiency syndromes
- Regulates the Lower Burner

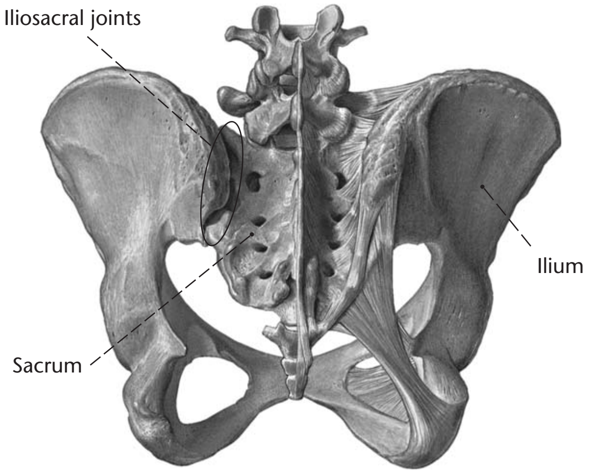

1.5 cun
Spinous process L3
Level of the iliac crests
Spinous process L4
Spinous process L5
BL-26
Midline


52
23
4
Ex-B-5
Ex-B-5
Ex-B-7
25
3
Ex-B-6
Ex-B-8
54
30
Ex-B-11
2
1
36
Bladder channel, lateral branch
Du mai
Bladder channel, medial branch

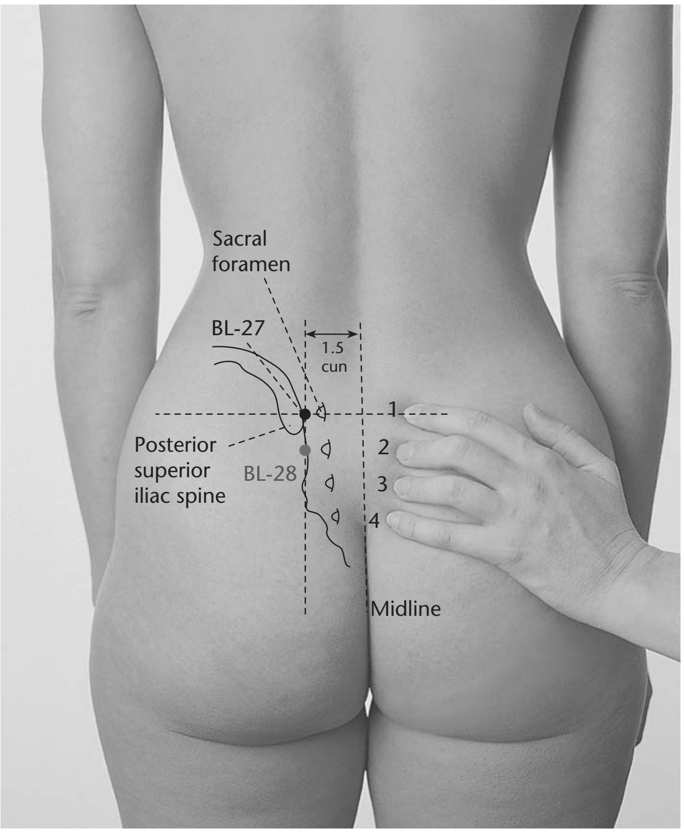

Level of the iliac crests
Spinous process L4
Spinous process L5
Ex-B-8

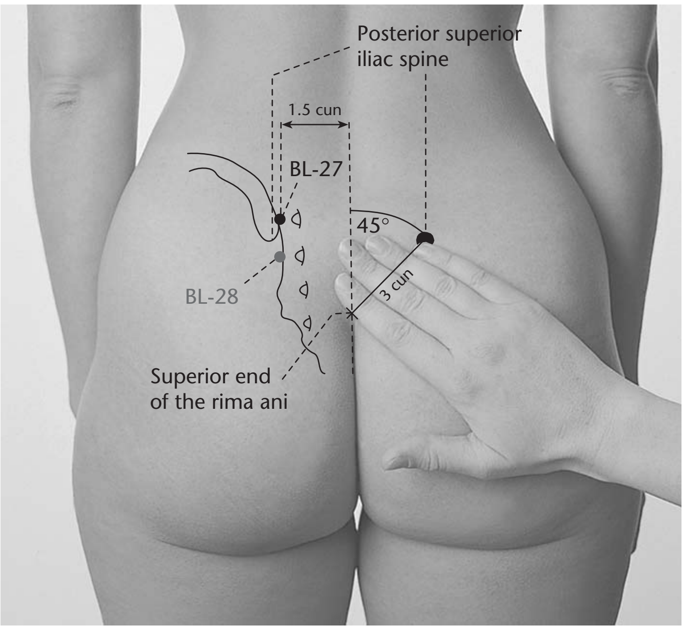

Spinous process L1
Spinous process L2
Spinous process L3
Ex-B-2 (parts)

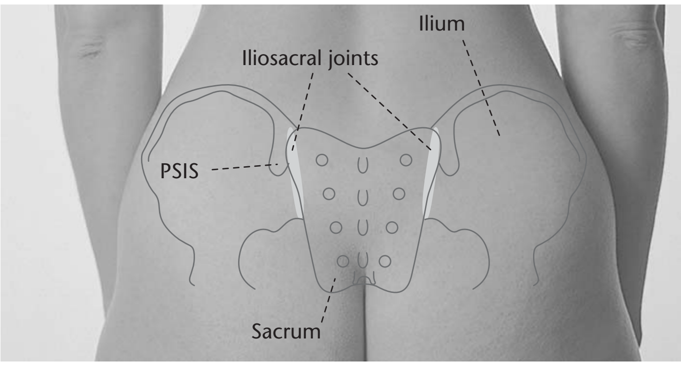

L4
Tuffier's line
Iliac crest
L5
PSIS
Lumbosacral junction
Sacrum


Iliosacral joints
Ilium
Sacrum

Small Intestine **Shu** XIAOCHANGSHU **BL-27**


Sacral
foramen
BL-27
1.5
cun
1
2
3
4
Posterior
superior
iliac spine
BL-28
Midline


Posterior superior
iliac spine
1.5 cun
BL-27
45°
3 cun
BL-28
Superior end
of the rima ani


Ilium
Iliosacral joints
PSIS
Sacrum

Location

1.5 cun lateral to the posterior midline, on the level of the first sacral foramen.

How to find

Quick method: Locate the posterior superior iliac spine (PSIS → 3.4.3): from the rima ani, palpate 3 cun (1 handbreadth) in a superior and lateral direction at a 45° angle, until you can feel a distinct bony ridge (often superficially visible by a dimple). **BL-27** is located slightly superiorly and medially to the PSIS, 1.5 cun lateral to the midline, on the level of the first sacral foramen. For more detail on orientation in the lumbar and sacral region → 3.4.3, 3.4.4.

Located on the same level are → **BL-31** (over the 1st sacral foramen) and → **BL-28** (slightly below and medial to the PSIS at the level of the 2nd sacral foramen).

Needling

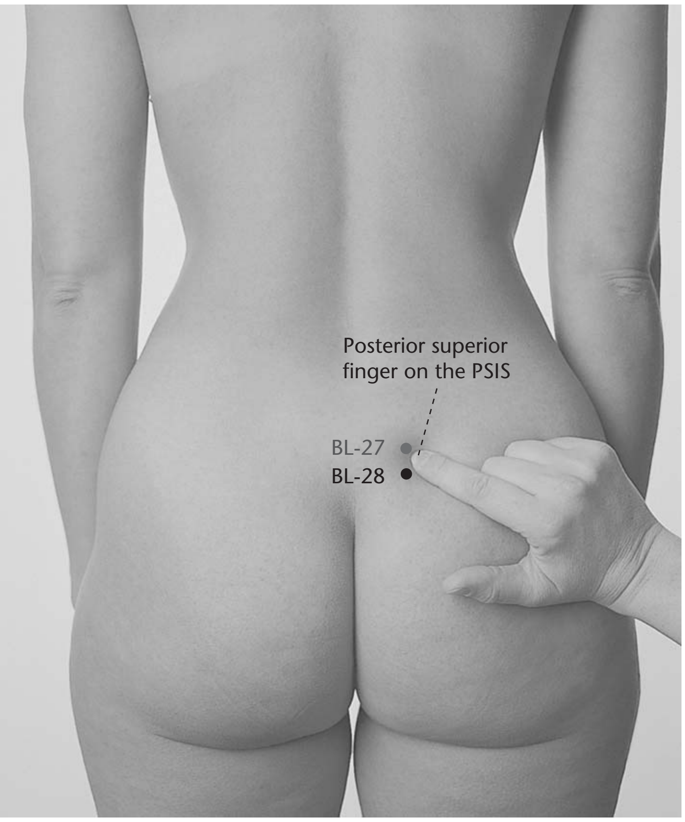
Vertically 0.5–1 cun

Actions/Indications

- Tonifies the Small Intestine Qi
- Drains Dampness and Damp-Heat
- Regulates the water passages

Special features

Back-*shu* point of the Small Intestine


Posterior superior
finger on the PSIS
BL-27
BL-28

BL-28 *Bladder* Shu PANGGUANGSHU

Location

1.5 cun lateral to the posterior midline, on the level of the second sacral foramen.

How to find

Quick method: Locate the posterior superior iliac spine (PSIS → 3.4.3): from the rima ani, palpate 3 cun (1 handbreadth) in a superior and lateral direction at a 45° angle, until you can feel a distinct bony ridge (often superficially visible by a dimple). **BL-28** is located slightly inferiorly and medially to the PSIS, 1.5 cun lateral to the midline on the level of the 2nd sacral foramen. For more detail on orientation in the lumbar and sacral region → 3.4.3, 3.4.4.

Located on the same level are → **BL-32** (over the 2nd sacral foramen) and → **BL-53** (3 cun lateral to the midline). → **BL-27** is located slightly superiorly and medially to the PSIS on the level of the 1st sacral foramen.

Needling

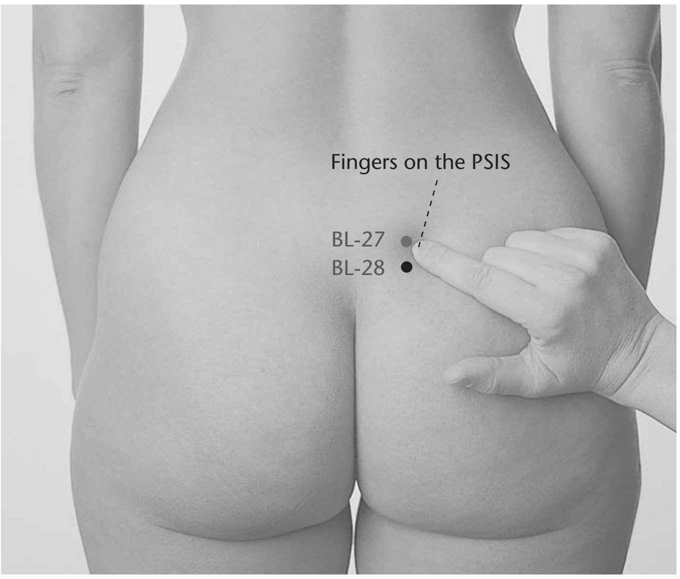
Vertically 0.5–1.5 cun. For local disorders, slightly oblique insertion towards the iliosacral joint.

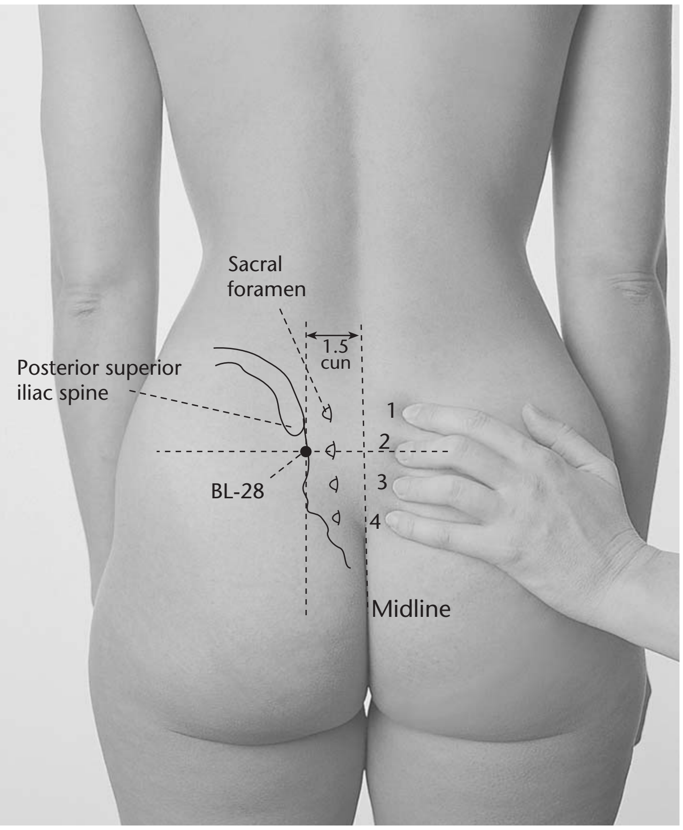
Actions/Indications

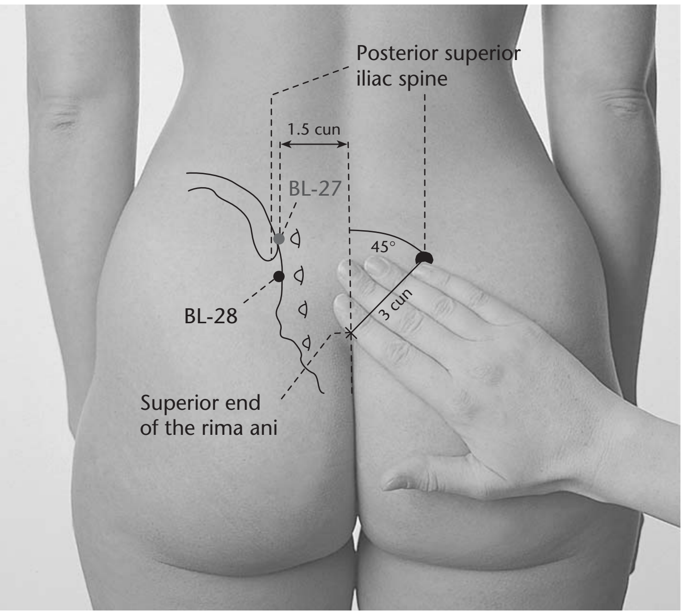
- Regulates the Bladder and the Lower Burner, clears Damp-Heat from the Lower Burner, removes stagnation and transforms masses
- Benefits the lumbar region and the legs

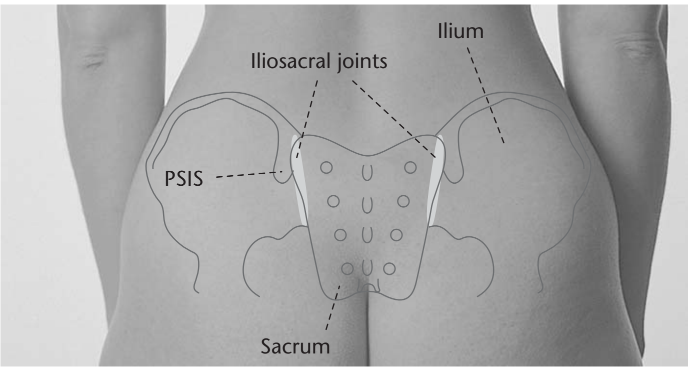
Special features

Back-*shu* point of the Bladder

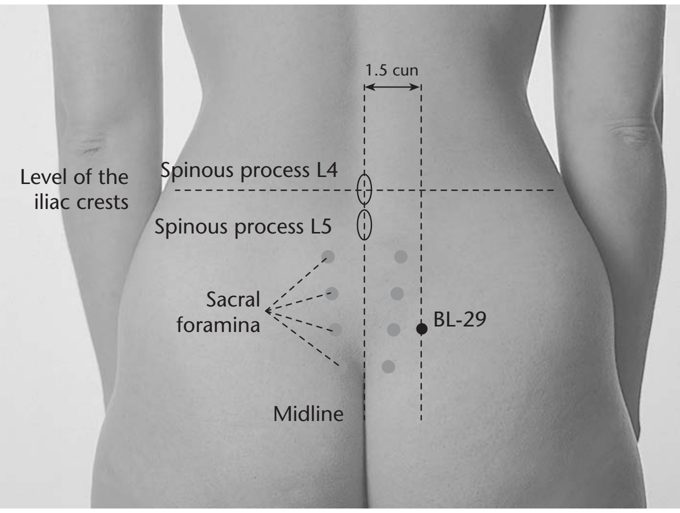

Fingers on the PSIS
BL-27
BL-28

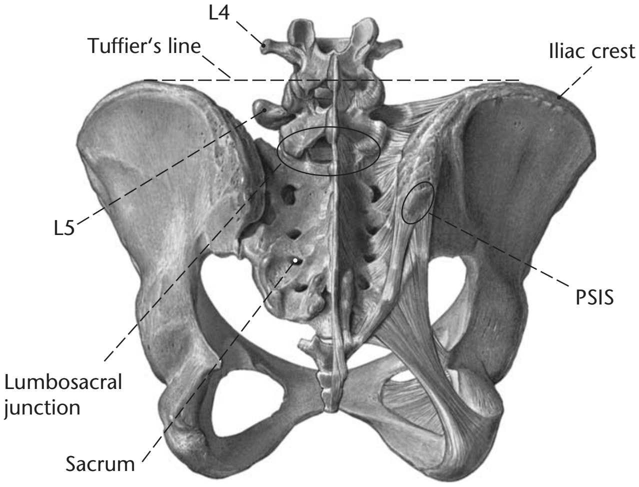

Sacral foramen
1.5 cun
Posterior superior iliac spine
1
2
3
4
BL-28
Midline

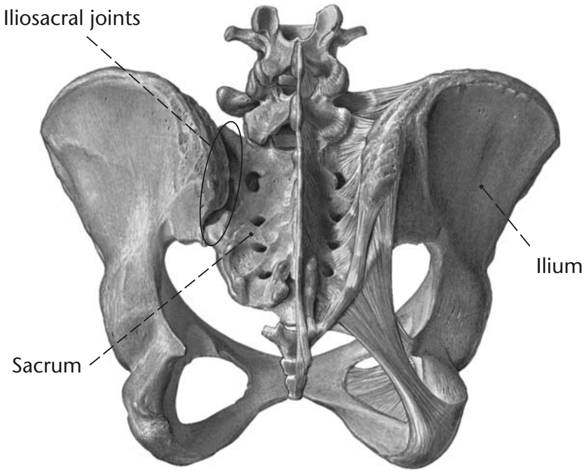

Posterior superior iliac spine
1.5 cun
BL-27
45°
3 cun
BL-28
Superior end of the rima ani

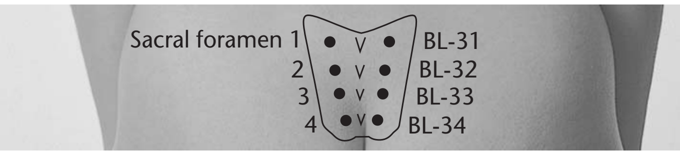

Ilium
Iliosacral joints
PSIS
Sacrum

Mid Spine Shu ZHONGLÜSHU BL-29


1.5 cun
Level of the iliac crests
Spinous process L4
Spinous process L5
Sacral foramina
BL-29
Midline


L4
Tuffier's line
Iliac crest
L5
PSIS
Lumbosacral junction
Sacrum


Iliosacral joints
Ilium
Sacrum


Sacral foramen 1
2
3
4
BL-31
BL-32
BL-33
BL-34

Location

1.5 cun lateral to the posterior midline, on the level of the 3rd sacral foramen.

How to find

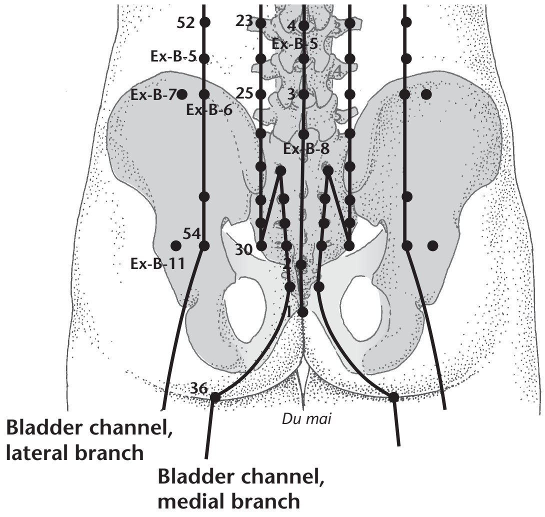
For more detail on orientation in the lumbar and sacral region, see ➞ 3.4.3, 3.4.4. First of all find L5. The next palpable structure in an inferior direction is the most superior sacral spinous process. Palpate in an inferior direction for two further sacral processes and locate the 3rd sacral foramen in a depression less than 1 cun lateral to the 3rd process. **BL-29** is located on the same level (3rd sacral foramen) and 1.5 cun lateral to the midline.
Also located on this level is ➞ **BL-33** (over the 3rd sacral foramen).

Needling

Vertically 0.5–1.5 cun

Actions/Indications

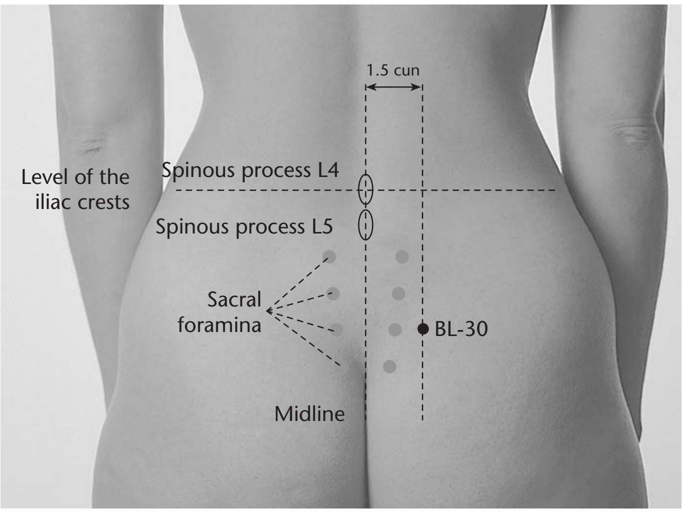
- Strengthens the lower back and the Kidneys
- Expels Cold
- Regulates the Lower Burner and stops diarrhoea


52
23
4
Ex-B-5
Ex-B-5
Ex-B-7
Ex-B-6
25
3
Ex-B-8
54
30
Ex-B-11
2
1
36
Du mai
Bladder channel, lateral branch
Bladder channel, medial branch

BL-30 *White Ring* Shu BAI HUAN SHU

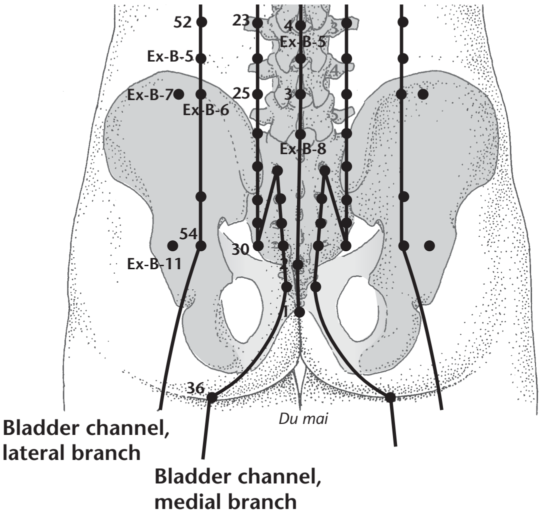
Location

1.5 cun lateral to the posterior midline, on the level of the 4th sacral foramen.


1.5 cun
Level of the iliac crests
Spinous process L4
Spinous process L5
Sacral foramina
BL-30
Midline

How to find

For more detail on orientation in the lumbar and sacral region, see → 3.4.3, 3.4.4. First, find L5. The next palpable structure in an inferior direction is the most superior sacral spinous process. Palpate in an inferior direction for three further sacral processes and locate the 4th sacral foramen in a depression less than 1 cun lateral to the 4th process. **BL-30** is located on the level of the 4th foramen, 1.5 cun lateral to the midline.
Located on the same level are → **BL-34** (over the 4th sacral foramen) and → **BL-54** (3 cun lateral to the midline).

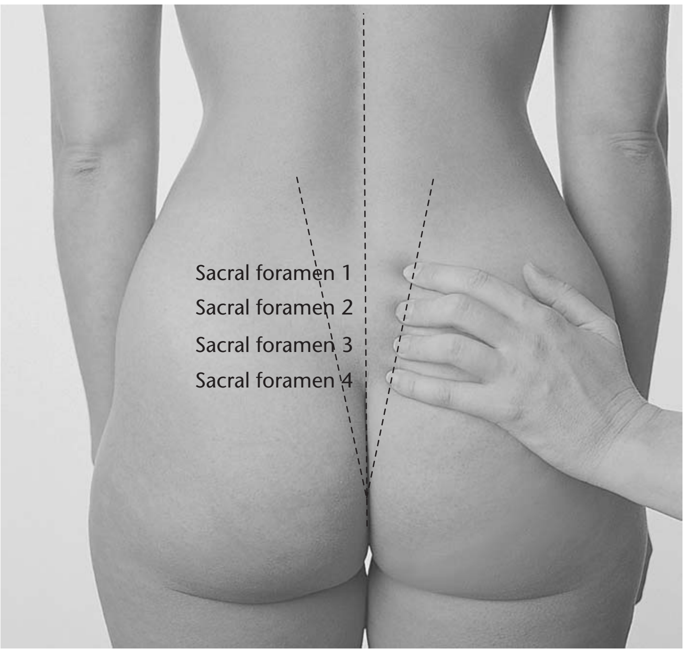

52
23
4
Ex-B-5
Ex-B-5
Ex-B-7
25
3
Ex-B-6
Ex-B-8
54
30
Ex-B-11
2
1
36
Du mai
Bladder channel, lateral branch
Bladder channel, medial branch

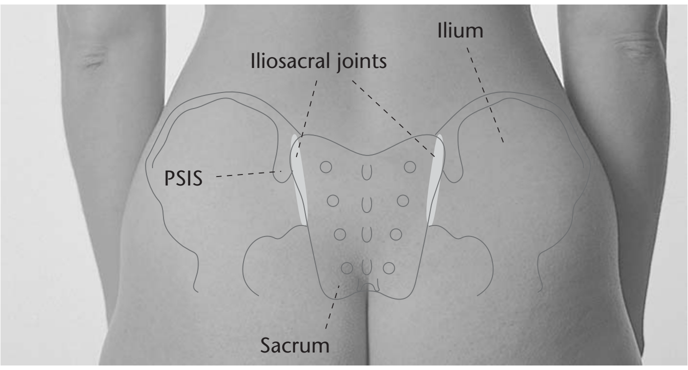
Needling

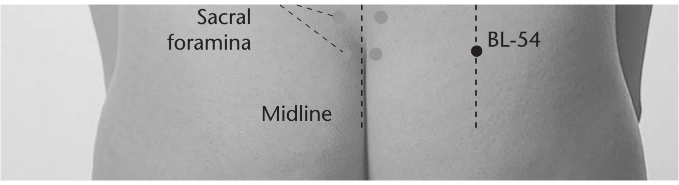
Vertically 0.5–1.5 cun

Actions/Indications

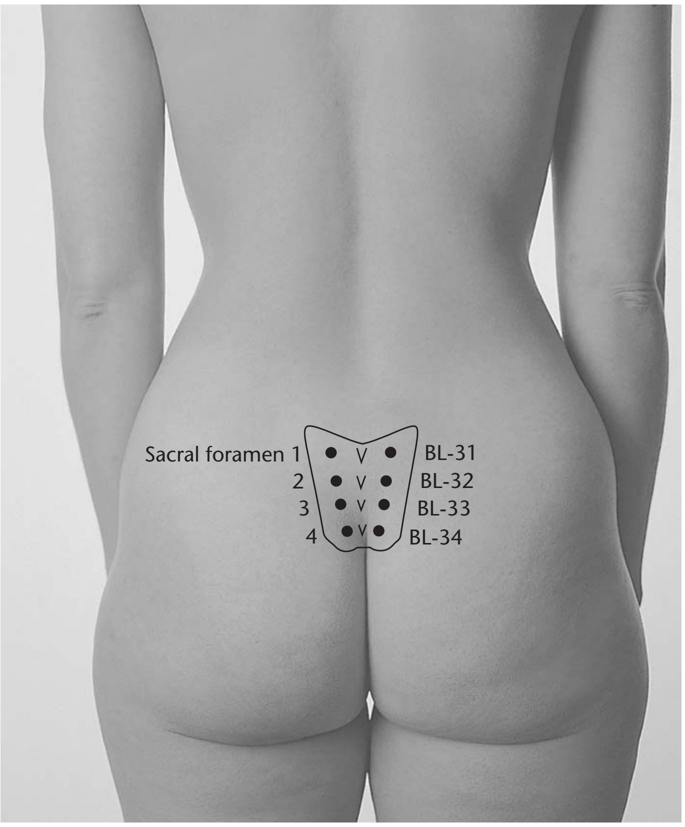
- Strengthens the lower back and the knees
- Eliminates Damp-Heat from the Lower Burner
- Regulates menstruation


Sacral foramen 1
Sacral foramen 2
Sacral foramen 3
Sacral foramen 4


Ilium
Iliosacral joints
PSIS
Sacrum


Sacral foramina
BL-54
Midline

Eight Liao **BALIAO** BL 31 – BL 34



These points are described together because of their similar actions and indications.

BL-31 (*shangliao*) ‘Upper Crevice’, 1st sacral foramen
BL-32 (*ciliao*) ‘Second Crevice’, 2nd sacral foramen
BL-33 (*zhongliao*) ‘Middle Crevice’, 3rd sacral foramen
BL-34 (*xialiao*) ‘Lower Crevice’, 4th sacral foramen

Location

BL-31: Over the 1st sacral foramen
BL-32: Over the 2nd sacral foramen
BL-33: Over the 3rd sacral foramen
BL-34: Over the 4th sacral foramen

How to find

For more detail on orientation in the lumbar and sacral region, → 3.4.3, 3.4.4. First, locate L5. The next palpable structure in an inferior direction is the most superior sacral spinous process. Palpate in a lateral direction on the level of the sacral processes for the depressions of the sacral foramina. **Or:** Locate the 4th sacral foramen on the level of the superior end of the rima ani (sometimes a bit more superiorly or inferiorly). Place the little finger on the 4th foramen, then the ring, middle and index fingers on a slightly V-shaped line in a superior direction, palpating for the depressions of the sacral foramina. With the fingers in this position, the index finger will be resting on the 1st foramen (**BL-31**), the middle finger on the 2nd foramen (**BL-32**), the ring finger on the 3rd foramen (**BL-33**) and the little finger on the 4th foramen (**BL-34**). Located on the same level as **BL-31–BL-34** are the points → **BL-27–BL-30** on the inner branch of the BL channel (1.5 cun lateral to the midline) as well as → **BL-53** (on the level of **BL-32**) and → **BL-54** (on the level of **BL-34**), both 3 cun lateral to the midline. Also on the level of **BL-34** is → **Ex-B-11** (3.5 cun lateral to the midline).

Needling

Vertically 0.7–1.5 cun. Caution: Pregnancy (especially reducing needling techniques are contraindicated); exception: to promote labour.

Actions/Indications

- Regulates the Lower Burner, promotes urination (all eight points) (**BL-32** and **BL-33** have the strongest action in cases of urinary disorders, while **BL-34** has the strongest action in cases of genital disorders)
- Strengthens the Kidneys and Essence (*jing*)
- Benefits the Intestines (**BL-34** has the strongest action in cases of intestinal disorders)
- Promotes labour (for example, use **BL-32** with electro-acupuncture)
- Benefits the lumbar region (**BL-32** and **BL-33** have the strongest action)

Special features

According to some authors, meeting point with the G.B. channel. Clinically, **BL-32** is the most commonly used point owing to its widest range of indications. Electro-acupuncture at **BL-32** is useful for alleviating pain during labour: after needling this point, bend the handle of the needle in a superior direction at a 90° angle and tape it to the skin. Now attach the electro-stimulation. This method allows the woman to lie down if desired.

Moxibustion of the *baliao* is indicated for difficult urination or defaecation due to Kidney deficiency in elderly people.

BL-35 *Meeting of Yang* HUIYANG

Location

0.5 cun lateral to the posterior midline, on the level of the tip of the coccyx.

How to find

Locate the coccyx superior to the anus. In contrast to the sacrum, the coccyx is movable. **BL-35** is located 0.5 cun lateral to the midline on the level of the tip of the coccyx.

→ **Du-2** is located on the midline, on the level of the sacral hiatus (→ 3.4.4) and superior to **BL-35** and the tip of the coccyx.

Needling

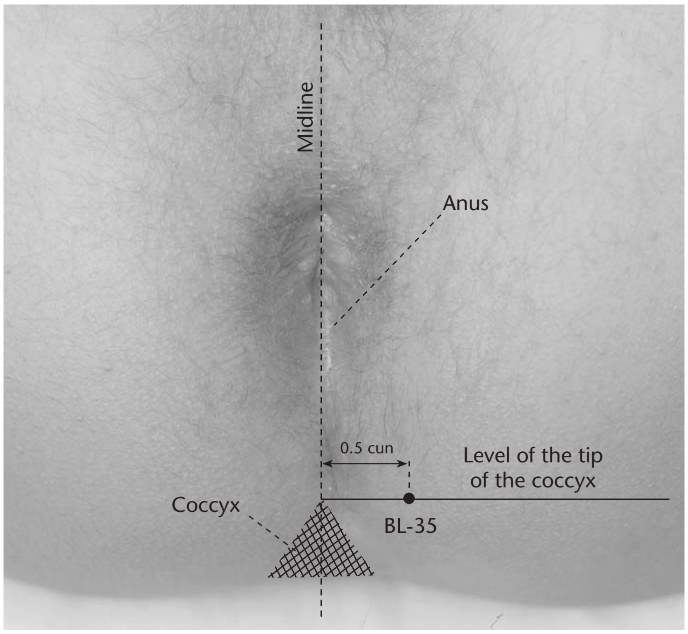
Vertically 1–1.5 cun

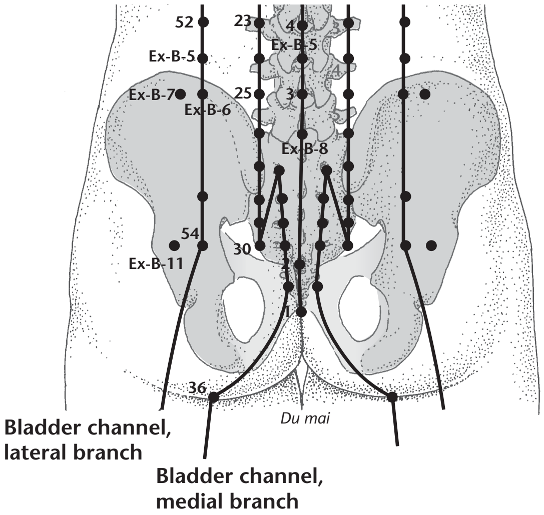
Actions/Indications

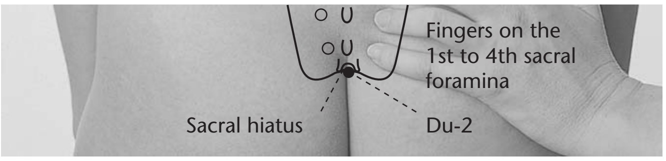
- Clears Damp-Heat from the Lower Burner
- Treats haemorrhoids and rectal prolapse
- Benefits the coccyx

Special features

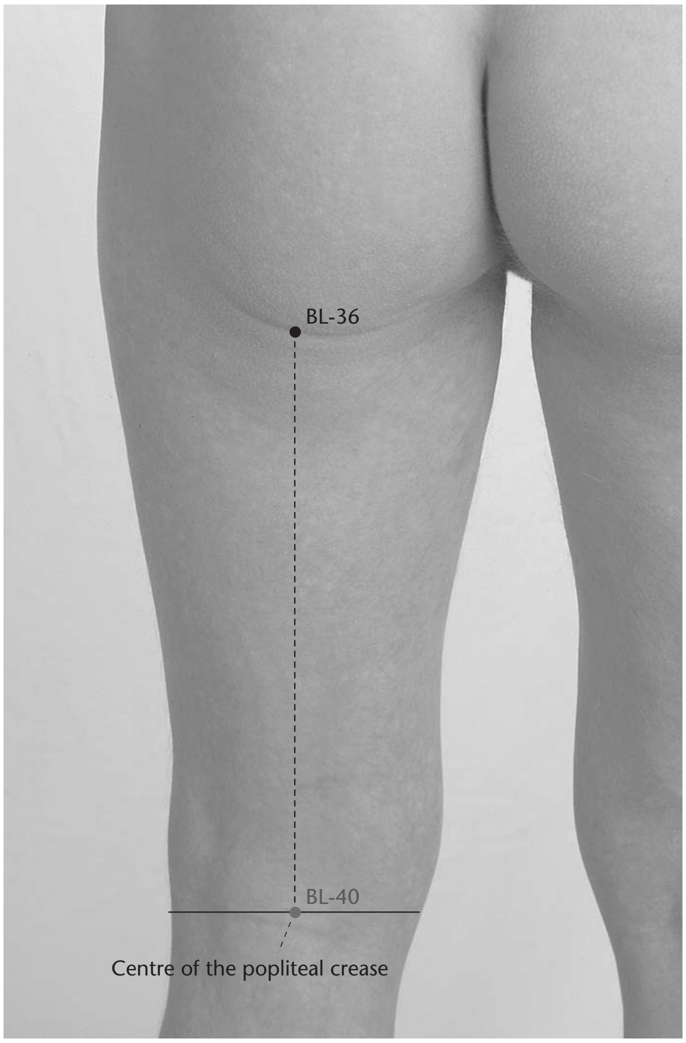
Especially in patients with a weakened immune system, this point should be needled only if strictly necessary and after using a disinfecting wipe three times.


Midline
Anus
0.5 cun
Level of the tip of the coccyx
Coccyx
BL-35


52
23
4
Ex-B-5
Ex-B-5
Ex-B-7
Ex-B-6
25
3
Ex-B-8
54
Ex-B-11
30
2
1
36
Du mai
Bladder channel, lateral branch
Bladder channel, medial branch


Fingers on the 1st to 4th sacral foramina
Sacral hiatus
Du-2

Hold and Support CHENGFU BL-36


BL-36
BL-40
Centre of the popliteal crease

Location

In the gluteal crease, superior to the midpoint of the popliteal crease (→ **BL-40**).

How to find

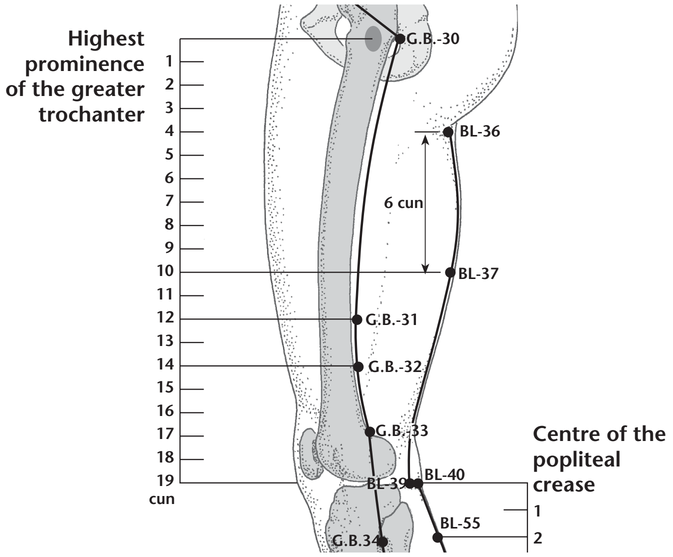
Locate the midpoint of the popliteal crease (in obese patients, use bony/muscular structures to find the midpoint). **BL-36** is located directly vertically above the midpoint of the popliteal crease, in the gluteal crease at the transition between the buttocks and the posterior aspect of the thigh (palpate for a depression).

Needling

Vertically 1–2 cun

Actions/Indications

- Opens the channel, alleviates pain
- Relaxes the tendons
- Regulates the Lower Burner and treats haemorrhoids


Highest prominence of the greater trochanter
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18
19
cun
G.B.-30
BL-36
6 cun
BL-37
G.B.-31
G.B.-32
G.B.-33
BL-39
BL-40
BL-55
G.B.34
Centre of the popliteal crease
1
2

BL-37 *Gate of Abundance* YINMEN

Location

6 cun distal to → **BL-36** (gluteal crease), on a line connecting → **BL-36** and → **BL-40** (in the popliteal crease), in a gap in the musculature.

How to find

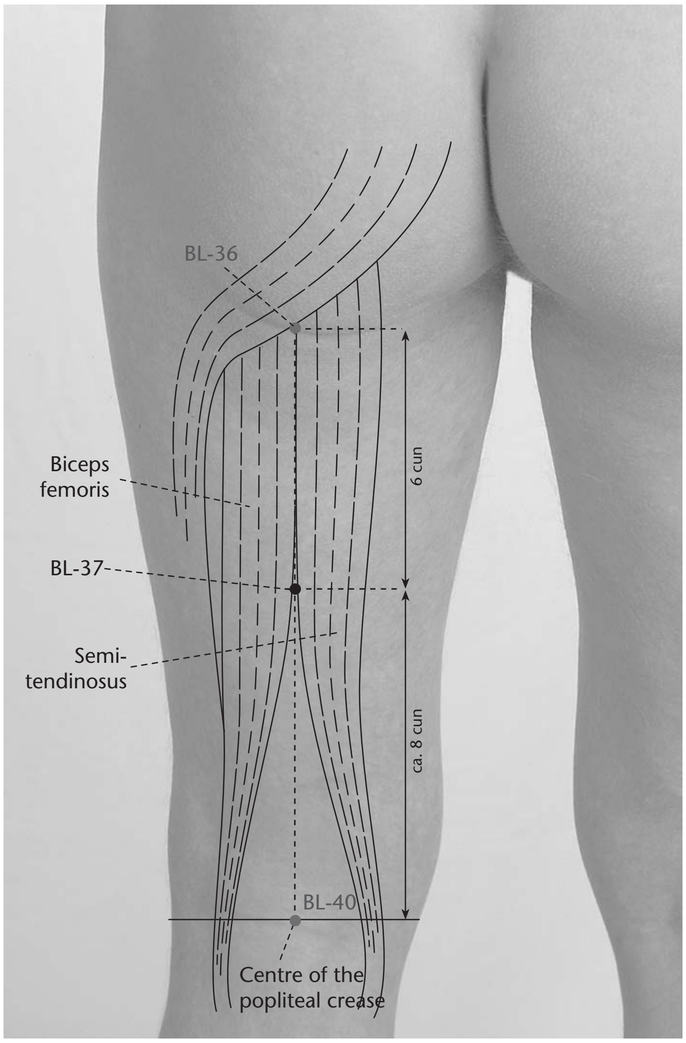
First, locate → **BL-36** in the centre of the gluteal crease and, from there, palpate 6 cun along the posterior aspect of the thigh in an inferior direction towards the centre of the popliteal crease (→ **BL-40**). This is the location of **BL-37**, which in slim patients can be located where the long head of the biceps femoris muscle and the semitendinosus muscle converge (usually 8 cun superior to the centre of the popliteal crease. **Or:** Spreading hands technique (→ 2.3.3 or elastic tape): Place the little fingers on the centre of the popliteal crease (→ **BL-40**) and the centre of the gluteal crease (→ **BL-36**). Locate **BL-37** 1–2 cun proximal to the midpoint of the distance, in a depression between the two muscle bellies.

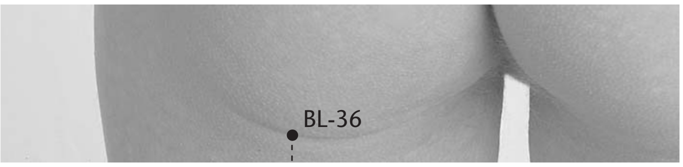
Needling

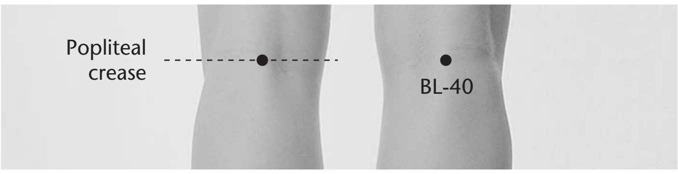
Vertically 0.5–2 cun

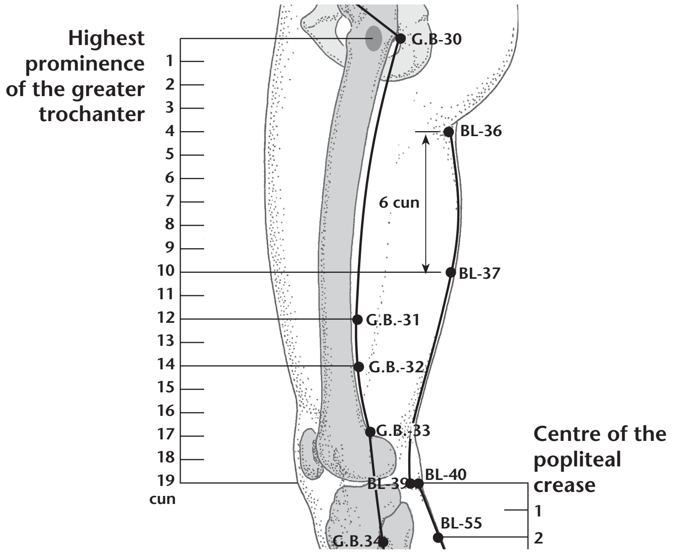
Actions/Indications

- Relaxes the tendons
- Opens the channel and *luo* vessels
- Benefits the lower back


BL-36
Biceps femoris
6 cun
BL-37
Semi-tendinosus
ca. 8 cun
BL-40
Centre of the popliteal crease




Popliteal crease
BL-40


Highest prominence of the greater trochanter
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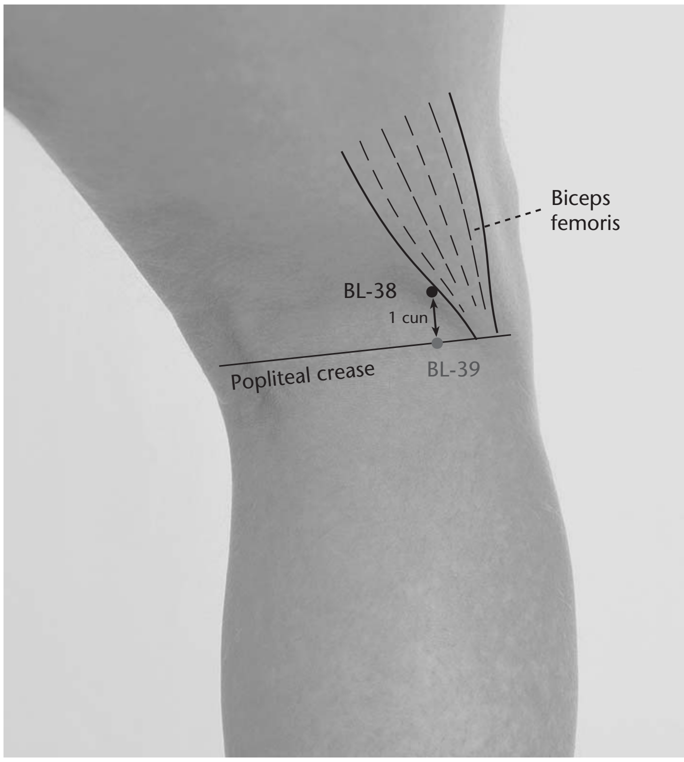
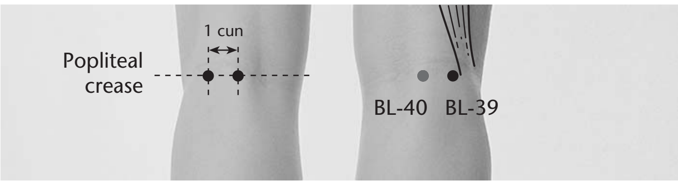
19
cun
G.B-30
BL-36
6 cun
BL-37
G.B.-31
G.B.-32
G.B.-33
BL-39
BL-40
BL-55
G.B.34
Centre of the popliteal crease
1
2

Floating Cleft FUXI **BL-38**





Location

On the laterodorsal aspect of the knee, 1 cun superior and lateral to the centre of the popliteal crease (→ **BL-40**), medial to the biceps femoris muscle, or 1 cun proximal to → **BL-39**.

How to find

To locate the popliteal crease, ask the patient to flex their knee slightly and palpate for the knee joint space. By flexing the knee against resistance, the tendon of the biceps femoris muscle will become more pronounced and visible. Locate **BL-38** 1 cun superior to the knee joint on the medial border of the tendon.
→ **BL-39** is located 1 cun distal to **BL-38** on the level of the popliteal crease.

Needling

Vertically 1–2 cun

Actions/Indications

- Relaxes the muscles and tendons
- Opens the channel and *luo* vessels
- Clears Heat (from the Small Intestine)

BL-39 Outside of the Crook WEIYANG

Location

At the lateral end of the popliteal crease, on the medial side of the tendon of the long head of the biceps femoris muscle, 1 cun lateral to → **BL-40** (in the centre of the popliteal crease).

How to find

This point is best located with the patient's knee slightly flexed. Find the midpoint of the popliteal crease (→ **BL-40**) and locate **BL-39** approximately 1 cun lateral in a depression medial to the tendon of the long head of the biceps femoris muscle. Located on the same level is → **BL-40** at the centre of the popliteal crease.

Needling

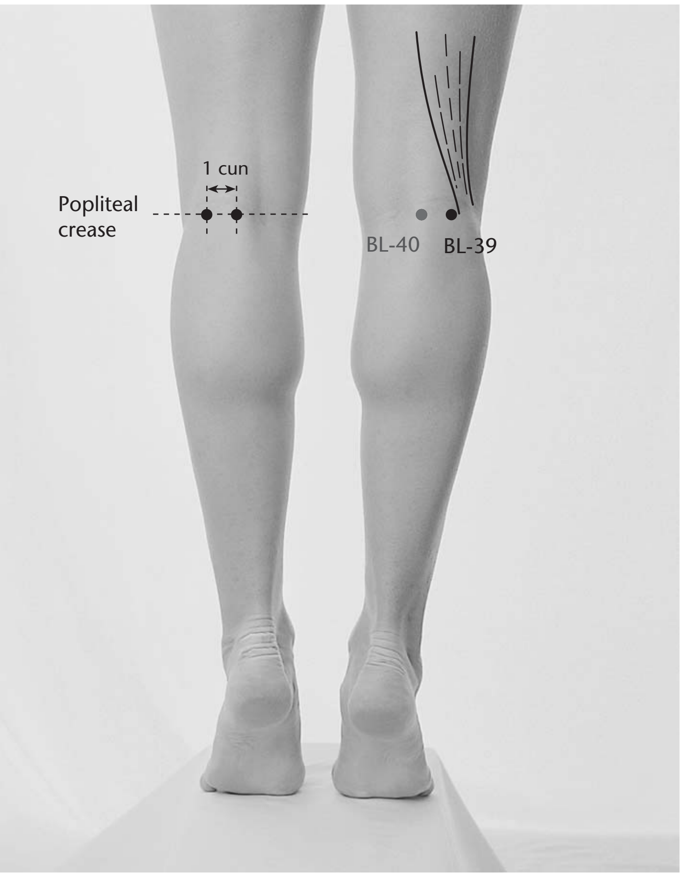
Vertically 0.5–1.5 cun. Caution: N. fibularis communis.

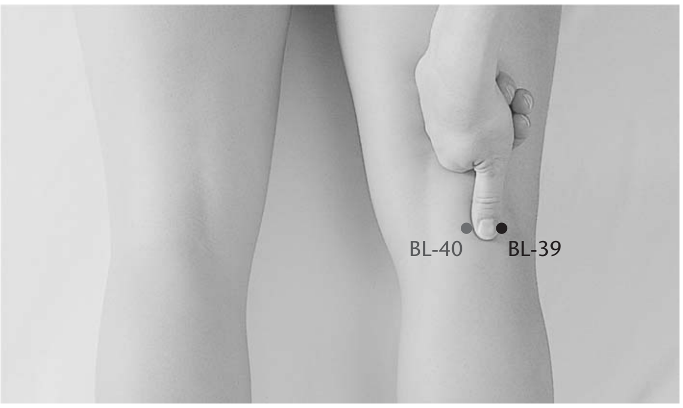
Actions/Indications

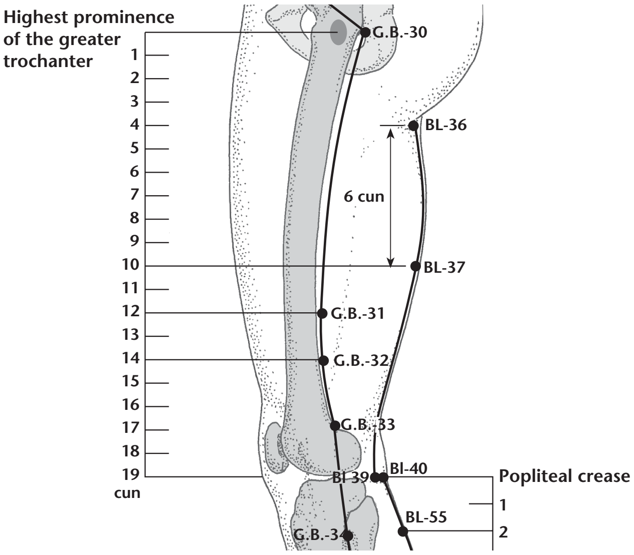
- Harmonises the Triple Burner and regulates the water passages
- Opens the channel and the *luo* vessels, alleviates pain

Special features

Lower *he*-sea point of the Triple Burner


1 cun
Popliteal crease
BL-40
BL-39




Highest prominence of the greater trochanter
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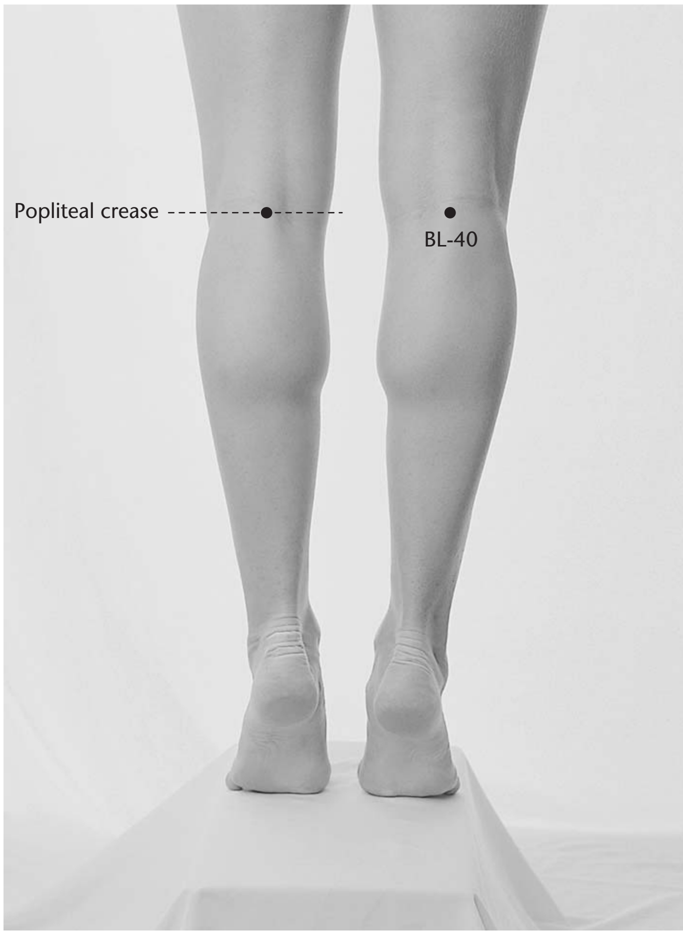
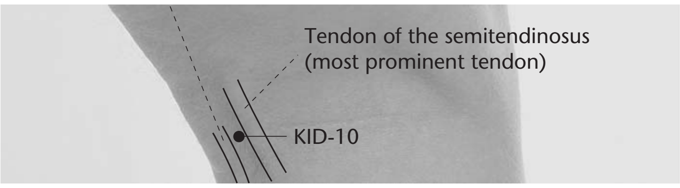
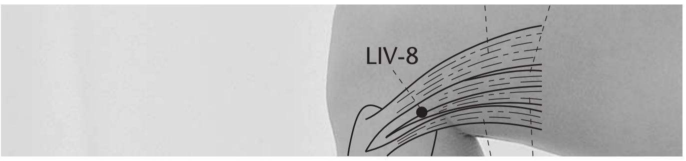
cun
G.B.-30
BL-36
6 cun
BL-37
G.B.-31
G.B.-32
G.B.-33
Bl 39
Bl-40
BL-55
G.B.-3
Popliteal crease
1
2

Middle of the Crook WEIZHONG BL-40







Location

In the centre of the popliteal crease, between the tendons of the biceps femoris and semitendinosus muscles.

How to find

This point is best located with the patient's knee slightly flexed. Locate the centre of the popliteal crease (a pulse may be palpable) and there locate **BL-40**.

Located on the same level are → **BL-39** (1 cun laterally), → **KID-10** (more medially, between the tendons of the semimembranosus and semitendinosus muscles) and → **LIV-8** (more medially, anterior to the tendons of the semimembranosus and semitendinosus muscles).

Needling

Vertically 0.5–1.5 cun. Caution: Popliteal nerve, artery and vein lie deep to this point. Use moxibustion with caution (contraindicated according to some authors). To clear Heat and eliminate stasis: bleed the superficial veins, possibly followed by brief cupping. Caution: Only use for excess conditions and in constitutionally robust patients. **BL-40** is also indicated as a distal point for the lower back: needle with the patient standing (for safety and balance, use a treatment couch or chair as a support for the hands) and ask them to move their lower back gently while manipulating the needle (only short needle retention). When needling this point with the patient in a prone position, place a supporting roll or pillow under the ankles to relax the popliteal crease.

Actions/Indications

- Clears (summer) Heat, stops vomiting and diarrhoea
- Cools the Blood
- Benefits the lower back and knees, opens the channel and *luo* vessels, alleviates pain

Special features

He-sea point, Earth point, lower *he*-sea point of the Bladder, Ma Dan Yang Heavenly Star point, Gao Wu command point of the lumbar region. Important distal point for the lower back, point with a wide range of indications.

BL-41 *Attached Branch* FUFEN

Location

3 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 2nd thoracic vertebra (T2).

How to find

After locating the spinous process of C7 (→ 3.4.1), count down 2 spinous processes to the lower border of the spinous process of T2. Locate **BL-41** 3 cun lateral from the midline (with the shoulders relaxed and the arms hanging loosely down, 3 cun corresponds on this level to the distance from the midline to the medial border of the scapula). Note: From **BL-41** to → **BL-54**, all points on the BL channel are located on its outer branch.
Located on the same level are a point of → **Ex-B-2** (0.5 cun lateral to the midline), → **BL-12** (1.5 cun lateral to the midline) and → **S.I.-13** (more laterally, on the scapula).

Needling

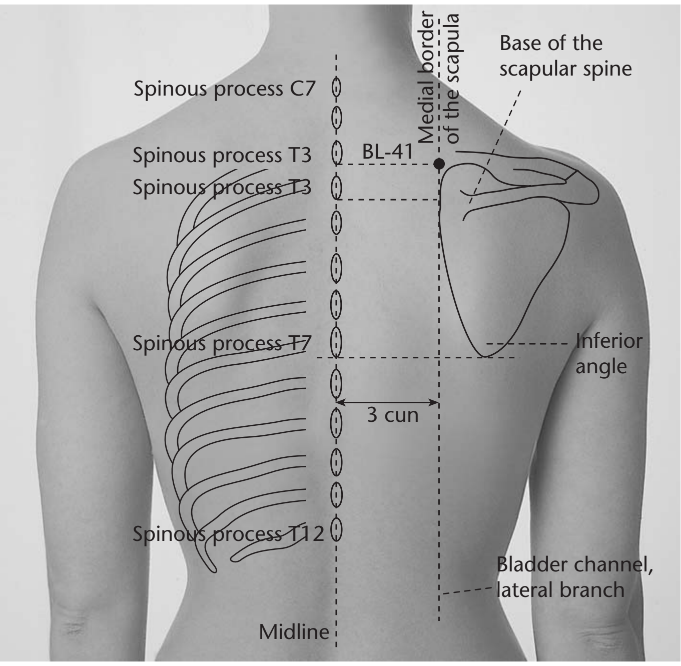
Obliquely 0.3–0.5 cun. Caution: Pneumothorax.

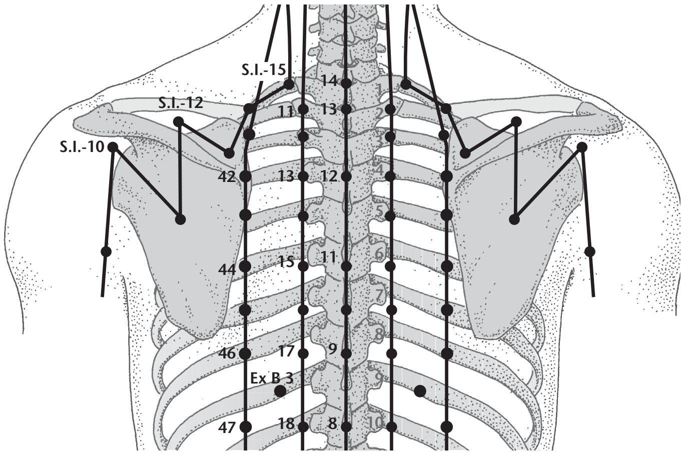
Actions/Indications

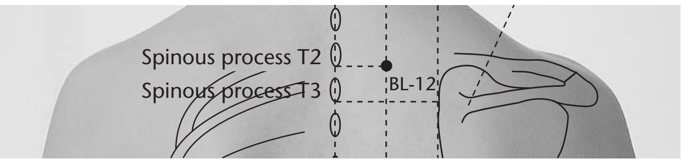
- Expels pathogenic factors such as Wind and Cold
- Opens the channel and the *luo* vessels, alleviates pain

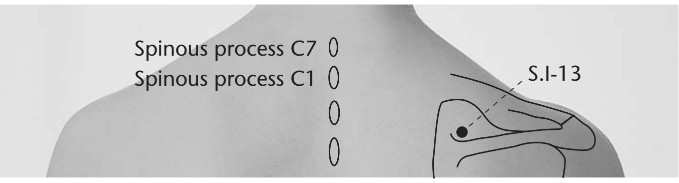
Special features

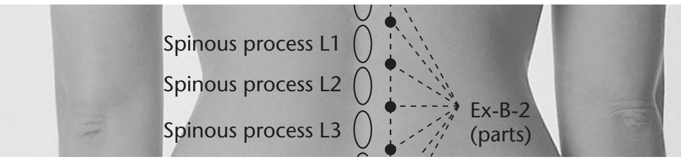
Meeting point with the S.I. channel


Medial border of the scapula
Base of the scapular spine
Spinous process C7
Spinous process T3
BL-41
Spinous process T3
Spinous process T7
Inferior angle
3 cun
Spinous process T12
Bladder channel, lateral branch
Midline


S.I.-15
14
S.I.-12
11
13
S.I.-10
42
13
12
44
15
11
46
17
9
Ex B 3
47
18
8
10


Spinous process T2
Spinous process T3
BL-12


Spinous process C7
Spinous process C1
S.I-13


Spinous process L1
Spinous process L2
Spinous process L3
Ex-B-2 (parts)

Door of the Corporeal Soul POHU BL-42

Location

3 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 3rd thoracic vertebra (T3).

How to find

After locating the spinous process of C7 (→ 3.4.1), count down 3 spinous processes to the lower border of the spinous process of T3. Located on this level and 3 cun lateral to the midline is **BL-42.**

Or: With the patient seated and their shoulders in a relaxed position, the spinous process of T3 is generally on the level of the medial end of the scapular spine, an easily palpable structure (→ 3.4.2). Locate **BL-42** on the level of the lower border of the spinous process of T3, 3 cun lateral to the midline. With the patient's shoulders relaxed, 3 cun corresponds on this level to the distance from the midline to the medial border of the scapula.

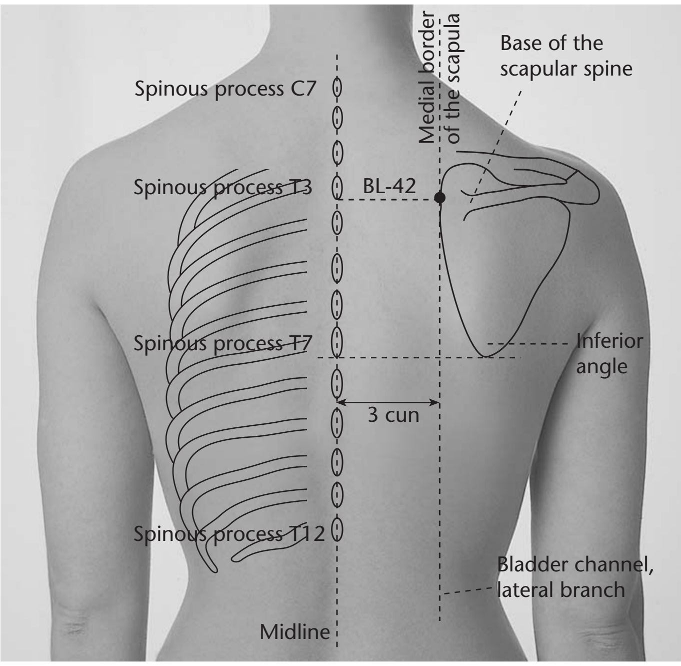
Located on the same level are → **Du-12** (on the midline), a point of → **Ex-B-2** (0.5 cun lateral to the midline) and → **BL-13** (1.5 cun lateral to the midline).

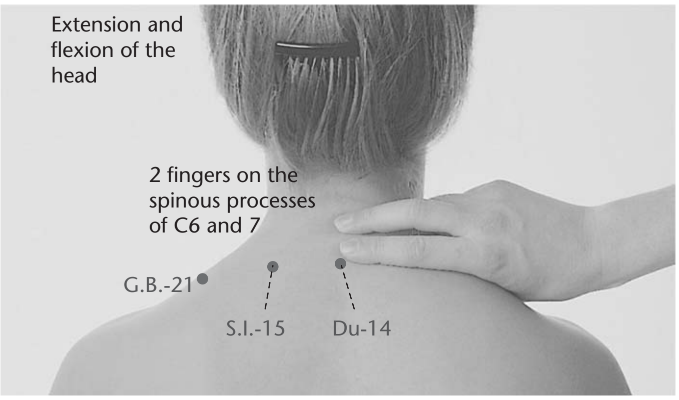
Needling

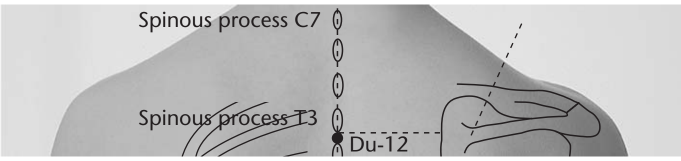
Obliquely 0.3–0.5 cun. Caution: Pneumothorax.

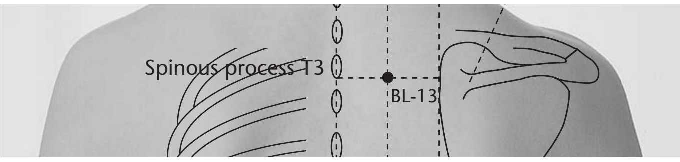
Actions/Indications

- Tonifies and nourishes the Lung
- Alleviates wheezing and coughing, calms the corporeal soul (*po*)
- Opens the channel and alleviates pain
- Clears Heat from the Lung


Spinous process C7
Medial border of the scapula
Base of the scapular spine
Spinous process T3
BL-42
Spinous process T7
Inferior angle
3 cun
Spinous process T12
Bladder channel, lateral branch
Midline


Extension and flexion of the head
2 fingers on the spinous processes of C6 and 7
G.B.-21
S.I.-15
Du-14


Spinous process C7
Spinous process T3
Du-12


Spinous process T3
BL-13

BL-43 *Vital Region* Shu GAOHUANG

Location

3 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 4th thoracic vertebra (T4).

How to find

After locating the spinous process of C7 (→ 3.4.1), count down 4 spinous processes to the lower border of the spinous process of T4. Located on this level and 3 cun lateral to the midline is **BL-43. Or:** Locate **BL-43** by using the spinous process of T3 (generally, on the level of the easily palpable medial end of the scapular spine, 3.4.2) as a reference point.
Located on the same level are a point of → **Ex-B-2** (0.5 cun lateral to the midline) and → **BL-14** (1.5 cun lateral to the midline).

Needling

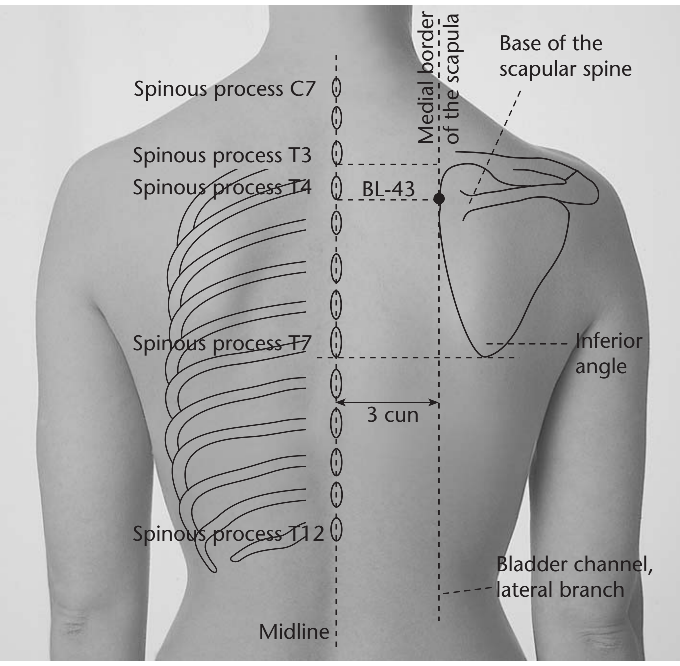
Obliquely 0.3–0.5 cun. Moxibustion is often used on this point.
Caution: Pneumothorax.

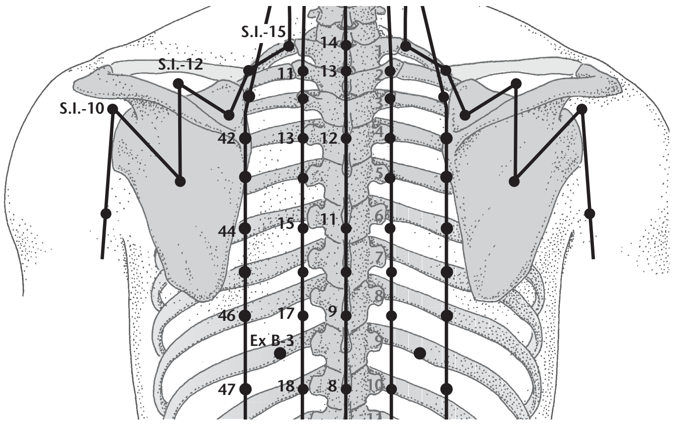
Actions/Indications

- Tonifies and nourishes the five *zang*-Organs: Lung, Heart, Kidneys, Stomach and Spleen
- Nourishes Yin, clears Heat
- Calms the *shen*
- Strengthens the Original Qi (*yuan qi*)
- Eliminates Phlegm

Special features

Important point for deficiency syndromes (classic indication)


Medial border of the scapula
Base of the scapular spine
Spinous process C7
Spinous process T3
Spinous process T4
BL-43
Spinous process T7
Inferior angle
3 cun
Spinous process T12
Bladder channel, lateral branch
Midline


S.I.-15
S.I.-12
S.I.-10
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42
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44
15
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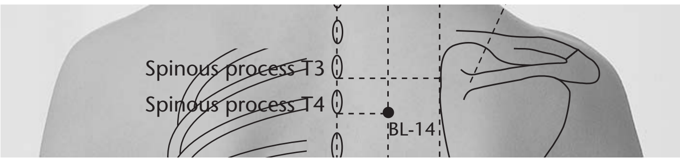
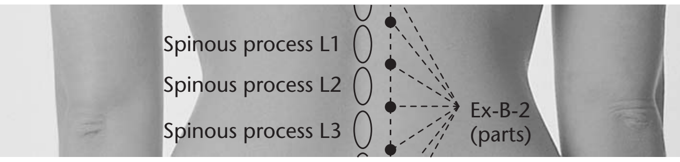
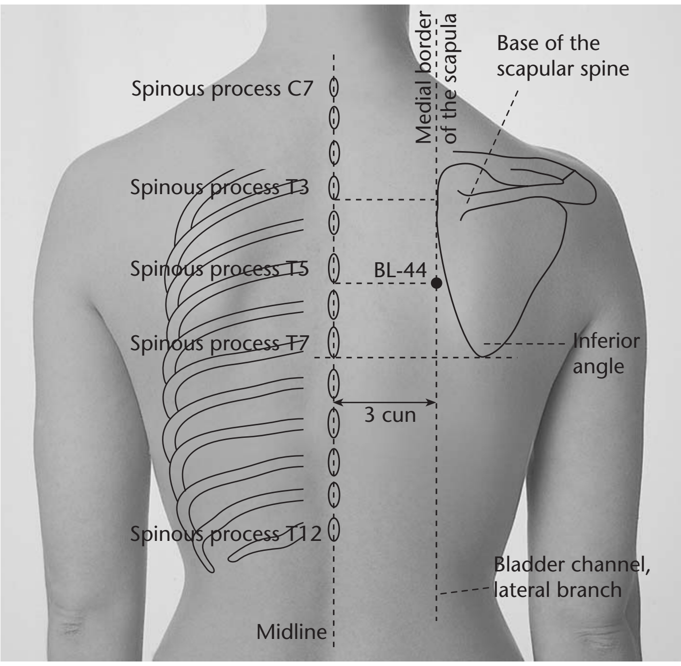
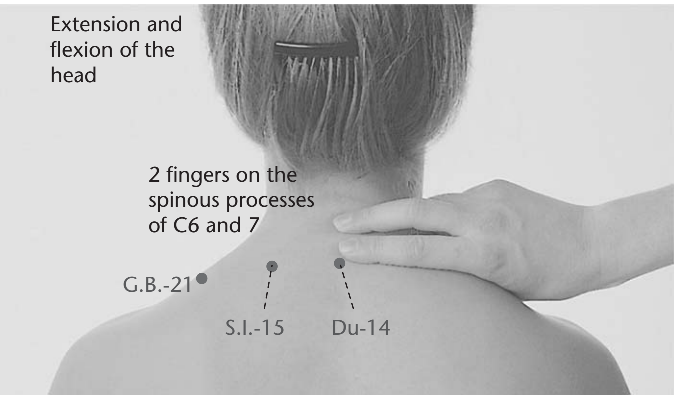
Ex B-3
47
18
8

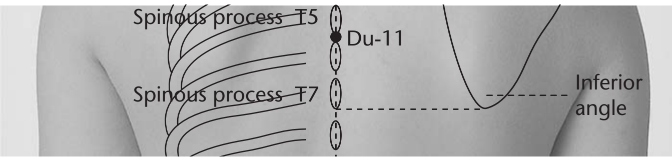

Spinous process T3
Spinous process T4
BL-14

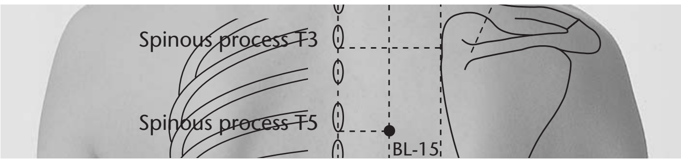

Spinous process L1
Spinous process L2
Spinous process L3
Ex-B-2 (parts)

Spirit Hall SHENTANG BL-44


Spinous process C7
Medial border of the scapula
Base of the scapular spine
Spinous process T3
Spinous process T5
BL-44
Spinous process T7
Inferior angle
3 cun
Spinous process T12
Bladder channel, lateral branch
Midline


Extension and flexion of the head
2 fingers on the spinous processes of C6 and 7
G.B.-21
S.I.-15
Du-14


Spinous process T5
Du-11
Spinous process T7
Inferior angle


Spinous process T3
Spinous process T5
BL-15

Location

3 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 5th thoracic vertebra (T5).

How to find

After locating the spinous process of C7 (→ 3.4.1), count down 5 spinous processes to the lower border of the spinous process of T5. Located on this level and 3 cun lateral to the midline is **BL-44. Or:** With the patient seated and their shoulders in a relaxed position, the spinous process of T3 is generally on the level of the medial end of the scapular spine, an easily palpable structure (→ 3.4.2). Locate **BL-44** by counting down to the level of the lower border of the spinous process of T5 and measure 3 cun lateral to the midline.
Located on the same level are → **Du-11** (on the midline), a point of → **Ex-B-2** (0.5 cun lateral to the midline) and → **BL-15** (1.5 cun lateral to the midline).

Needling

Obliquely 0.3–0.8 cun. Caution: Pneumothorax.

Actions/Indications

- Regulates the Upper Burner, unbinds the chest
- Opens the channel and alleviates pain

BL-45 *Cry of Pain* YIXI

Location

3 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 6th thoracic vertebra (T6).

How to find

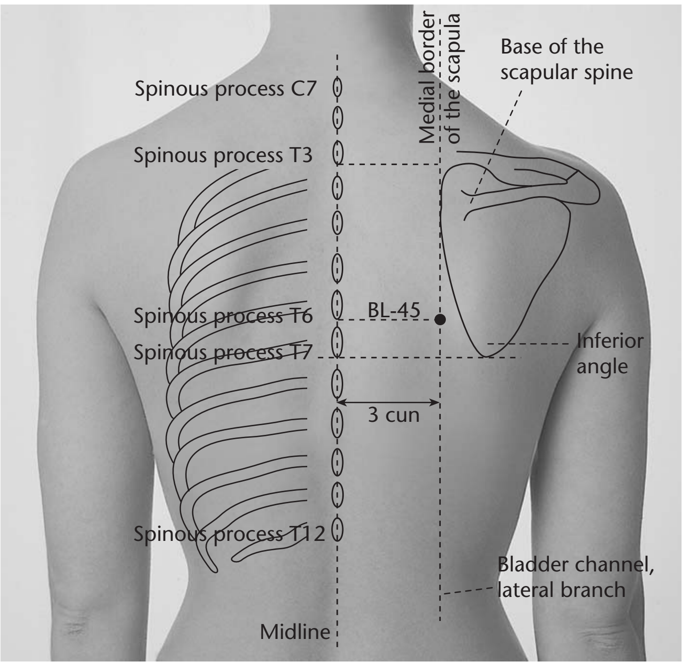
After locating the spinous process of C7 (→ 3.4.1), count down 6 spinous processes to the lower border of the spinous process of T6. Located on this level and 3 cun lateral to the midline is **BL-45. Or:** With the patient seated and their shoulders in a relaxed position, the spinous process of T7 is generally on the level of the inferior angle of the scapula (→ 3.4.2). Locate **BL-45** on the level of the spinous process of T6, 3 cun lateral to the midline. Located on the same level are → **Du-10** (on the midline), a point of → **Ex-B-2** (0.5 cun lateral to the midline) and → **BL-16** (1.5 cun lateral to the midline).

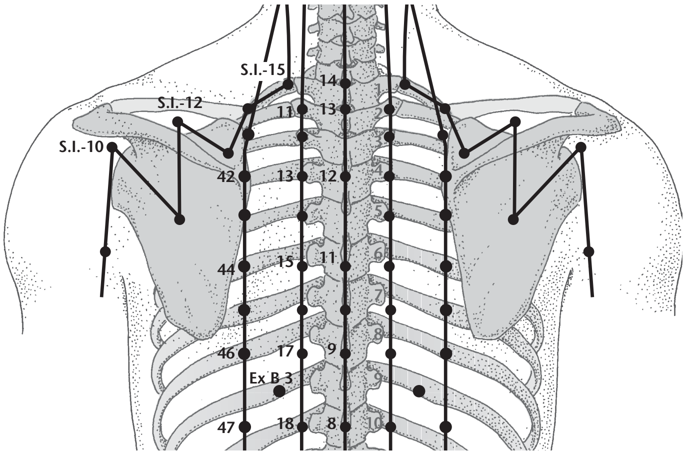
Needling

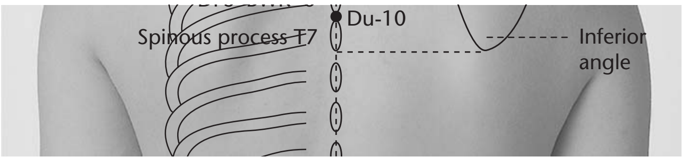
Obliquely 0.3–0.8 cun. Caution: Pneumothorax.

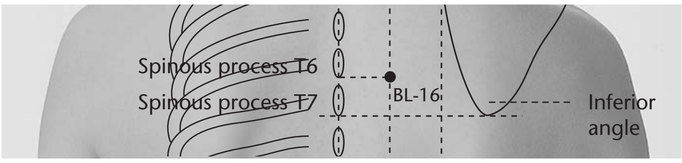
Actions/Indications

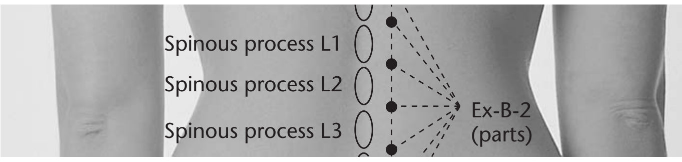
- Expels pathogenic factors, especially Wind and Heat
- Descends the Lung Qi and unbinds the chest
- Strengthens the Qi and Blood and alleviates pain


Spinous process C7
Medial border of the scapula
Base of the scapular spine
Spinous process T3
Spinous process T6
BL-45
Spinous process T7
Inferior angle
3 cun
Spinous process T12
Bladder channel, lateral branch
Midline

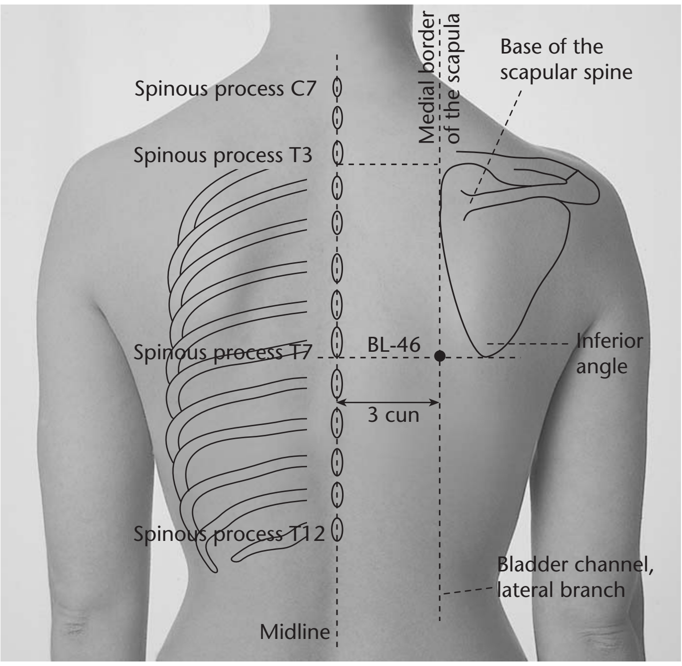

S.I.-15
14
S.I.-12
11
13
S.I.-10
42
13
12
44
15
11
46
17
9
Ex B 3
47
18
8

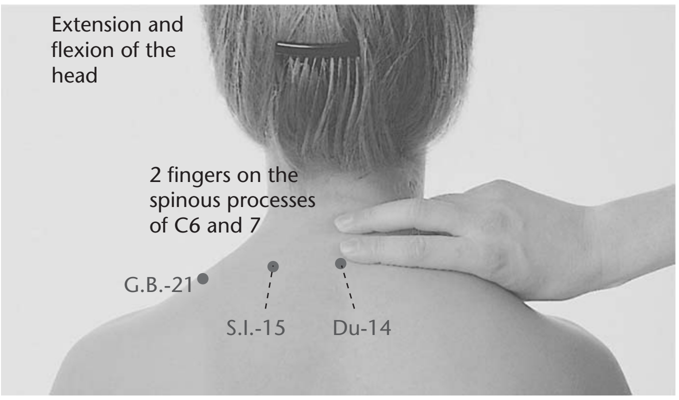

Du-10
Spinous process T7
Inferior angle

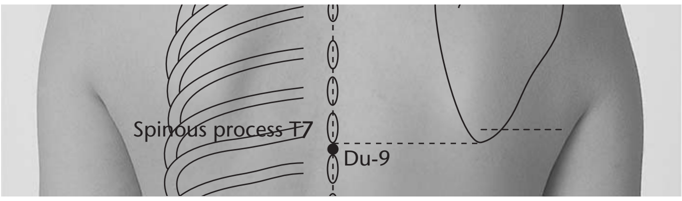

Spinous process T6
Spinous process T7
BL-16
Inferior angle

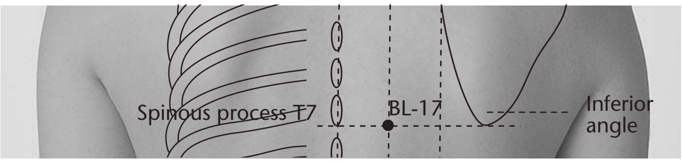

Spinous process L1
Spinous process L2
Spinous process L3
Ex-B-2 (parts)

Diaphragm's Gate GEGUAN BL-46


Spinous process C7
Medial border of the scapula
Base of the scapular spine
Spinous process T3
Spinous process T7
BL-46
Inferior angle
3 cun
Spinous process T12
Bladder channel, lateral branch
Midline


Extension and flexion of the head
2 fingers on the spinous processes of C6 and 7
G.B.-21
S.I.-15
Du-14


Spinous process T7
Du-9


Spinous process T7
BL-17
Inferior angle

Location

3 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 7th thoracic vertebra (T7).

How to find

With the patient standing and their shoulders in a relaxed position, the spinous process of T7 is generally on the level of the inferior angle of the scapula (→ 3.4.2). Locate **BL-46** on the level of the spinous process of T7, 3 cun lateral to the midline. **Or:** With the patient seated, the spinous process of T3 is generally on the level of the medial end of the scapular spine, an easily palpable bony protrusion at the medial border of the scapula (→ 3.4.2). From there, count down 4 spinous processes to the spinous process of T7. Locate **BL-46** on this level, 3 cun lateral to the midline. **Or:** Find the spinous process of C7 (→ 3.4.1). From there, count down 7 spinous processes in an inferior direction to the spinous process of T7. Locate **BL-46** on this level, 3 cun lateral to the midline.
Located on the same level are → **Du-9** (on the midline), a point of → **Ex-B-2** (0.5 cun lateral to the midline) and → **BL-17** (1.5 cun lateral to the midline).

Needling

Obliquely 0.3–0.8 cun. Caution: Pneumothorax.

Actions/Indications

- Regulates the diaphragm and descends counterflow Qi
- Harmonises the Middle Burner
- Opens the channel and alleviates pain

BL-47 Gate of the Ethereal Soul HUNMEN

Location

3 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 9th thoracic vertebra (T9).

How to find

In a sitting position with the arms hanging down, the spinous process of T7 is generally on the level of the inferior angle of the scapula (→ 3.4.2). From there, count down 2 processes to the lower border of the spinous process of T9. **BL-47** is located 3 cun lateral to this point. **Or:** Locate the spinous process of C7 (→ 3.4.1). From there, count down 9 processes to the lower border of the spinous process of T9 and locate **BL-47** 3 cun lateral to it.

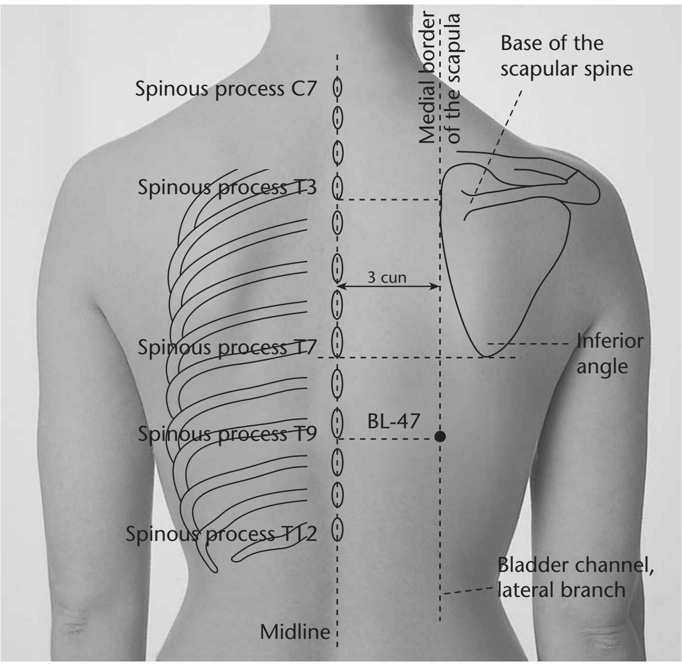
Located on the same level are → **Du-8** (on the midline), a point of → **Ex-B-2** (0.5 cun lateral to the midline) and → **BL-18** (1.5 cun lateral to the midline).

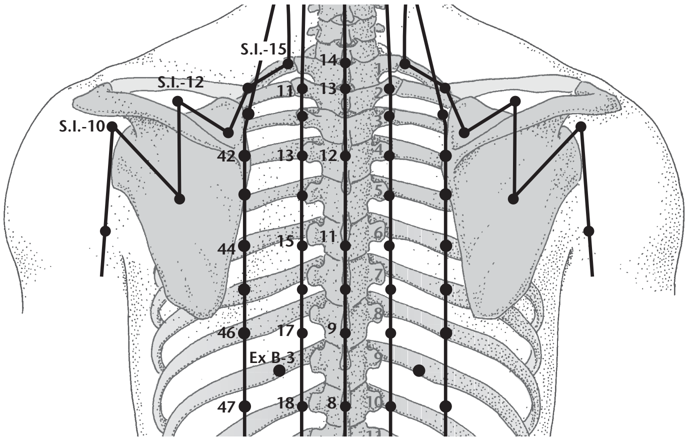
Needling

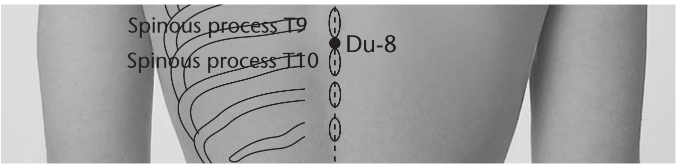
Obliquely 0.3–0.5 cun. Caution: Pneumothorax.

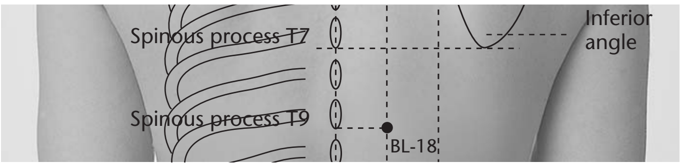
Actions/Indications

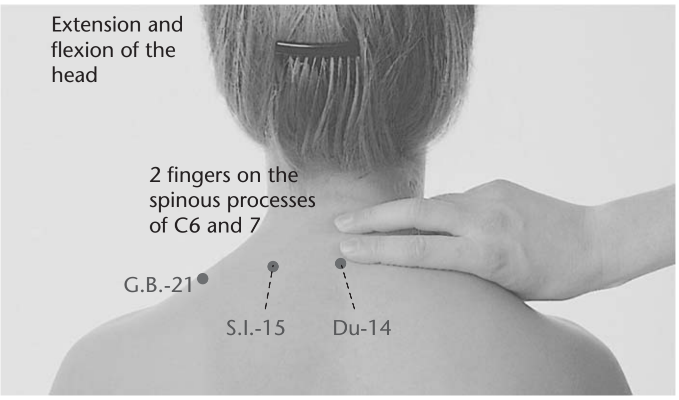
- Spreads the Liver Qi
- Harmonises the Spleen and the Stomach
- Relaxes the tendons

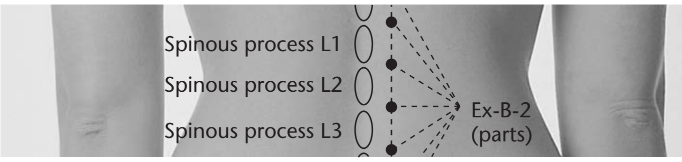

Medial border of the scapula
Base of the scapular spine
Spinous process C7
Spinous process T3
3 cun
Spinous process T7
Inferior angle
Spinous process T9
BL-47
Spinous process T12
Bladder channel, lateral branch
Midline


S.I.-15
S.I.-12
S.I.-10
14
11
13
1
2
3
42
13
12
4
5
44
15
11
6
7
8
46
17
9
Ex B-3
9
47
18
8
10

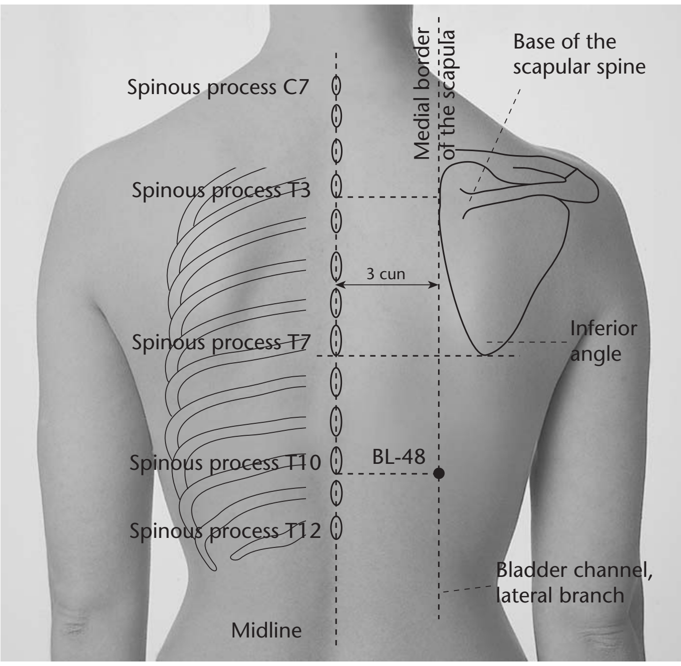

Spinous process T9
Spinous process T10
Du-8

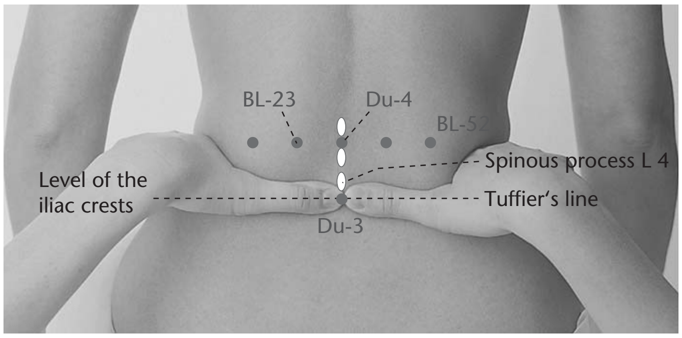

Spinous process T7
Inferior angle
Spinous process T9
BL-18

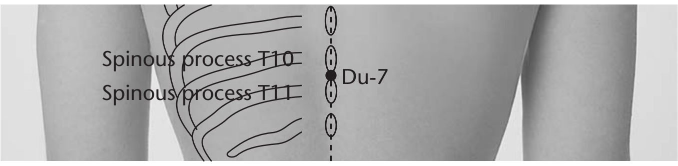

Extension and flexion of the head
2 fingers on the spinous processes of C6 and 7
G.B.-21
S.I.-15
Du-14

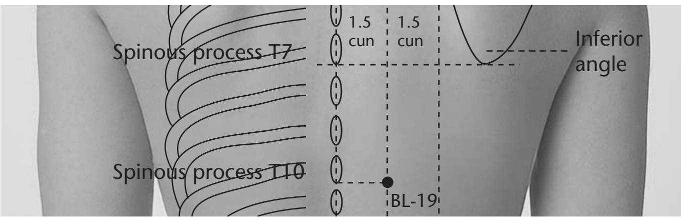

Spinous process L1
Spinous process L2
Spinous process L3
Ex-B-2 (parts)

Yang's Key Link YANGGANG **BL-48**


Spinous process C7
Medial border of the scapula
Base of the scapular spine
Spinous process T3
3 cun
Spinous process T7
Inferior angle
Spinous process T10
BL-48
Spinous process T12
Bladder channel, lateral branch
Midline


BL-23
Du-4
BL-52
Spinous process L 4
Level of the iliac crests
Tuffier's line
Du-3


Spinous process T10
Spinous process T11
Du-7


1.5 cun
1.5 cun
Inferior angle
Spinous process T7
Spinous process T10
BL-19

Location

3 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 10th thoracic vertebra (T10).

How to find

In a sitting position with the arms hanging down, the spinous process of T7 is generally on the level of the inferior angle of the scapula (→ 3.4.2). From there, count down 3 processes to the lower border of the spinous process of T10. **BL-48** is located 3 cun lateral to this point. **Or:** Locate the spinous process of C7 (→ 3.4.1). From there, count down 10 processes to the lower border of the spinous process of T10 and locate **BL-48** 3 cun lateral to it.

Located on the same level are → **Du-7** (on the midline), a point of → **Ex-B-2** (0.5 cun lateral to the midline) and → **BL-19** (1.5 cun lateral to the midline).

Needling

Obliquely 0.3–0.8 cun. Caution: Pneumothorax.

Actions/Indications

- Regulates the Gall Bladder
- Clears Damp-Heat
- Harmonises the Middle Burner

BL-49 *Abode of Thought* YISHE

Location

3 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 11th thoracic vertebra (T11).

How to find

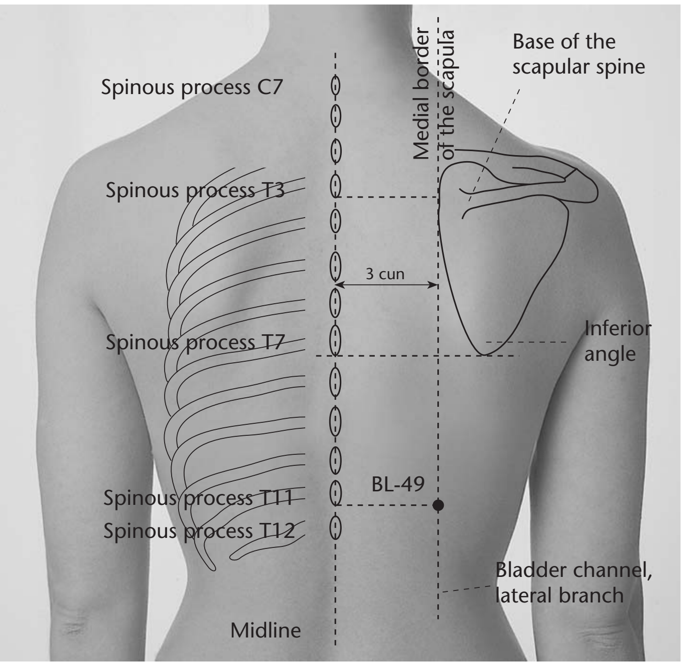
In a sitting position with the arms hanging down, the spinous process of T7 is generally on the level of the inferior angle of the scapula (→ 3.4.2). From there, count down 4 spinous processes to the lower border of the spinous process of T11 and locate **BL-49** 3 cun lateral to this point. **Or:** From the articulation of the most inferior rib, palpate in a superior direction to T11. **Or:** Use the lumbar spine for reference (→ 3.4.3).
Located on the same level are → **Du-6** (on the midline), a point of → **Ex-B-2** (0.5 cun lateral to the midline) and → **BL-20** (1.5 cun lateral to the midline).

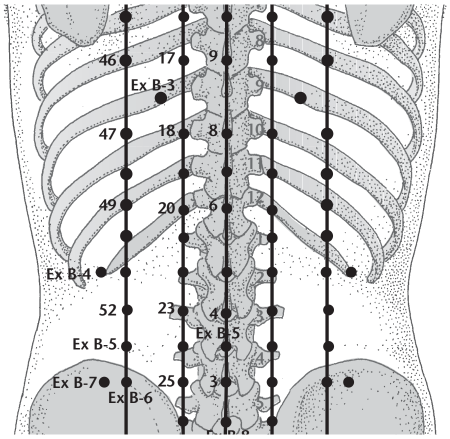
Needling

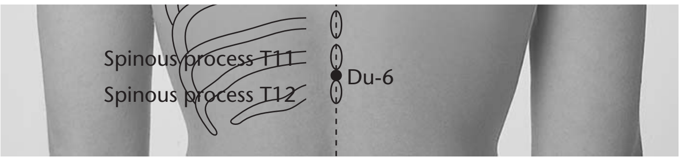
Obliquely 0.3–0.8 cun. Caution: Pneumothorax.

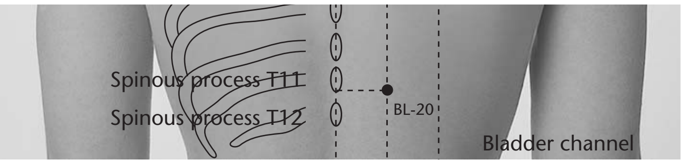
Actions/Indications

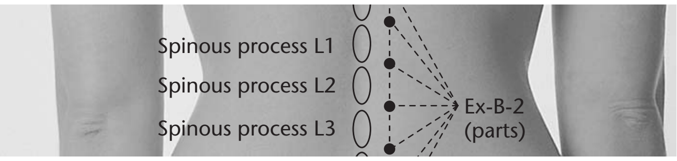
- Clears Damp-Heat
- Harmonises the Spleen and the Stomach


Spinous process C7
Medial border of the scapula
Base of the scapular spine
Spinous process T3
3 cun
Spinous process T7
Inferior angle
BL-49
Spinous process T11
Spinous process T12
Bladder channel, lateral branch
Midline

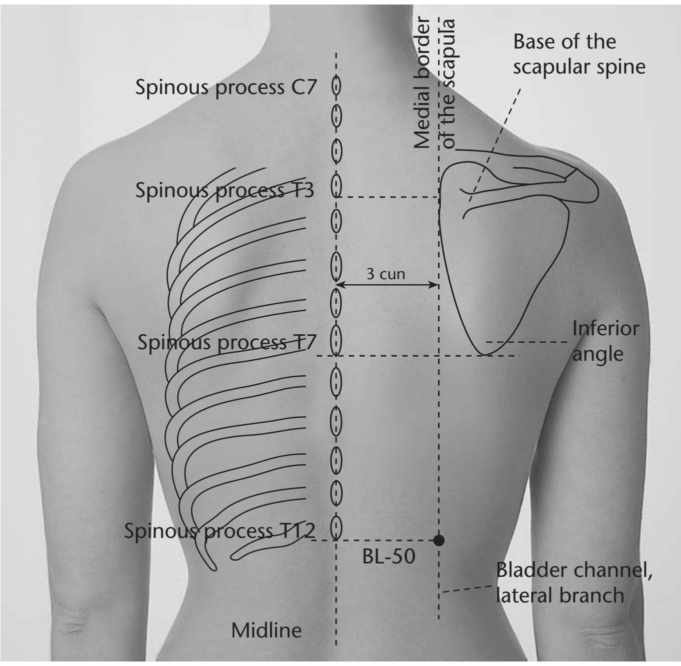

46
17
9
Ex B-3
47
18
8
10
11
49
20
6
12
Ex B-4
52
23
4
Ex B-5
Ex B-5
Ex B-7
25
3
Ex B-6

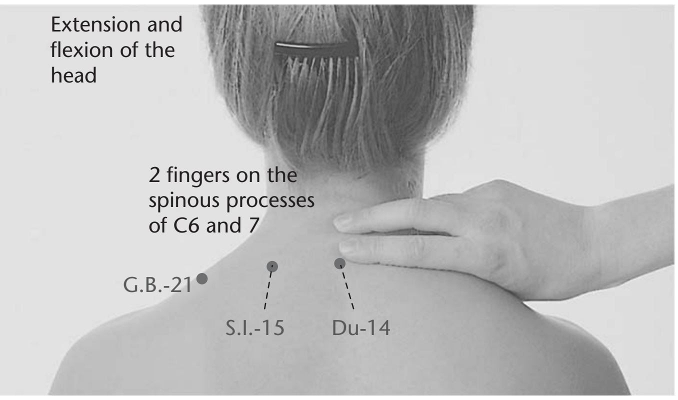

Spinous process T11
Spinous process T12
Du-6

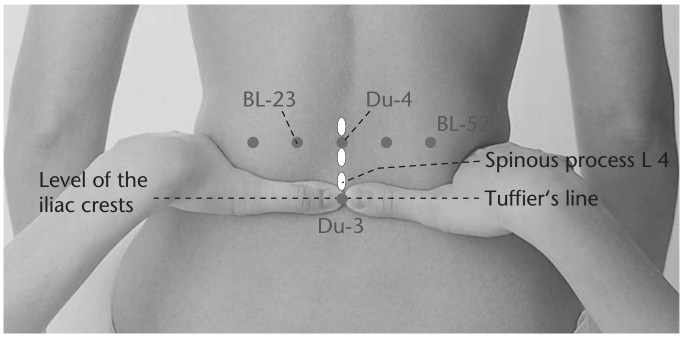

Spinous process T11
Spinous process T12
BL-20
Bladder channel

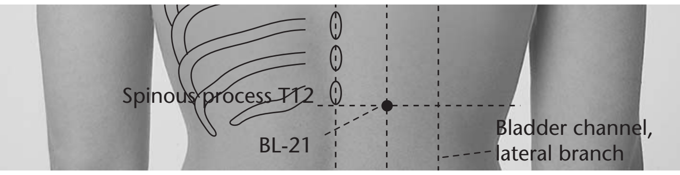

Spinous process L1
Spinous process L2
Spinous process L3
Ex-B-2 (parts)

Stomach Granary WEICANG BL-50


Medial border of the scapula
Base of the scapular spine
Spinous process C7
Spinous process T3
3 cun
Spinous process T7
Inferior angle
Spinous process T12
BL-50
Bladder channel, lateral branch
Midline


Extension and flexion of the head
2 fingers on the spinous processes of C6 and 7
G.B.-21
S.I.-15
Du-14


BL-23
Du-4
BL-52
Spinous process L 4
Level of the iliac crests
Tuffier's line
Du-3


Spinous process T12
BL-21
Bladder channel, lateral branch

Location

3 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 12th thoracic vertebra (T12).

How to find

In a sitting position with the arms hanging down, the spinous process of T7 is generally on the level of the inferior angle of the scapula (→ 3.4.2). From there, count down 5 spinous processes to the lower border of the spinous process of the T12 and locate **BL-50** 3 cun lateral to this point. **Or:** Locate the articulation of the most inferior rib with T12 and palpate 3 cun in a lateral direction for **BL-50. Or:** Orientation from the lumbar spine (→ 3.4.3). Located on the same level are a point of → **Ex-B-2** (0.5 cun lateral to the midline) and → **BL-21** (1.5 cun lateral to the midline).

Needling

Obliquely 0.3–0.8 cun. Caution: Pneumothorax, especially with asthenic patients or patients with emphysema.

Actions/Indications

- Harmonises the Middle Burner
- Opens the channel

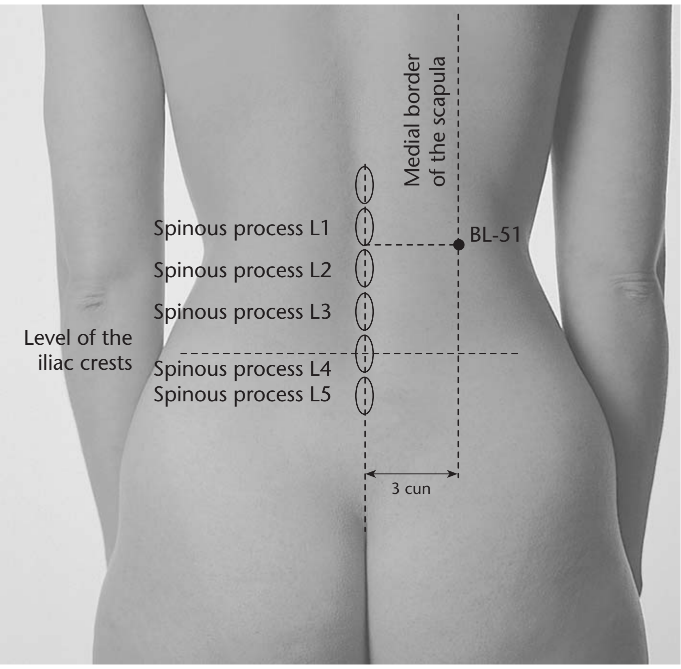
BL-51 *Vitals Gate* HUANGMEN

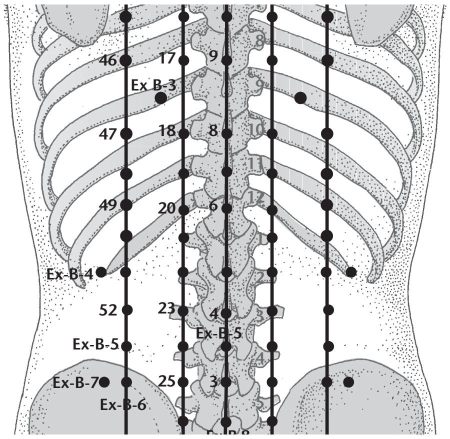
Location

3 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 1st lumbar vertebra (L1).

How to find

For orientation in the lumbar region (→ 3.4.3), first, the Tuffier's line: place both hands superior or lateral to the highest points of the iliac crest, joining the thumbs in the middle above the spine. In most cases, this line intersects with the spinous process of L4 (note: this varies depending on the patient's position → 3.4.). From there, count upward to the lower border of the spinous process of L1 and, on this level, locate **BL-51** 3 cun in a lateral direction. **Or:** With the patient seated and their arms hanging down in a relaxed way, the spinous process of T7 is generally on the level of the inferior angle of the scapula (→ 3.4.2). From there, count down six spinous processes and locate **BL-51** 3 cun lateral to the spinous process of L1.
Located on the same level are → **Du-5** (on the midline), a point of → **Ex-B-2** (0.5 cun lateral to the midline), → **BL-22** (1.5 cun lateral to the midline) and → **Ex-B-4** (→ 3.5 cun lateral to the midline).


Medial border of the scapula
Spinous process L1
BL-51
Spinous process L2
Spinous process L3
Level of the iliac crests
Spinous process L4
Spinous process L5
3 cun


46
17
9
Ex B-3
47
18
8
10
11
49
20
6
12
Ex-B-4
52
23
4
Ex-B-5
Ex-B-5
Ex-B-7
25
3
Ex-B-6

Needling

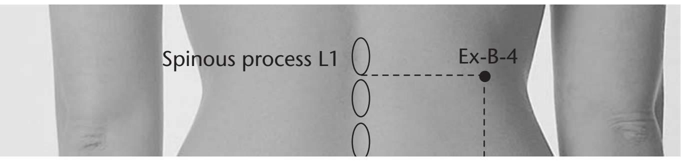
Vertically or obliquely 0.5–1 cun. Caution: Kidneys.

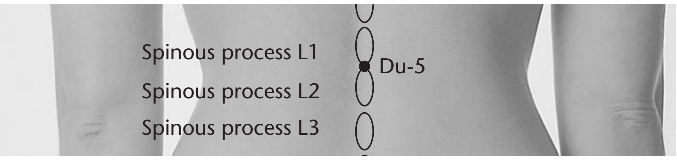
Actions/Indications

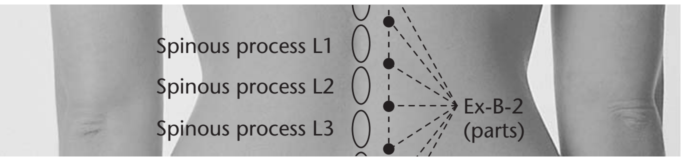
- Moves the Qi and resolves stagnation
- Benefits the breasts

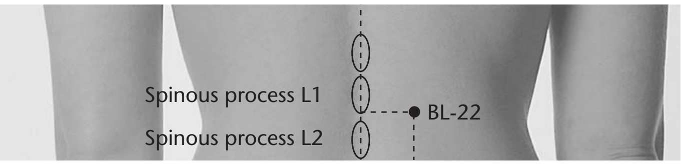
Special features

Distal point for disorders of the breasts

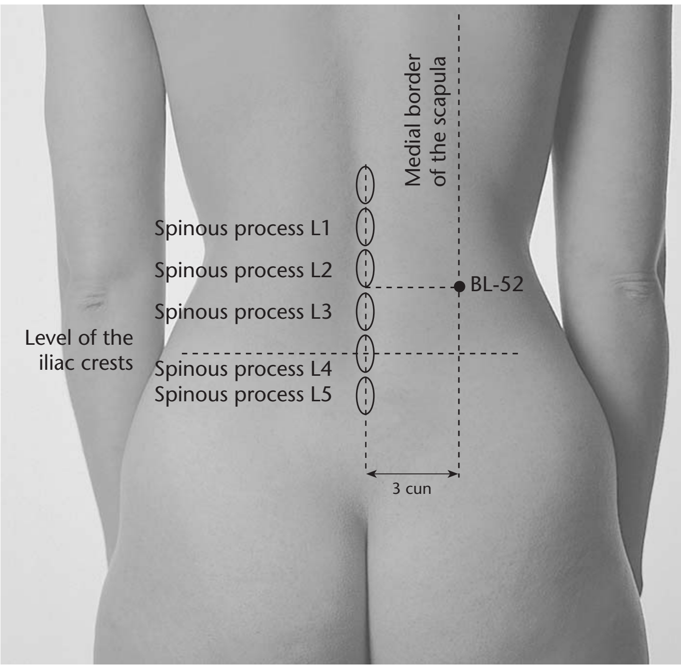

Spinous process L1
Ex-B-4

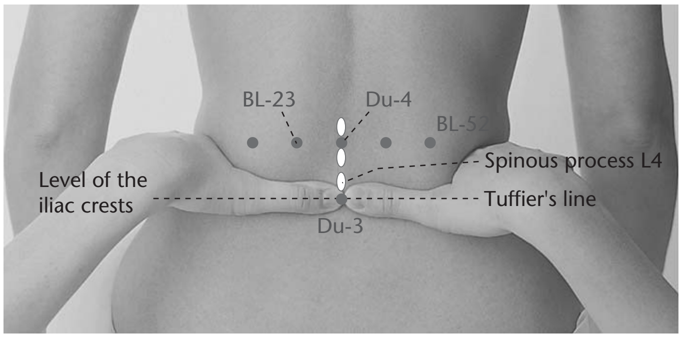

Spinous process L1
Du-5
Spinous process L2
Spinous process L3

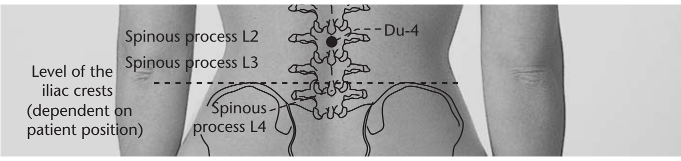

Spinous process L1
Spinous process L2
Ex-B-2 (parts)
Spinous process L3

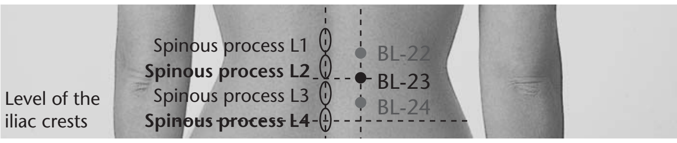

Spinous process L1
BL-22
Spinous process L2

Residence of the Will ZHISHI **BL-52**


Medial border
of the scapula
Spinous process L1
Spinous process L2
BL-52
Spinous process L3
Level of the
iliac crests
Spinous process L4
Spinous process L5
3 cun


BL-23
Du-4
BL-52
Level of the
iliac crests
Spinous process L4
Tuffier's line
Du-3


Spinous process L2
Du-4
Spinous process L3
Level of the
iliac crests
(dependent on
patient position)
Spinous
process L4


Spinous process L1
BL-22
Spinous process L2
BL-23
Spinous process L3
BL-24
Level of the
iliac crests
Spinous process L4

Location

3 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 2nd lumbar vertebra (L2).

How to find

For orientation in the lumbar region (→ 3.4.3), first, locate the Tuffier's line: place both hands superior or lateral to the highest points of the iliac crest, joining the thumbs in the middle above the spine. In most cases, this line intersects with the spinous process of L4 (note: this varies depending on the patient's position → 3.4.). From there, count upward to the lower border of the spinous process of L2 and, on this level, locate **BL-52** 3 cun in a lateral direction.

Located on the same level are → **Du-4** (on the midline), a point of → **Ex-B-2** (0.5 cun lateral to the midline) and → **BL-23** (1.5 cun lateral to the midline).

Needling

Vertically or obliquely 0.5–1 cun. Caution: Kidneys.

Actions/Indications

- Tonifies the Kidneys and Essence (*jing*), regulates urination
- Benefits the lumbar region

BL-53 *Bladder Vitals* BAOHUANG

Location

3 cun lateral to the posterior midline, on the level of the 2nd sacral foramen.

How to find

For details on orientation in the lumbar and sacral region, → 3.4.3, 3.4.4. First, locate L5. The next palpable bony structure inferior to L5 is the highest process of the medial sacral crest. Palpate inferiorly for the 2nd process and locate the 2nd sacral foramen slightly less than 1 cun lateral to the process. Next, locate **BL-53** 3 cun lateral to the midline on the level of the 2nd foramen. **Or:** Use the sacral foramina as a reference point (→ 3.4.4). **BL-53** is located on the level of the 2nd foramen, 3 cun lateral to the midline.

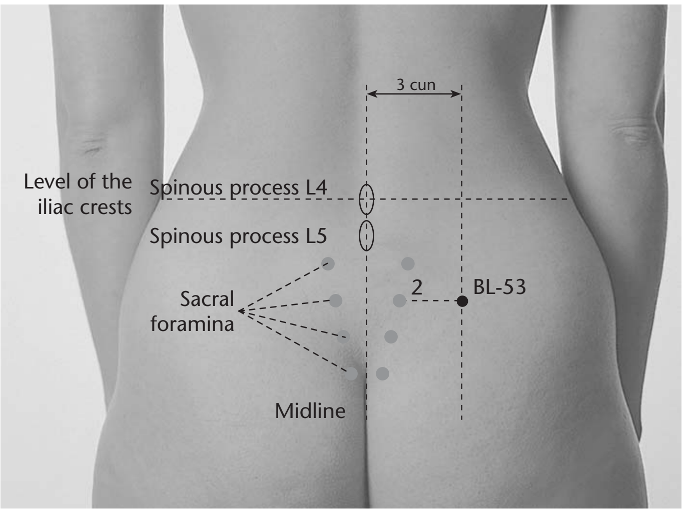
Located on the same level are → **BL-32** (over the 2nd sacral foramen) and → **BL-28** (1.5 cun lateral to the midline).

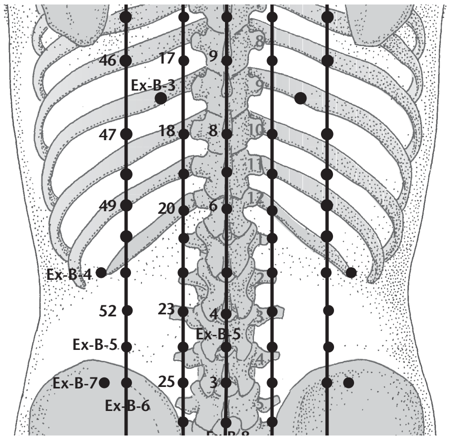
Needling

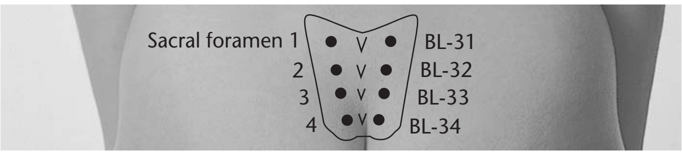
Vertically or obliquely 1–1.5 cun

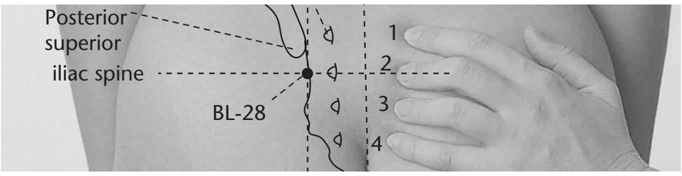
Actions/Indications

- Benefits the lumbar region, opens the channel and alleviates pain
- Regulates the Lower Burner

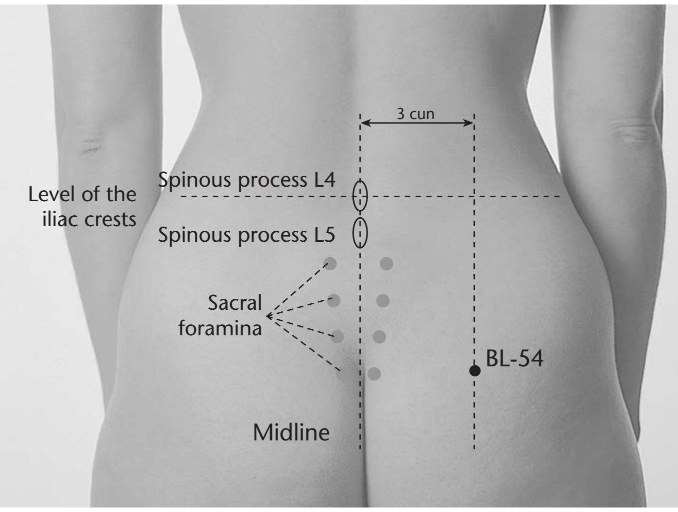

3 cun
Level of the iliac crests
Spinous process L4
Spinous process L5
Sacral foramina
2
BL-53
Midline

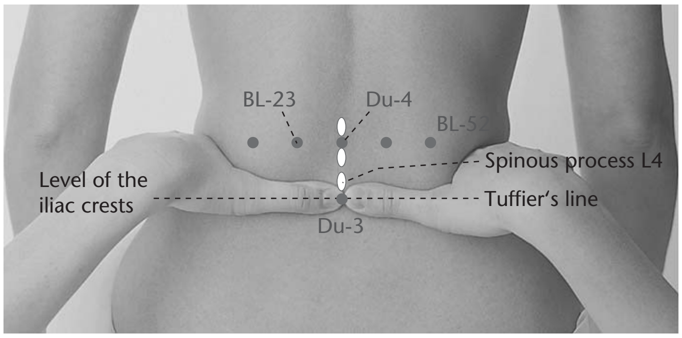

46
17
9
Ex-B-3
47
18
8
10
11
49
20
6
12
Ex-B-4
52
23
4
Ex-B-5
Ex-B-5
Ex-B-7
25
3
Ex-B-6
Ex-B-8

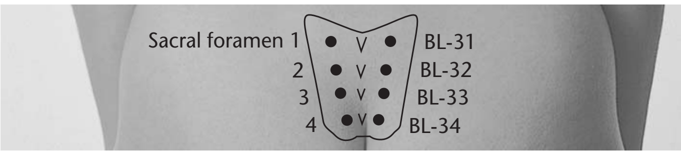

Sacral foramen 1
2
3
4
BL-31
BL-32
BL-33
BL-34

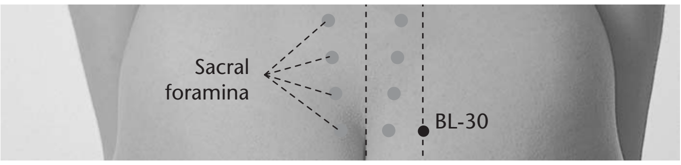

Posterior superior iliac spine
BL-28
1
2
3
4

Order's Limit ZHIBIAN **BL-54**


3 cun
Level of the iliac crests
Spinous process L4
Spinous process L5
Sacral foramina
BL-54
Midline


BL-23
Du-4
BL-5
Spinous process L4
Level of the iliac crests
Tuffier's line
Du-3


Sacral foramen 1
2
3
4
BL-31
BL-32
BL-33
BL-34


Sacral foramina
BL-30

Location

3 cun lateral to the posterior midline, on the level of the 4th sacral foramen, approximately at the centre of the buttock.

How to find

For details on orientation in the lumbar and sacral region, see → 3.4.3, 3.4.4. First, locate L5. Inferior to it, the next palpable bony structure is the highest point on the medial sacral crest (= sacral spinous processes). Palpate downward for 3 more bony elevations and locate the depression of the 4th sacral foramen less than 1 cun lateral to it. This is on the level of **BL-54**, located 3 cun lateral to the midline. For further reference: The 4th sacral foramen is mostly level with the superior end of the rima ani. Located on the same level are → **BL-34** (over the 4th sacral foramen) and → **BL-30** (1.5 cun lateral to the midline).

Needling

Vertically 1.5–2 cun or 2–3 cun in the direction of the anus or the genital region, depending on the indication.

Actions/Indications

- Opens the channel and *luo* vessels, eliminates stagnation
- Regulates urination
- Eliminates haemorrhoids

Special features

Important local point

BL-55 *Confluence of Yang* HEYANG

Location

2 cun inferior to the midpoint of the popliteal crease, in a depression between the two bellies of the gastrocnemius muscle.

How to find

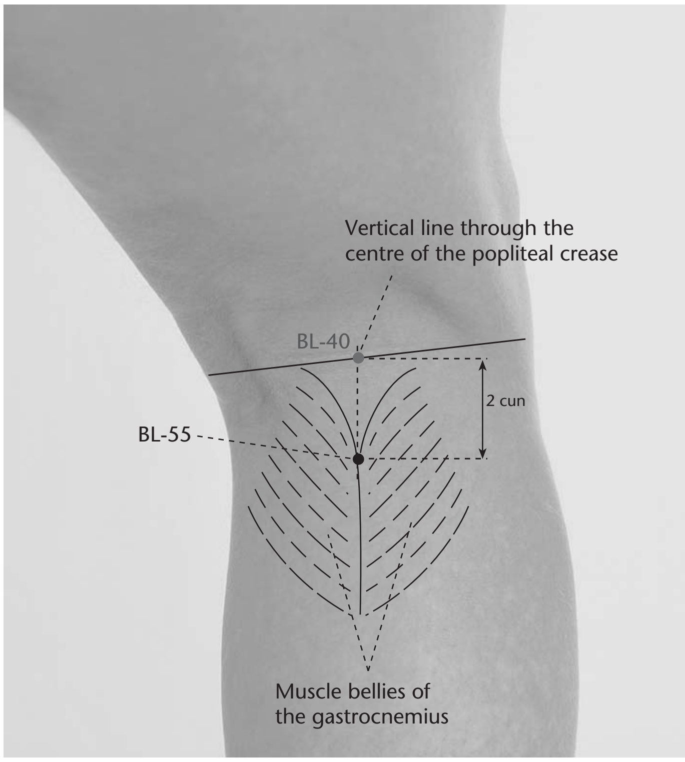
Locate the popliteal crease by flexing the knee. In slim patients, palpate for the joint space. From the centre of the popliteal crease, palpate 2 cun in an inferior direction and locate **BL-55** in a depression between the two bellies of the gastrocnemius muscle.

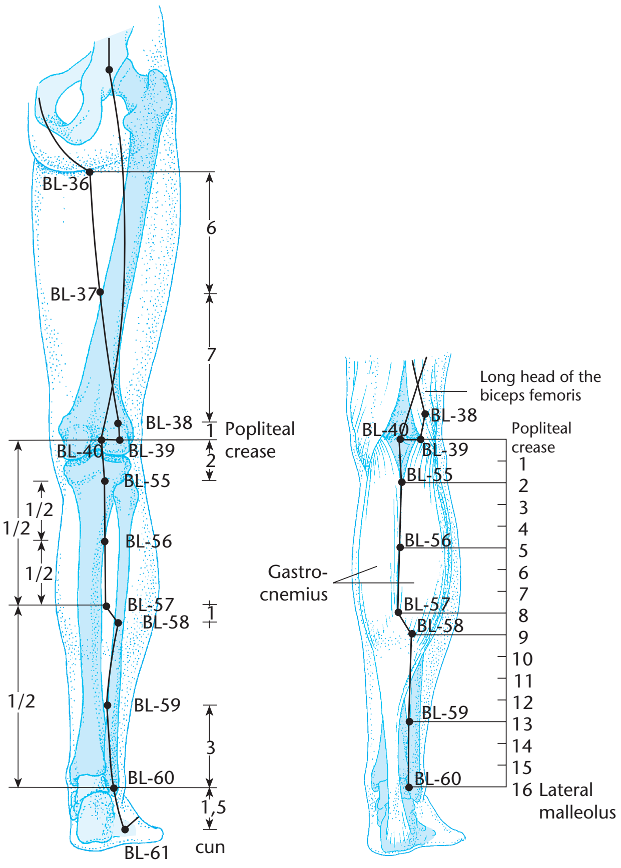
Needling

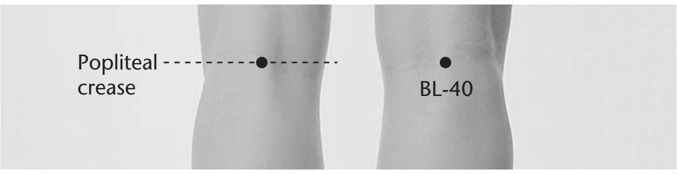
Vertically or obliquely 1–1.5 cun

Actions/Indications

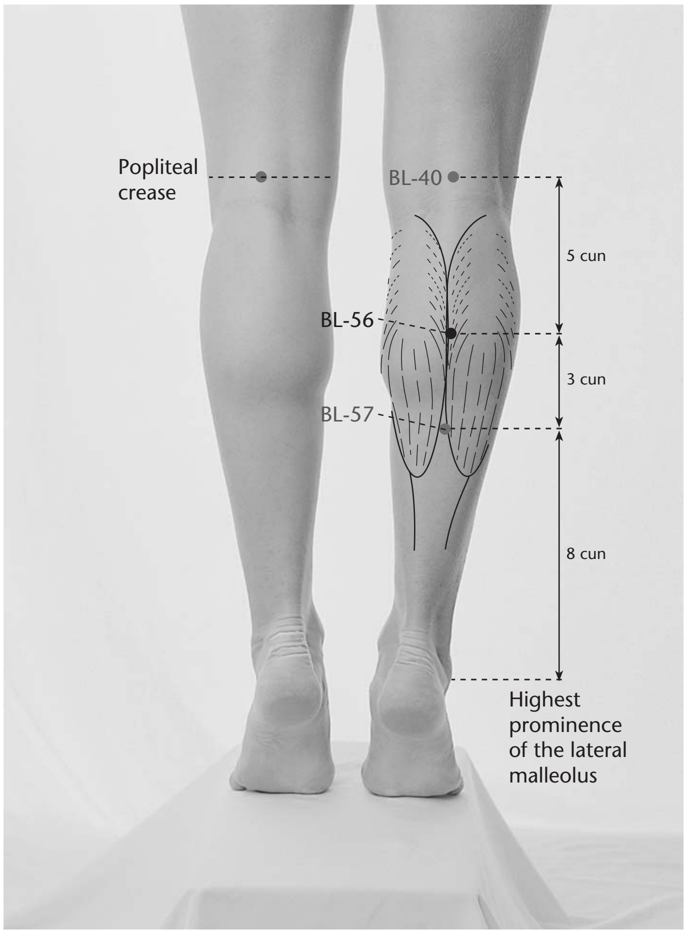
- Opens the channel, alleviates pain (also in the urogenital region)
- Stops uterine bleeding

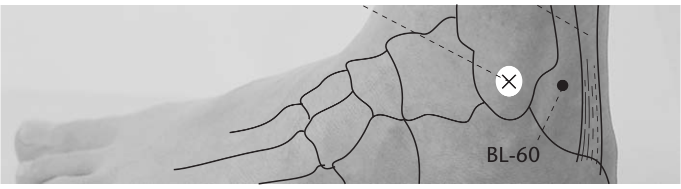

Vertical line through the centre of the popliteal crease
BL-40
2 cun
BL-55
Muscle bellies of the gastrocnemius


BL-36
6
BL-37
7
BL-38
1
Popliteal crease
BL-40
BL-39
2
BL-55
1/2
1/2
BL-56
1/2
BL-57
BL-58
1
1/2
BL-59
3
BL-60
1,5
BL-61
cun
Gastro-cnemius
Long head of the biceps femoris
BL-38
BL-40
BL-39
Popliteal crease
1
BL-55
2
3
4
BL-56
5
6
7
BL-57
8
BL-58
9
10
11
12
BL-59
13
14
15
BL-60
16 Lateral malleolus


Popliteal crease
BL-40

Support the Sinews CHENGJIN **BL-56**


Popliteal crease
BL-40
5 cun
BL-56
3 cun
BL-57
8 cun
Highest prominence of the lateral malleolus



Location

5 cun inferior to the midpoint of the popliteal crease, between the two bellies of the gastrocnemius muscle.

How to find

Locate the popliteal crease by flexing the knee. In slim patients, palpate for the joint space. **BL-56** is located 5 cun distal to the popliteal crease, in a depression between the two bellies of the gastrocnemius muscle.

Needling

Vertically or obliquely 1–1.5 cun

Actions/Indications

- Relaxes the muscles and tendons
- Opens the channel
- Eliminates haemorrhoids

BL-57 *Supporting Mountain* CHENGSHAN

Location

In the middle of the calf, between the two heads of the gastrocnemius muscle, on a line connecting → **BL-40** and → **BL-60**, approximately 8 cun distal to → **BL-40**.

How to find

Slide along the dorsal aspect of the Achilles tendon in a superior direction until you can feel the depression between the two bellies of the gastrocnemius muscle. This will become more defined when the patient's muscles are flexed. **Or:** Spreading hands technique (→ 2.3.3): Place the little fingers on → **BL-40** (centre of the popliteal crease) and → **BL-60** (depression between the Achilles tendon and the highest prominence of the lateral malleolus). The midpoint of this distance, where the thumbs meet, marks the location of **BL-57**.

Located on the same level on the anterolateral aspect of the lower leg are → **ST-38** (1 finger-width lateral to the tibia) and → **ST-40** (2 fingerbreadths lateral to the tibia).

Needling

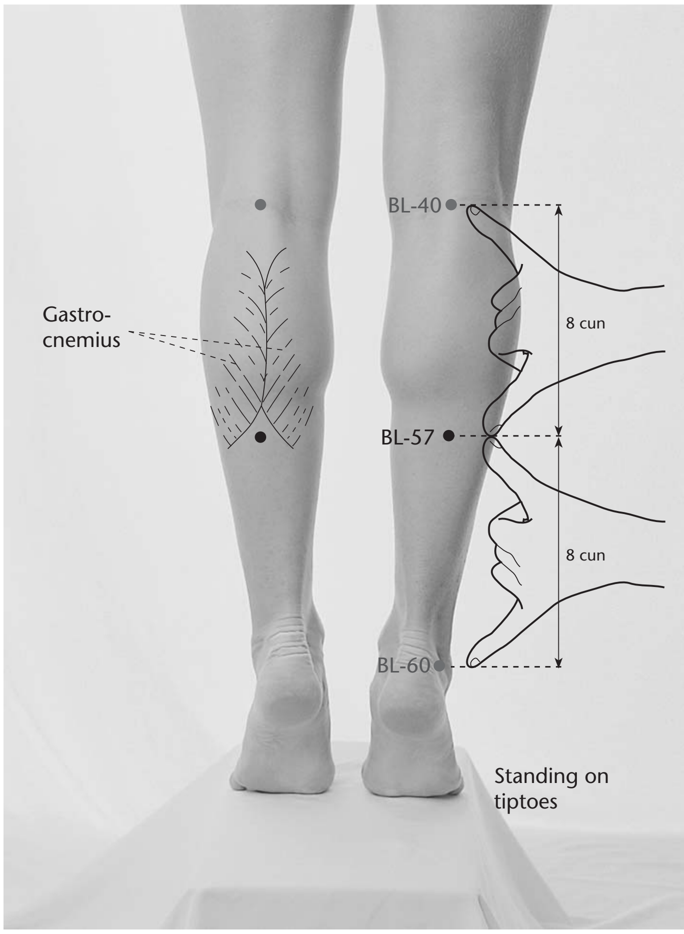
Vertically or obliquely 1–1.5 cun

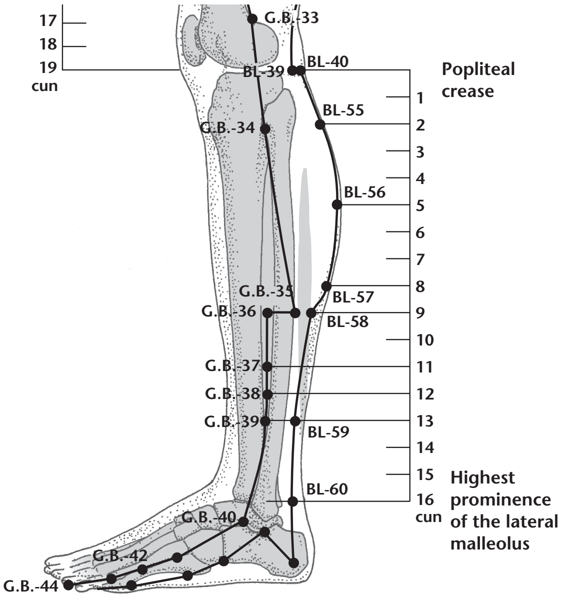
Actions/Indications

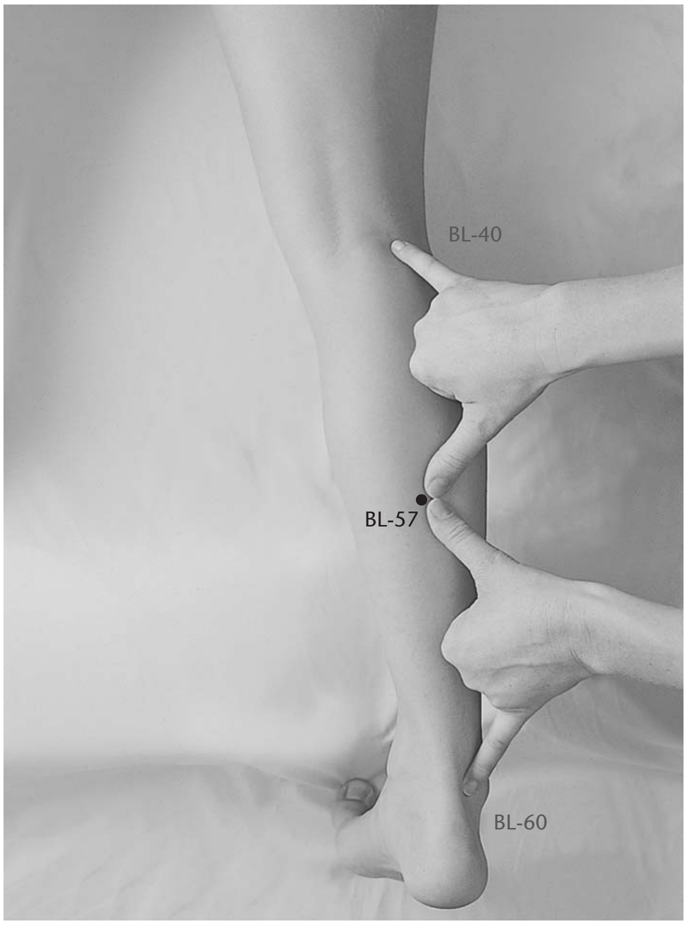
- Relaxes the muscles and tendons, opens the channel
- Eliminates haemorrhoids (pathway of the Bladder divergent channel)

Special features

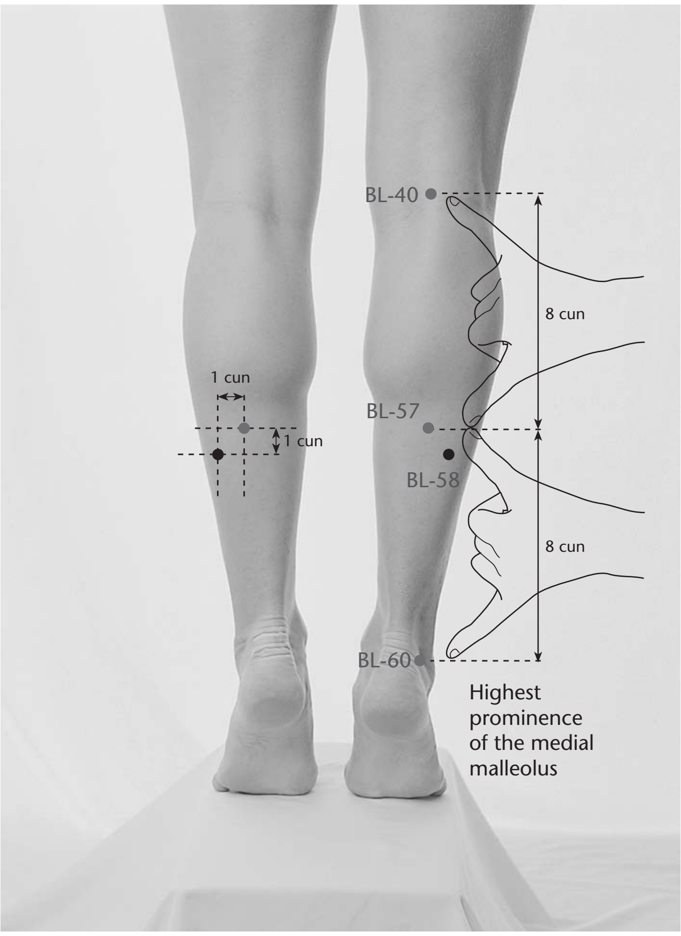
Ma Dan Yang Heavenly Star point. Important local point with distal effect on the lumbar and anal region.

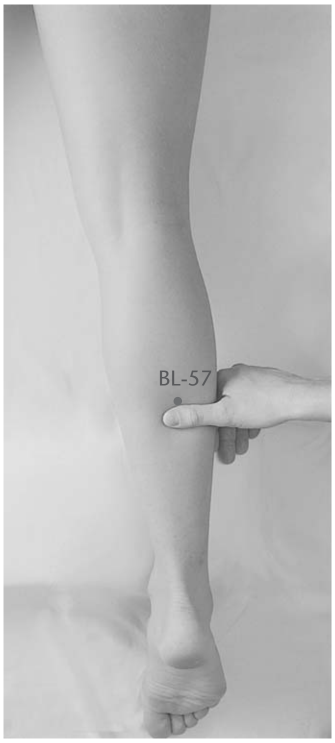

BL-40
Gastro-
cnemius
8 cun
BL-57
8 cun
BL-60
Standing on
tiptoes

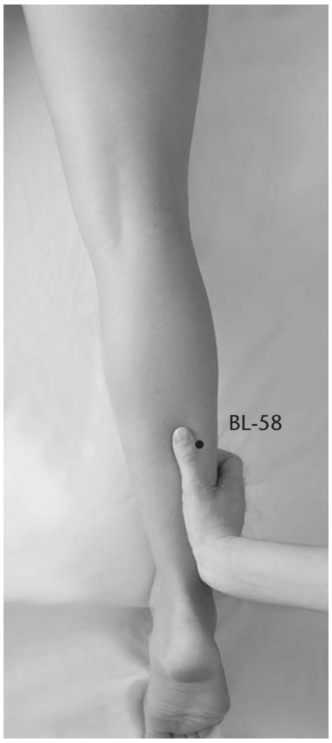

17
18
19
cun
G.B.-33
BL-39
BL-40
Popliteal
crease
BL-55
G.B.-34
BL-56
G.B.-35
G.B.-36
BL-57
BL-58
G.B.-37
G.B.-38
G.B.-39
BL-59
BL-60
G.B.-40
G.B.-42
G.B.-44
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
cun
Highest
prominence
of the lateral
malleolus


BL-40
BL-57
BL-60

Soaring Upward **FEIYANG** **BL-58**


BL-40
8 cun
1 cun
BL-57
1 cun
BL-58
8 cun
BL-60
Highest prominence of the medial malleolus





Location

1 cun distal and 1 cun lateral to → **BL-57** or 7 cun proximal to → **BL-60**, at the posterior border of the fibula and at the lower border of the gastrocnemius muscle.

How to find

First, locate → **BL-57** (in the centre of the calf, between the two bellies of the gastrocnemius muscle). From → **BL-57**, palpate 1 cun in a distal direction and 1 cun in a lateral direction. There, locate **BL-58** on the lower border of the gastrocnemius muscle. Located on the same level (7 cun superior to the highest prominence of the lateral malleolus) are → **G.B.-35** (at the posterior border of the fibula), → **G.B.-36** (at the anterior border of the fibula) and → **ST-39** (1 cun distal to the midpoint of the line connecting → **ST-35** and → **ST-41** and 1 fingerbreadth lateral to the anterior crest of the tibia).

Needling

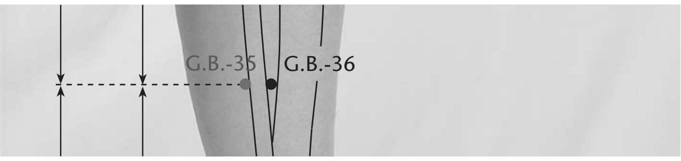
Vertically or obliquely 1–1.5 cun

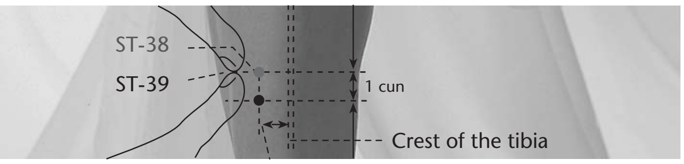
Actions/Indications

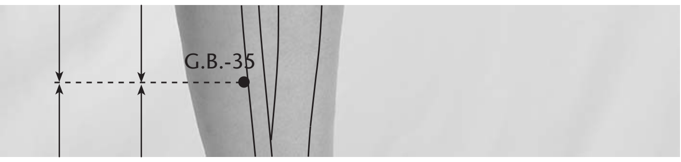
- Opens the channel and *luo* vessels, alleviates pain
- Expels pathogenic factors from the *taiyang* channels (S.I., BL)
- Harmonises above and below
- Treats haemorrhoids

Special features

Luo-connecting point




ST-38
ST-39
1 cun
Crest of the tibia



BL-59 *Instep Yang* FUYANG

Location

On the lateral aspect of the lower leg, 3 cun superior to → **BL-60** (in the depression between the highest prominence of the lateral malleolus and the Achilles tendon).

How to find

First, locate → **BL-60** in the depression between the highest prominence of the lateral malleolus and the Achilles tendon. With oedema of the lower leg, this point is not visible but palpable. From → **BL-60**, measure 3 cun (1 handbreadth) in a superior direction. There, locate **BL-59** in a depression between the Achilles tendon and the tendons of the peroneous longus and brevis muscles.
Located on the same level is → **G.B.-39**, 3 cun directly above the prominence of the lateral malleolus.

Needling

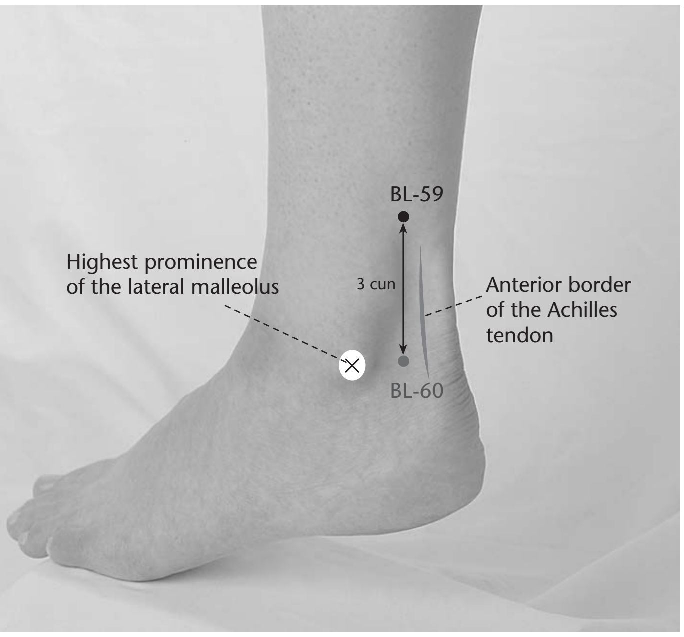
Vertically or obliquely 1–1.5 cun

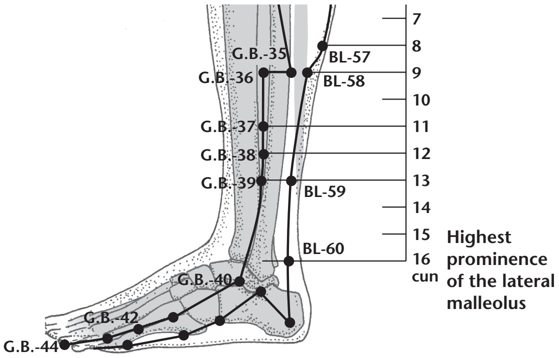
Actions/Indications

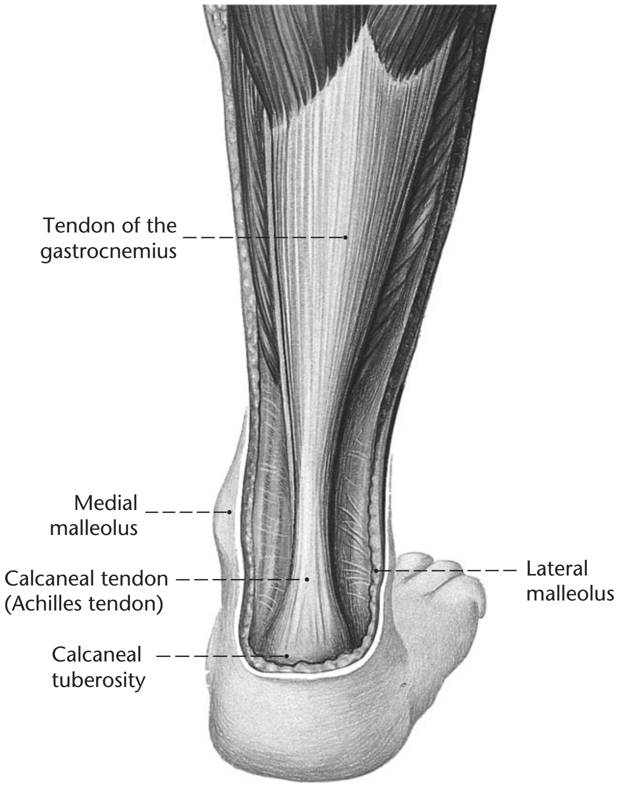
- Opens the channel and *luo* vessels
- Benefits the lower back
- Benefits the head, activates the *yang qiao mai*

Special features

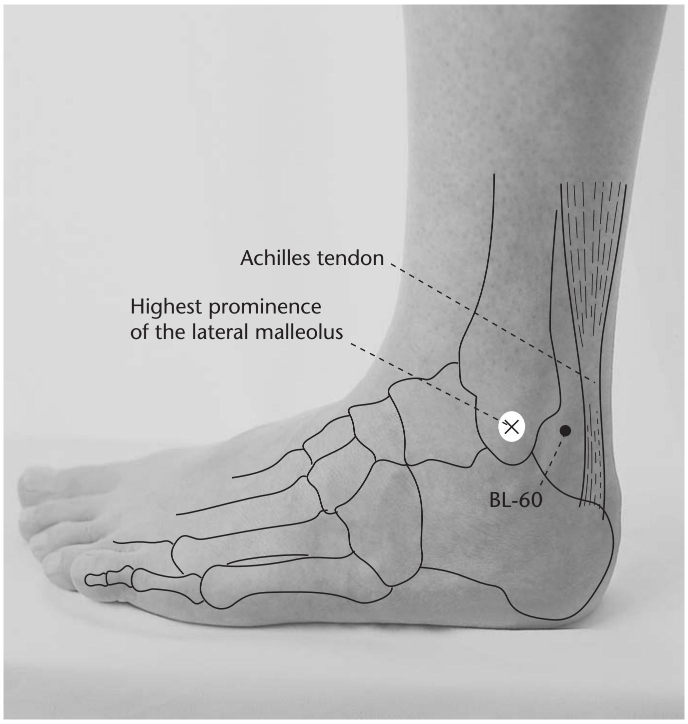
Xi-cleft point of the *yang qiao mai*, meeting point with the *yang qiao mai* according to some authors.

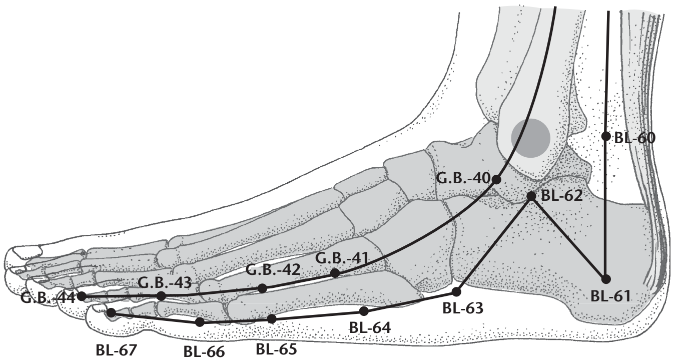

BL-59
Highest prominence of the lateral malleolus
3 cun
Anterior border of the Achilles tendon
BL-60

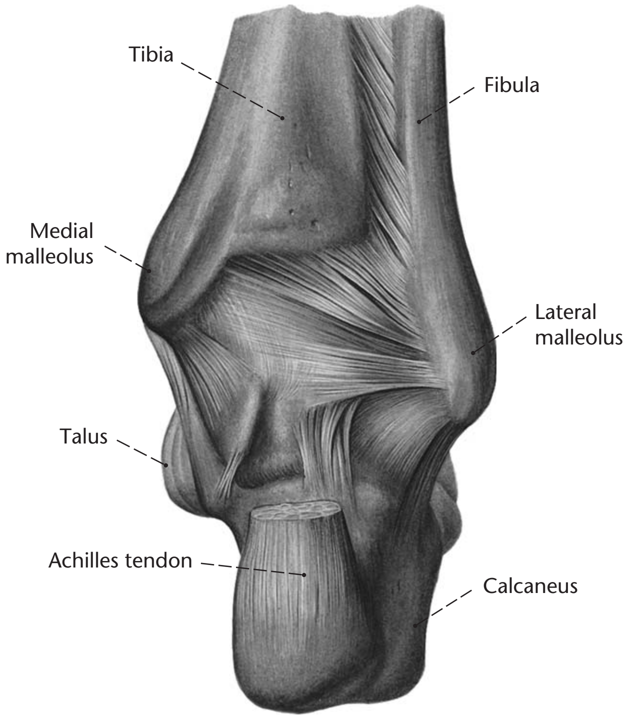

7
8
G.B.-35
BL-57
G.B.-36
BL-58
9
10
G.B.-37
11
G.B.-38
12
G.B.-39
13
BL-59
14
15
BL-60
16
cun
Highest prominence of the lateral malleolus
G.B.-40
G.B.-42
G.B.-44


Tendon of the gastrocnemius
Medial malleolus
Calcaneal tendon (Achilles tendon)
Calcaneal tuberosity
Lateral malleolus

Kunlun Mountains KUNLUN BL-60


Achilles tendon
Highest prominence of the lateral malleolus
BL-60


BL-60
G.B.-40
BL-62
G.B.-41
G.B.-42
G.B.-43
G.B.-44
BL-61
BL-63
BL-64
BL-67
BL-66
BL-65


Tibia
Fibula
Medial malleolus
Lateral malleolus
Talus
Achilles tendon
Calcaneus

Location

In the depression on the line connecting the Achilles tendon and the highest prominence of the lateral malleolus.

How to find

Locate the highest prominence of the lateral malleolus (→ 3.6.2). From there, palpate horizontally towards the Achilles tendon and locate **BL-60** in a depression anterior to the tendon.

Needling

Vertically 0.5–1 cun. Caution: Reducing needle techniques contraindicated during pregnancy. Exception: A supportive point during labour. If the patient has cold feet, the therapeutic effect can be increased by using a heatlamp or a hot cherry-pit bag under the soles of the feet.

Actions/Indications

- Clears Heat, subdues Yang and Wind and eliminates excess, especially in the head
- Opens the channel, alleviates pain, relaxes the tendons, strengthens the lumbar region
- Promotes labour

Special features

Jing-river point, Fire point, Ma Dan Yang Heavenly Star point. Important distal point for the cervical, thoracic and lumbar spine, especially for chronic cases.

BL-61 *Servant's Respect* PUCAN

Location

On the lateral aspect of the heel, 1.5 cun inferior to → **BL-60** (in the depression between the highest prominence of the lateral malleolus and the Achilles tendon), in a depression on the calcaneus.

How to find

First, locate → **BL-60** in the depression between the highest prominence of the lateral malleolus and the Achilles tendon. With oedema of the lower leg, the depression is not visible but palpable. From → **BL-60**, measure 1.5 cun in a distal direction. There, locate **BL-61** in a depression on the calcaneus, approximately on the midpoint of a line connecting the sole of the foot and → **BL-60**.

Needling

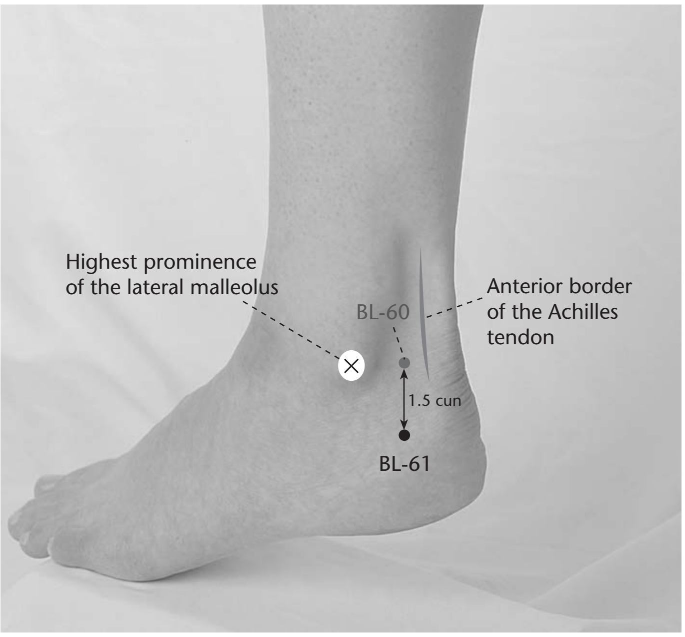
Vertically or obliquely 0.3–0.5 cun

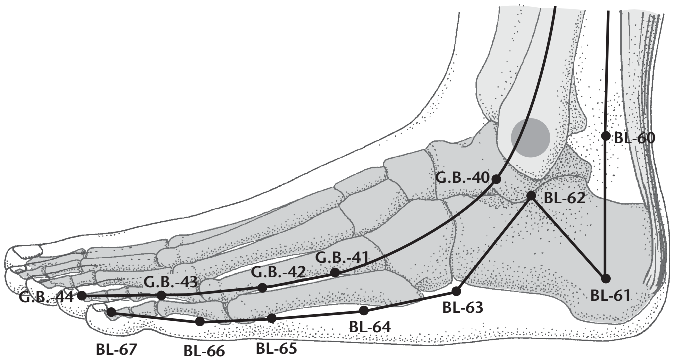
Actions/Indications

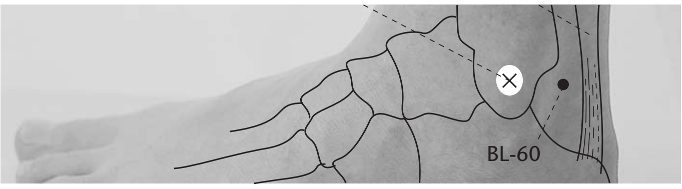
- Relaxes the tendons
- Opens the channel, alleviates pain

Special features

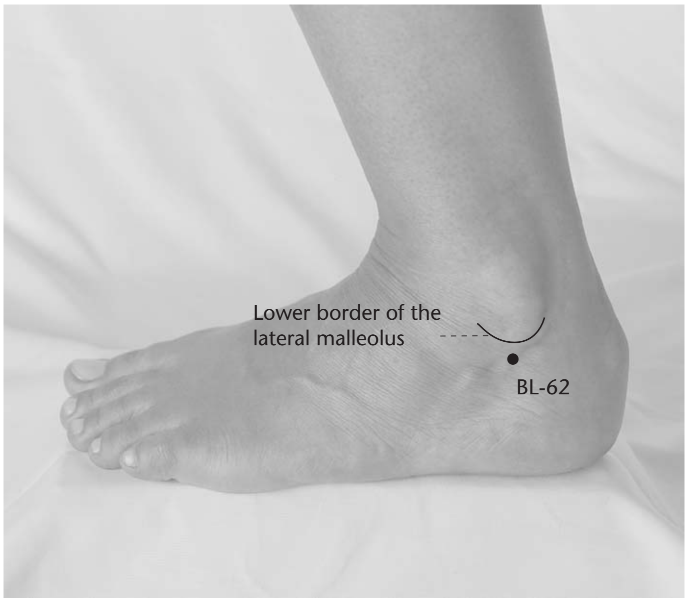
Meeting point with the *yang qiao mai*

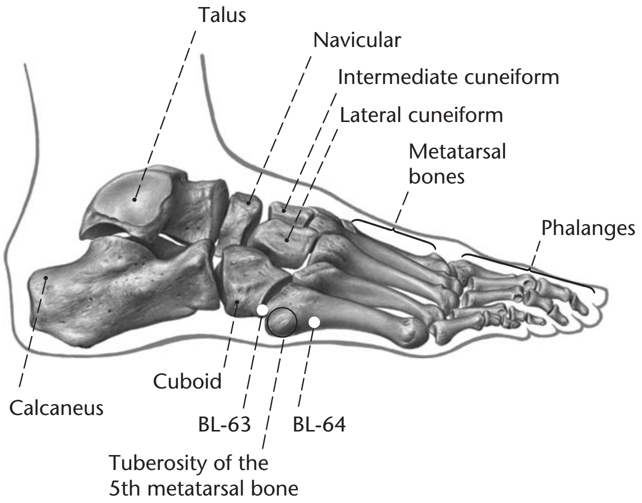

Highest prominence
of the lateral malleolus
BL-60
Anterior border
of the Achilles
tendon
1.5 cun
BL-61


BL-60
G.B.-40
BL-62
G.B.-41
G.B.-42
G.B.-43
G.B.-44
BL-61
BL-63
BL-64
BL-67
BL-66
BL-65



Extending Vessel SHENMAI BL-62


Lower border of the lateral malleolus
BL-62


Talus
Navicular
Intermediate cuneiform
Lateral cuneiform
Metatarsal bones
Phalanges
Calcaneus
Cuboid
BL-63
BL-64
Tuberosity of the 5th metatarsal bone

Location

In a depression directly inferior to the highest prominence of the lateral malleolus, above the joint space between the talus and calcaneus.

How to find

First, locate the highest prominence of the lateral malleolus (→ 3.6.2). **BL-62** is located directly below it, in a depression inferior to the lower border of the malleolus and superior to the tendons of the peroneus muscle, in the joint space between the talus and calcaneus.

Needling

Vertically or obliquely 0.3–0.5 cun. The needle may reach the calcaneofibular ligaments superior to the tendons of the peroneus longus and brevis muscles, possibly also the joint space.

Actions/Indications

- Subdues (internal) Wind, clears Heat from the head, calms the *shen*, benefits the head and eyes
- Expels external Wind
- Opens and regulates the *yang qiao mai*
- Opens the channel, alleviates pain
- Moves the Qi in the Bladder sinew channel

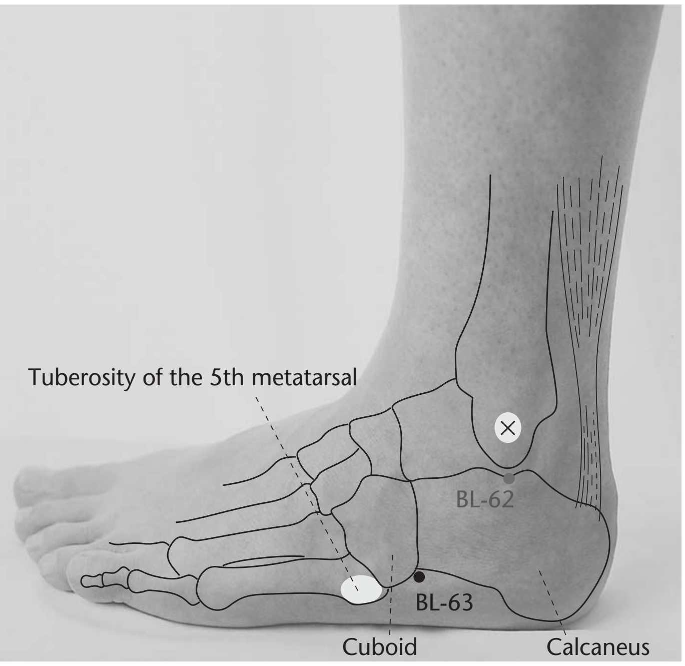
Special features

Opening (master) point of the *yang qiao mai*, Sun Si Miao Ghost point.

BL-63 Golden Gate JINMEN

Location

On the lateral aspect of the foot, proximal to the tuberosity of the 5th metatarsal bone, in a depression anterior and inferior to → **BL-62** between the calcaneus and the cuboid bone. Note: Some authors locate **BL-63** between the cuboid bone and the tuberosity of the 5th metatarsal bone (see figure on **p. 311**); the more tender point should be selected.


Tuberosity of the 5th metatarsal
BL-62
BL-63
Cuboid
Calcaneus

How to find

When palpating along the lateral aspect of the foot on the level of the border of the 'red and white' skin, a bony structure can be felt approximately at the midpoint of the foot. This is the tuberosity of the 5th metatarsal point (→ 3.6.2). Slightly proximal to it (towards the heel), you can palpate a depression between the calcaneus and the cuboid bone. There, locate **BL-63**.
→ **BL-64** is located distal (towards the toes) to the tuberosity of the 5th metatarsal bone.

Needling

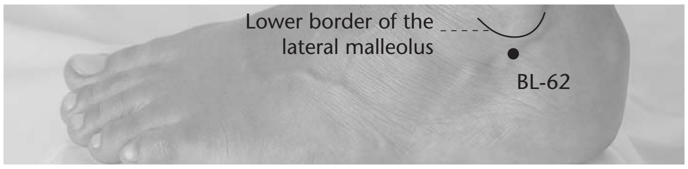
Vertically 0.3–0.5 cun

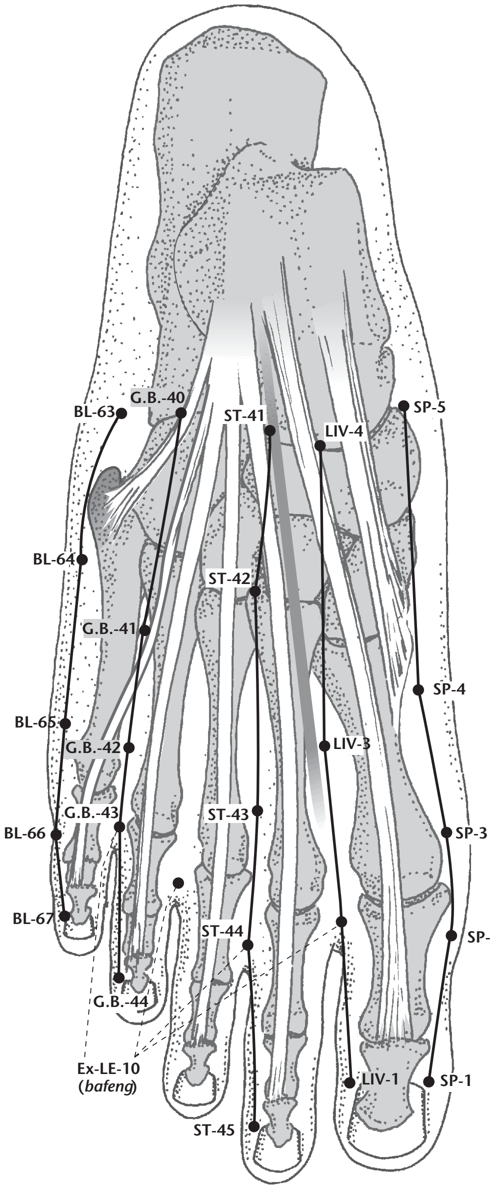
Actions/Indications

- Opens the channel, alleviates pain and eliminates stagnation (*xi*-cleft point)
- Subdues internal Wind and calms the *shen*

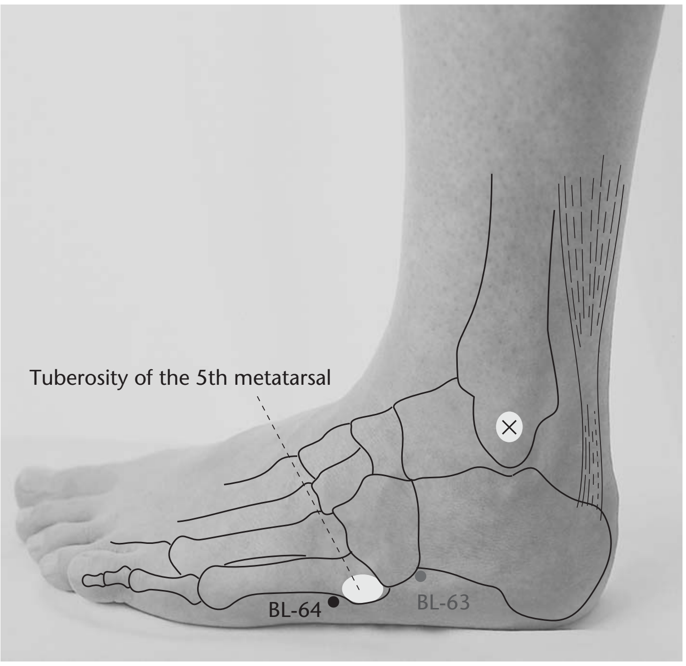
Special features

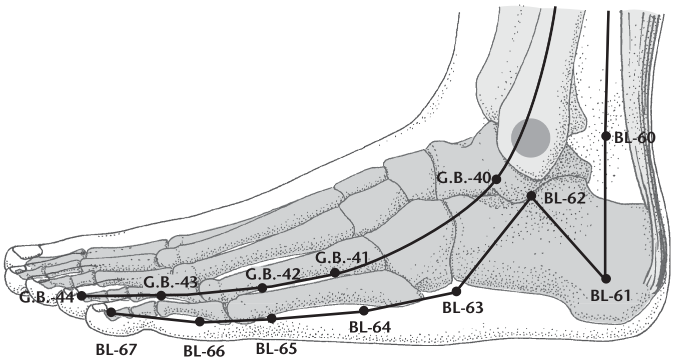
Xi-cleft point, meeting point with the *yang wei mai*.

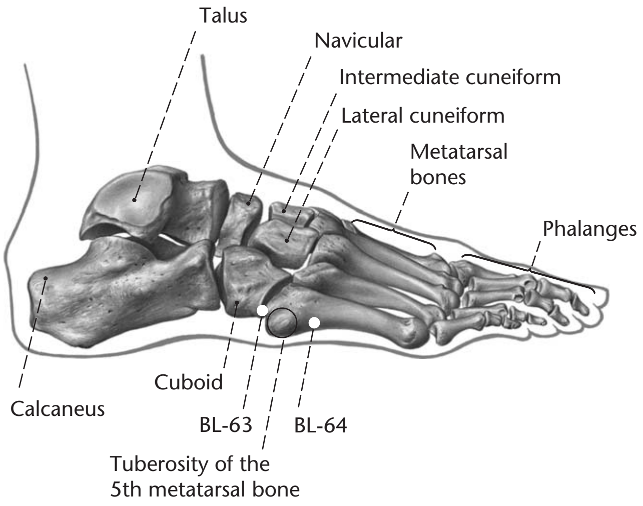

Lower border of the lateral malleolus
BL-62


BL-63
G.B.-40
ST-41
SP-5
LIV-4
BL-64
ST-42
G.B.-41
SP-4
BL-65
G.B.-42
LIV-3
G.B.-43
ST-43
BL-66
SP-3
BL-67
ST-44
SP-2
G.B.-44
Ex-LE-10
(*bafeng*)
LIV-1
SP-1
ST-45

Capital Bone JINGGU **BL-64**


Tuberosity of the 5th metatarsal
BL-64
BL-63


BL-60
G.B.-40
BL-62
G.B.-41
G.B.-42
G.B.-43
G.B.-44
BL-61
BL-63
BL-64
BL-67
BL-66
BL-65


Talus
Navicular
Intermediate cuneiform
Lateral cuneiform
Metatarsal bones
Phalanges
Cuboid
Calcaneus
BL-63
BL-64
Tuberosity of the 5th metatarsal bone

Location

On the lateral aspect of the foot, distal to the tuberosity of the 5th metatarsal bone.

How to find

When palpating along the lateral aspect of the foot on the level of the border of the 'red and white' skin, a bony structure can be felt approximately at the midpoint of the foot. This is the tuberosity of the 5th metatarsal bone (→ 3.6.2). **BL-64** is located directly distal to it (towards the toes), at the junction between the base and the shaft of the 5th metatarsal bone.

→ **BL-63** is located proximal to the tuberosity of the 5th metatarsal bone, in a depression between the calcaneus and cuboid bone (or between the tuberosity and the cuboid bone). → **SP-4** is located in a comparable position on the medial aspect of the foot, in a depression distal to the base of the 1st metatarsal bone.

Needling

Vertically 0.3–0.5 cun

Actions/Indications

- Clears Wind and Heat from the head and eyes
- Calms the *shen*
- Opens the channel

Special features

Yuan-source point

BL-65 *Restraining Bone* SHUGU

Location

On the lateral aspect of the foot, in the depression proximal to the head of the 5th metatarsal bone.

How to find

When palpating along the bony structures on the lateral aspect of the foot, a prominent bony landmark can be felt approximately at the midpoint of the foot. This is the tuberosity of the 5th metatarsal bone. Distal to it (towards the toes), you can feel a further bony structure, the head of the 5th metatarsal bone. Directly proximal to it, at the border of the 'red and white' skin (border dorsum/sole of the foot), **BL-65** can be palpated in a depression. → **BL-66** is located in a depression distal to the head of the 5th metatarsal bone (distal to the metatarsophalangeal joint), at the junction of the base and the shaft of the proximal phalanx of the little toe.
→ **SP-3** is located in a comparable position on the medial aspect of the foot (proximal to the head of the 1st metatarsal bone).
→ **S.I.-3** and → **L.I.-3** are located in comparable positions at the ulnar/lateral border of the hand.

Needling

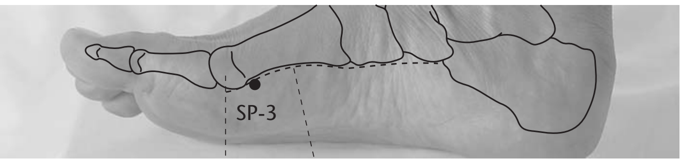
Vertically 0.3–0.5 cun. Caution: Painful point.

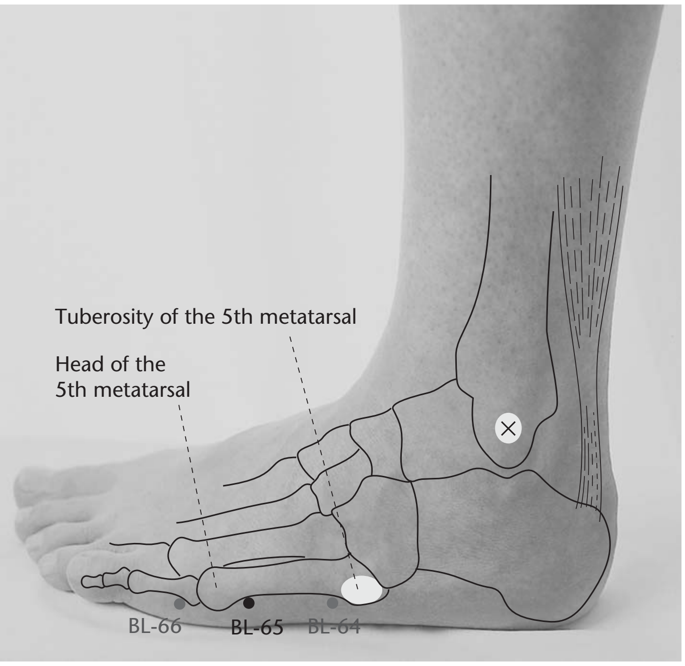
Actions/Indications

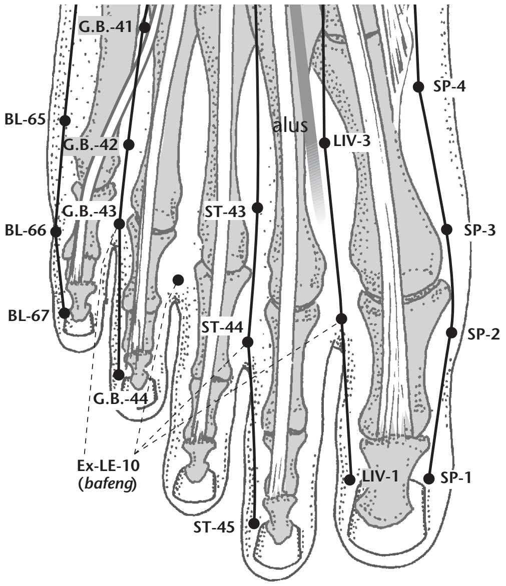
- Expels pathogenic factors (especially from the head)
- Clears Heat
- Opens the channel and *luo* vessels, alleviates pain
- Calms the *shen*

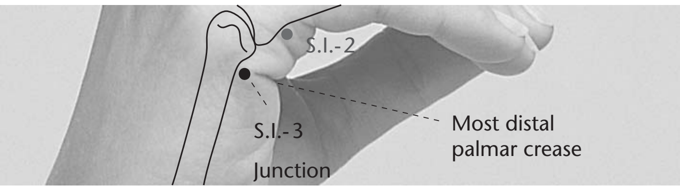
Special features

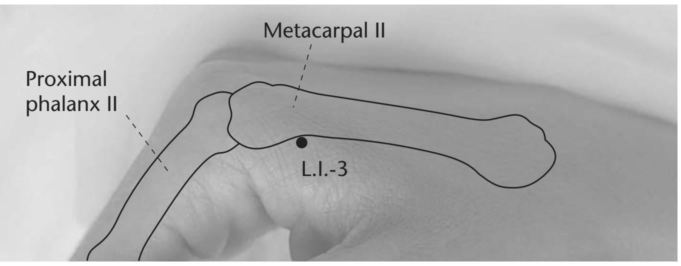
Shu-stream point, Wood point, sedation point.



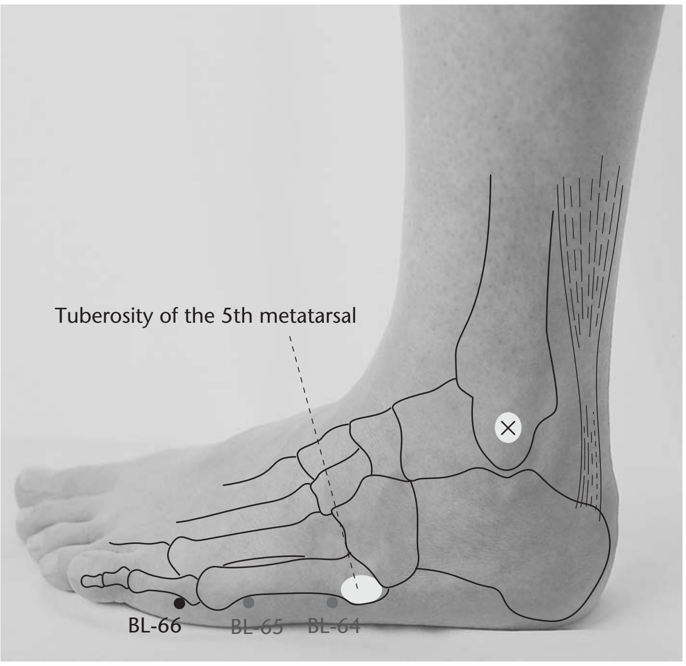

Tuberosity of the 5th metatarsal
Head of the 5th metatarsal
BL-66
BL-65
BL-64

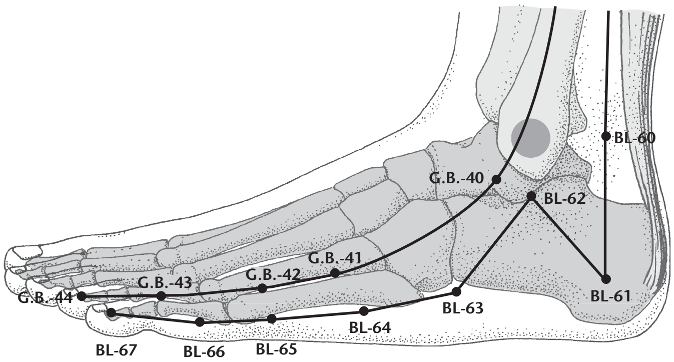

G.B.-41
SP-4
BL-65
G.B.-42
alus
LIV-3
G.B.-43
ST-43
BL-66
SP-3
BL-67
ST-44
SP-2
G.B.-44
Ex-LE-10
(bafeng)
LIV-1
SP-1
ST-45

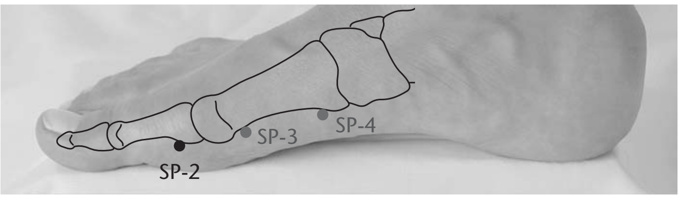

S.I.-2
S.I.-3
Junction
Most distal palmar crease

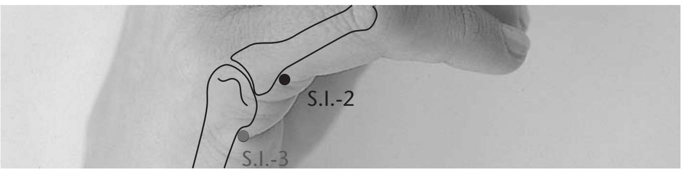

Metacarpal II
Proximal phalanx II
L.I.-3

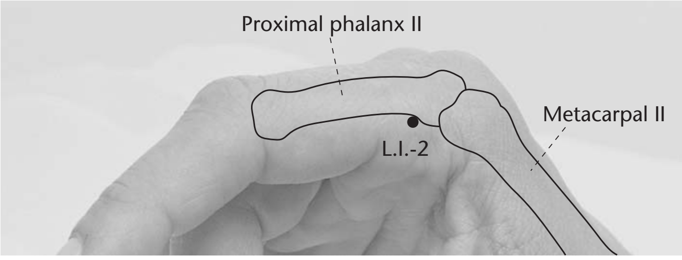
Foot Connecting Valley ZUTONGGU BL-66


Tuberosity of the 5th metatarsal
BL-66
BL-65
BL-64


BL-60
G.B.-40
BL-62
G.B.-41
G.B.-43
G.B.-42
G.B.-44
BL-61
BL-63
BL-64
BL-67
BL-66
BL-65






Proximal phalanx II
Metacarpal II
L.I.-2

Location

At the lateral border of the foot, in the depression distal to the metatarsophalangeal joint of the little toe.

How to find

When palpating along the border of the 'red and white' skin on the lateral aspect of the foot, at approximately the midpoint of the length of the foot, a clearly defined bony structure can be felt. This is the tuberosity of the 5th metatarsal bone. Distal to it (towards the toes), you can feel a further prominent bony structure, the head of the 5th metatarsal bone (or the 5th metatarsophalangeal joint). **BL-66** is located directly distal to it, in a depression at the junction of the base and the shaft of the proximal phalanx of the little toe.

→ **BL-65** is located proximal to the head of the 5th metatarsal bone. → **SP-2** is located in a comparable position on the medial aspect of the foot. Located in comparable positions on the hand are → **S.I.-2** (on the ulnar aspect) and → **L.I.-2** (on the radial aspect).

Needling

Vertically 0.3–0.5 cun. Caution: Painful point.

Actions/Indications

- Clears the head
- Descends the Lung and Stomach Qi
- Calms the *shen*

Special features

Ying-spring point, Water point, *ben* point (Five Phases point).

BL-67 *Reaching Yin* ZHIYIN

Location

On the dorsal aspect of the little toe, 0.1 cun from the lateral corner of the nail.

How to find

This point is located at the junction of two tangents that border the nail of the little toe laterally and proximally, approximately 0.1 cun from the actual corner of the nail.

Needling

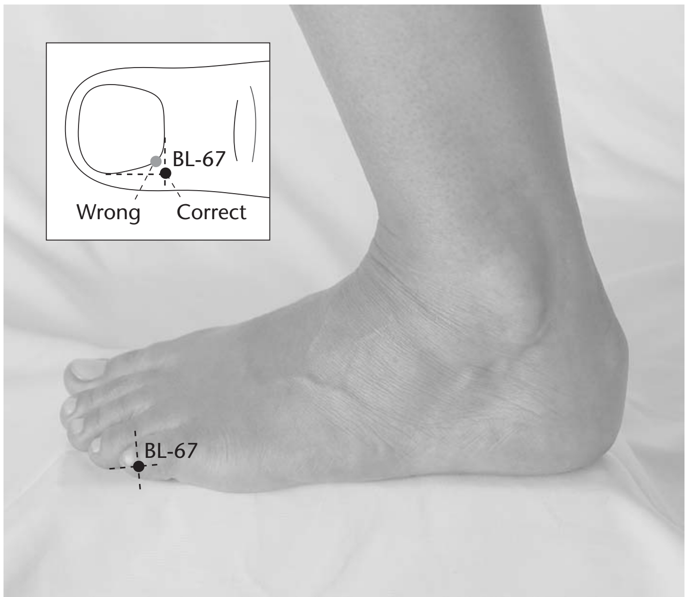
Vertically 0.1 cun or obliquely 0.2 cun in the direction of the foot. Prick to bleed. Caution: Painful point.

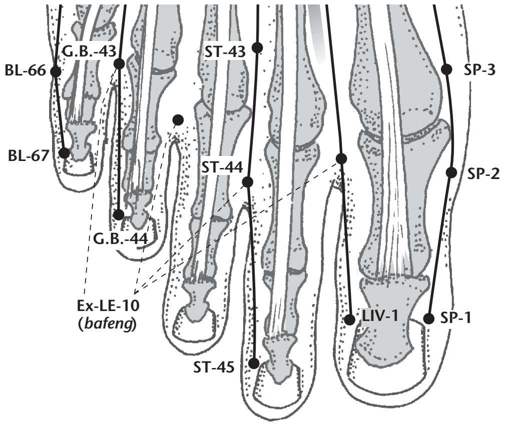
Actions/Indications

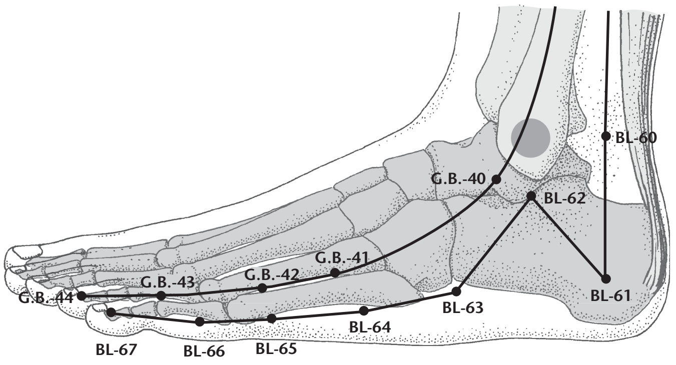
- Scientifically established: conversion of breech presentations prior to birth: moxibustion and electro-acupuncture at this point seem to be most effective (approximately 70–80%)
- Facilitates labour
- Expels pathogenic factors from the opposite end of the channel
- Regulates Yin and Yang of the Water element

Special features

Jing-Well point, Metal point, tonification point, exit point. An isolated case has been reported regarding a pregnant woman who was treated with moxibustion at **BL-67**. This resulted in a fetomaternal transfusion of 300 ml of blood, endangering the fetus. For this reason, treatments should be controlled by cardiotocography.

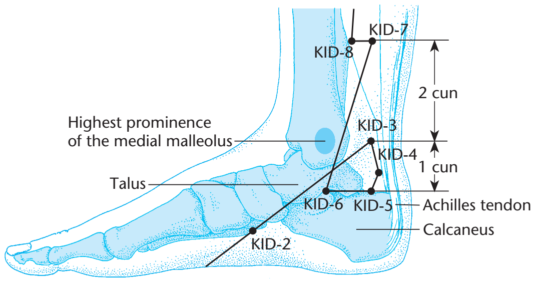

BL-67
Wrong
Correct
BL-67

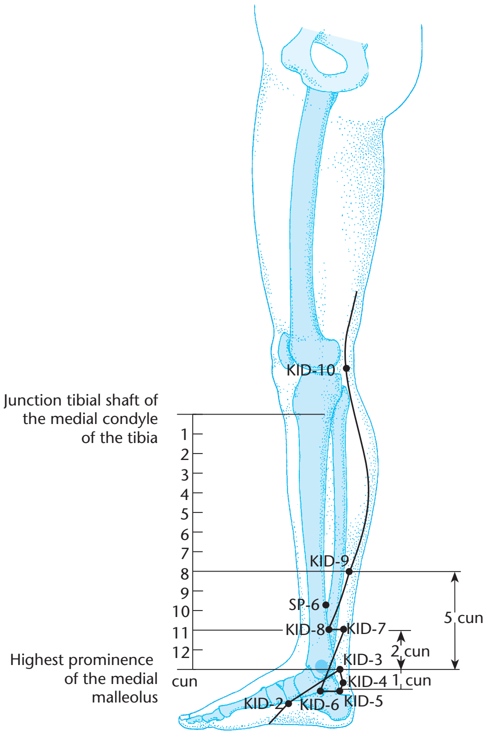

G.B.-43
ST-43
BL-66
SP-3
BL-67
ST-44
SP-2
G.B.-44
Ex-LE-10
(bafeng)
LIV-1
SP-1
ST-45

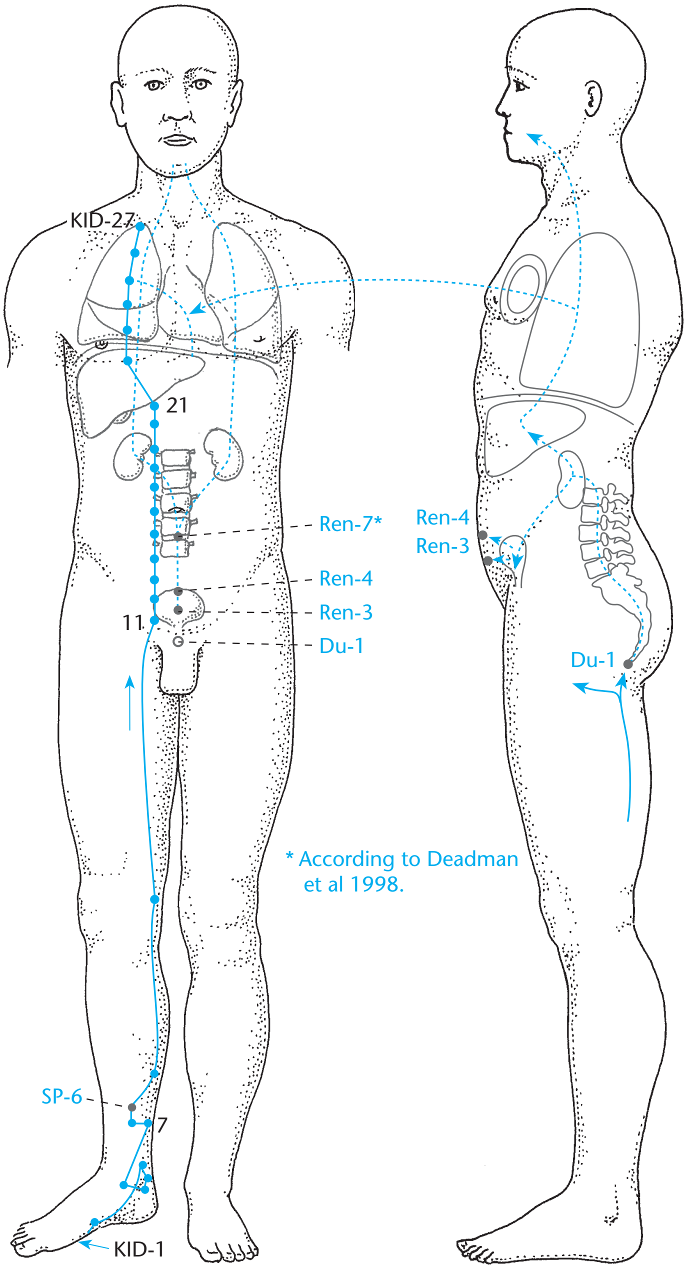

BL-60
G.B.-40
BL-62
G.B.-41
G.B.-42
G.B.-43
G.B.-44
BL-61
BL-63
BL-64
BL-67
BL-66
BL-65

4.8 The Kidney Channel System – Foot *shaoyin* (*zu shao yin jing luo*)

4.8.1 The Kidney Primary Channel (*zu shao yin jing*)


KID-7
KID-8
2 cun
Highest prominence of the medial malleolus
KID-3
KID-4
1 cun
Talus
KID-6
KID-5
Achilles tendon
Calcaneus
KID-2


KID-10
Junction tibial shaft of the medial condyle of the tibia
1
2
3
4
5
6
7
8
9
10
11
12
cun
KID-9
SP-6
KID-8
KID-7
5 cun
2 cun
KID-3
KID-4
1 cun
Highest prominence of the medial malleolus
KID-2
KID-6
KID-5


KID-27
21
11
7
SP-6
KID-1
Ren-7*
Ren-4
Ren-3
Du-1
Ren-4
Ren-3
Du-1

* According to Deadman et al 1998.

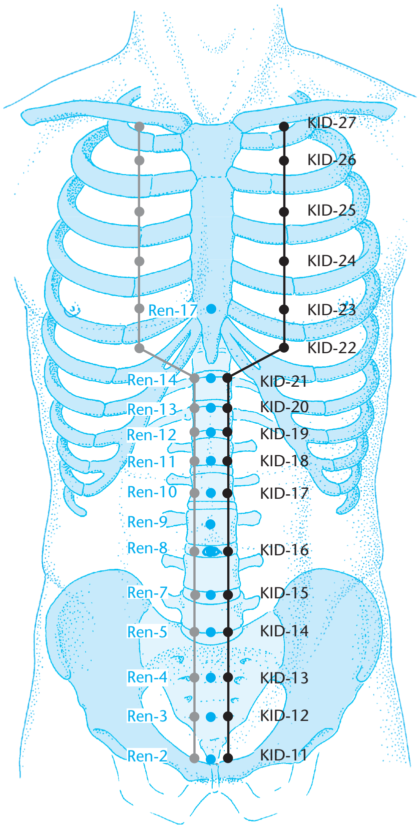
Pathway

The Kidney primary channel begins beneath the little toe, which is reached by **a branch** separating from the Bladder primary channel at its endpoint at → **BL-67** (*zhiyin*) (foot Yin–Yang connection of the second great circuit).

The Kidney primary channel diagonally crosses the sole of the foot to **KID-1** (*yongquan*) and to **KID-2** (*rangu*) below the navicular tuberosity, continues to the posterior aspect of the medial malleolus and descends to enter the heel. From here it ascends the medial aspect of the lower leg, intersecting with → **SP-6** (*yinlingquan*) and continuing to ascend the posteromedial aspect of the thigh towards the perineum.

In the perineal region the primary channel divides into **two branches**:

- the **deep, internal** branch travels to → **Du-1** (*changqiang*) and ascends alongside the spine to connect with its pertaining *zang*-Organ, the Kidneys (*shen*), and its paired *fu*-Organ, the Bladder (*pangguang*). Here it divides into smaller branches which connect with → **Ren-4** (*guanyuan*) and → **Ren-3** (*zhongji*), and, according to some authors, also with → **Ren-7** (*yinjiao*). From the Kidney (*shen*) a branch ascends to the Liver (*gan*), runs to and spreads in the Lung (*fei*), continues to the trachea and terminates at the root of the tongue. From the Lung (*fei*), an **inner branch** travels to the Heart (*xin*), where it meets the Pericardium primary channel (deep Yin–Yin connection). It then disperses in the chest and reaches → **Ren-17** (*shanzhong*).
- the **external** branch separates in the perineal region and runs to the lower abdomen at **KID-11** (*henggu*). From the pubic



bone it ascends initially 0.5 cun lateral to the anterior midline, from the 5th intercostal space (**KID-22**) 2 cun lateral to the midline to the infraclavicular fossa.

Clinical importance (→ 1.2)

Exterior (*biao*) signs and symptoms: Pain in the lumbar region, counterflow Cold or weakness of the legs, dry mouth, sore throat, pain in the lateral gluteal region and on the posterior thigh, pain on the soles of the feet.
Interior (*li*) or *zangfu*-Organ signs and symptoms: Pain, facial oedema, dark rings under the eyes, shortness of breath, somnolence, restlessness, diarrhoea, thin or dry stools, abdominal distension, nausea and vomiting, impotence.

Connections of the Kidney primary channel

Connections with other channels

Bladder primary channel (*zu tai yang jing*)

Connection: Foot Yin–Yang connection of the second great circuit
Location: BL-67 → KID-1 (on the foot)
Circulation: Circadian (according to the Organ clock)
Importance: Exterior–Interior relationship

Heart primary channel (*shou shao yin jing*)

Connection: Paired according to the Six-Channel theory (hand–foot pairing): *shao yin* (Yin axes of the second great circuit)
Location: KID → HE (on the thorax). A branch of the internal pathway of the Kidney primary channel travels from the Kidney to the Liver, penetrates the diaphragm and spreads in the Lung (*fei*). From the Lung a branch runs to the Heart (*xin*), there connecting with the Heart primary channel.
Circulation: Non-circadian (**not** according to the Organ clock)
Importance: Above–below relationship

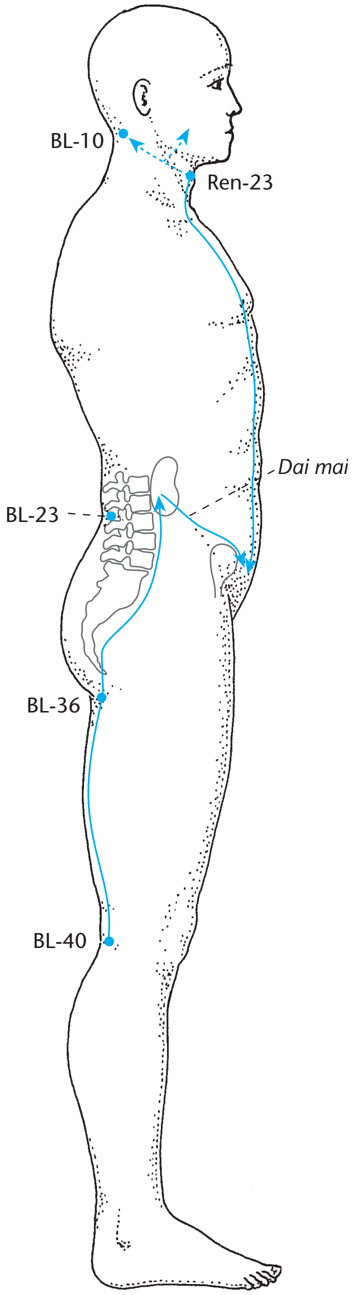
Pericardium primary channel (*shou jue yin jing*)

Connection: Deep Yin–Yin connection
Location: KID → P. A branch of the internal pathway of the Kidney primary channel travels from the Kidney to the Liver, penetrates the diaphragm and spreads in the Lung (*fei*). From the Lung an internal branch courses to the Heart (*xin*), where it joins the Pericardium primary channel (deep Yin–Yin connection) and also reaches → **Ren-17** (*shanzhong*).
Circulation: Circadian (according to the Organ clock)
Importance: The Pericardium primary channel receives Nutritive Qi (*ying qi*) from the Kidney primary channel (first circulation of the *ying qi* → 1.1.4).

Connections with other *zangfu*-Organ systems

Kidney (*shen*), **Bladder (*pangguang*)**, Liver (*gan*), Lung (*fei*), Pericardium (*xin bao*), Heart (*xin*)

4.8.2 The Kidney Divergent Channel (*zu shao yin jing bie*)



Pathway

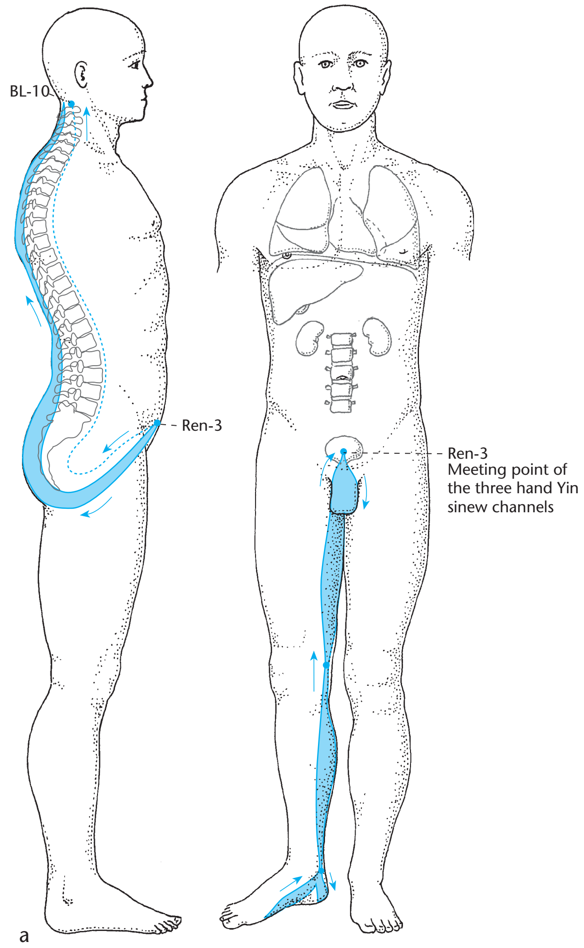
The Kidney divergent channel separates from the Kidney primary channel in the popliteal fossa at → **KID-10** (*yinggu*). It

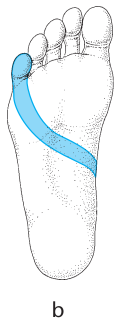
- ➡ meets → **BL-40** (*weizhong*) in the popliteal fossa
- ➡ ascends to → **BL-36** (*chengfu*) in the centre of the gluteal crease
- ➡ penetrates the anus and reaches the Kidney (*shen*) and the Bladder (*pangguang*)
- ➡ ascends to → **BL-23** (*shenshu*) at the level of the lower border of the spinous process of L2, where it also meets the *dai mai*, following it round the waist to the abdomen
- ➡ ascends lateral to the midline to the infraclavicular fossa
- ➡ reaches the neck at → **Ren-23** (*liangquan*)
- ➡ emerges at the nape of the neck at → **BL-10** (*tianzhu*) and converges with the Bladder primary channel and the Bladder divergent channel to form one of the 6 *he*-confluences (here: BL/KID as first confluence → 1.3).

Clinical importance

- Strengthens the relationship between the Kidneys and the Bladder (*zangfu*-Organ systems). Points on the Kidney primary channel can therefore be used for disorders of the Bladder, and vice versa points on the Bladder primary channel can treat disorders of the Kidneys.
- Through the connection with the *dai m*ai, KID points can be used for disorders of the *dai mai*.
- Kidney Qi and Essence (*jing*) are sent to the Brain through the Kidney divergent channel via the spinal canal, thus strengthening the connection between the Kidneys, the Marrow and the Brain.
- Supports the connection to the tongue.

4.8.3 The Kidney Sinew Channel (*zu shao yin jing jin*)





Pathway

The Kidney sinew channel originates beneath the little toe

- diagonally crosses the sole of the foot, meets the Spleen sinew channel and continues to the medial malleolus where it binds (*jie*). From here a **minor branch** travels to the medial portion of the calcaneus. The **main branch** ascends the posteromedial aspect of the leg, binds (*jie*) at the medial condyle of the femur, crosses the Bladder sinew channel, ascends the posteromedial aspect of the thigh to the genital region to → **Ren-3** (*zhongji*) and → **Ren-2** (→ 1.3), where it meets the other Yin sinew channels. It then penetrates the abdomen, runs along the spine to the nape of the neck and there meets the Bladder sinew channel.

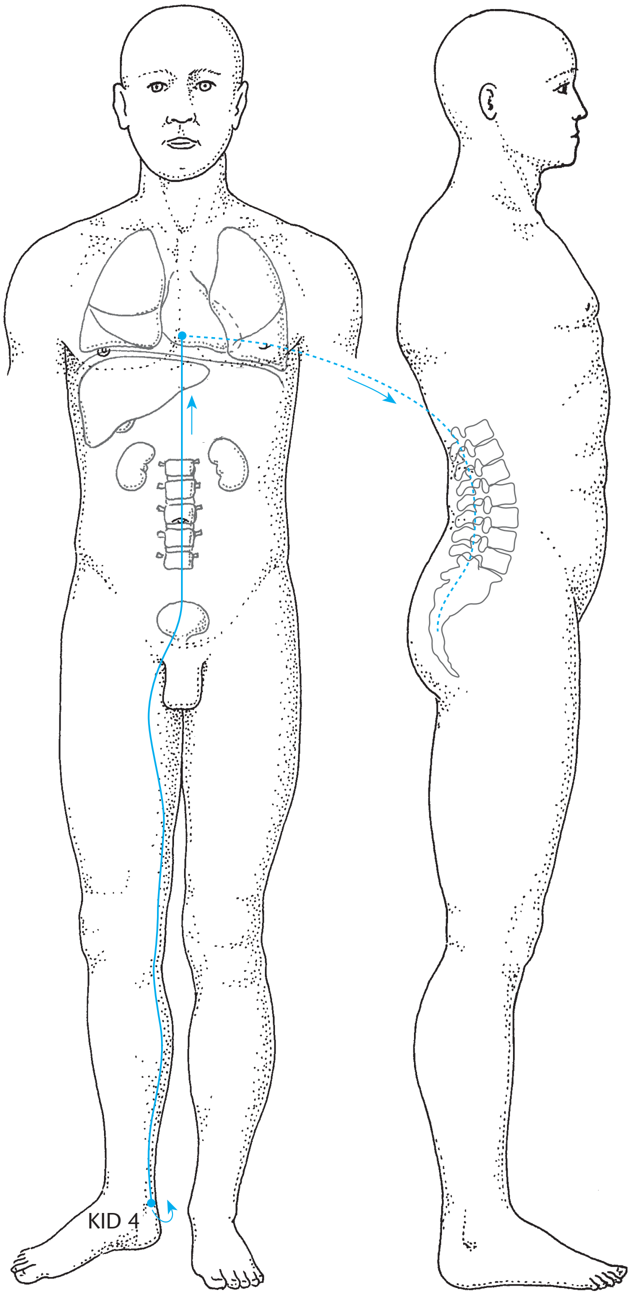
From the genital region **an internal branch** traverses the gluteal region and follows the deep musculature along the spine to the occiput, where it meets the Bladder sinew channel.

Clinical importance

Pathology: Spasms on the sole of the foot, pain or spasms along the posteromedial aspect of the lower extremity, the back and the occiput. Chronic *bi*-syndromes. Epileptic seizures, limited range of motion with spinal flexion and extension. Degenerative disorders of the bones and joints, spondylosis, osteoarthritis.

Indication: Mainly for chronic pain, spasms and Cold sensations of the lower back and spine, accompanied by limited range of motion.

4.8.4 The Kidney *luo*-Connecting Vessel System (*zu shao yin luo mai*)



Pathway

The Kidney *luo*-connecting channel separates from the Kidney primary channel at **KID-4** (*dazhong*). It forms a three-dimensional reticular network, dividing into multiple branches and sub-branches (*sun luo*, *fu luo*, *xue luo* → 1.5) within the surrounding tissue.

➡ Horizontal divisions run to the Interiorly–Exteriorly paired Bladder primary channel; according to some schools of thought (for example Ngyen Van Nghi → Appendix) they travel as a **transverse** KID *luo*-connecting vessel to the *yuan*-source point **BL-64** (*jinggu*).

➡ A **longitudinal** division follows the Kidney primary channel to → **Ren-17** (*shanzhong*), penetrates the thorax and reaches the spine in the lumbar region.

Clinical importance (→ 8.1.2)

Pathology
Excess (*shi*): Retention of urine
Deficiency (*xu*): Pain in the lumbar region
Counterflow Qi: Restlessness, anxiety, fear, depression, fullness in the chest and epigastrium.

4.8.5 Cutaneous Region (*shao yin pi bu*)

See description and figures → 1.6.

4.8.6 Points of the Kidney Primary Channel (Overview)

Specific points according to their functions

- ***Yuan*-source point (→ 8.1.1): KID-3** (*taixi*) 🟦🟦
- ***Luo*-connecting point (→ 8.1.2.): KID-4** (*dazhong*)
- ***Xi*-cleft point (→ 8.1.3): KID-5** (*shuiquan*)
- **Associated Back-*shu* point (→ 8.1.4): BL-23** (*shenshu*) 🟦🟦
- **Associated Front-*mu* point (→ 8.1.5): G.B.-25** (*jingmen*) 🟦■
- **Five *shu*-transporting point (→ 8.1.6):**
  jing-well point (Wood), sedation point: **KID-1** (*yongquan*)
  ying-spring point (Fire): **KID-2** (*rangu*)
  shu-stream point (Earth): **KID-3** (*taixi*) 🟦■
  jing-river point (Metal), tonification point: **KID-7** (*fuliu*) 🟦■
  he-sea point (Water), *ben* point (Five Phases): **KID-10** (*yingu*) 🟦■
- *Hui*-meeting point (→ 8.1.7): –
- Opening point (→ 8.1.8) of the *yin qiao mai*: **KID-6** (*zhaohai*) 🟦■
- Lower *he*-sea points (→ 8.1.9): –
- *Jiaohui*-meeting points (→ 8.1.10):
  - with the *yin qiao mai*: **KID-2** (*rangu*)*, (**KID-6** (*zhaohai*)*, **KID-8** (*jiaoxin*)*)
  - with the *yin wei mai*: **KID-9** (*zhubin*)
  - with the *chong mai*: **KID-11–KID-21**
  - of other channels with the Kidney channel: **SP-6**, **Du-1**, **Ren-4**, **Ren-3**, **Ren-7***, **Ren-17**
- **Gao Wu command point (→ 8.1.11): –**
- **Window of Heaven point (→ 8.1.12): –**
- **Points of the Four Seas (→ 8.1.13): –**

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* Mentioned by only some authors

- **Ma Dan Yang Heavenly Star point (➞ 8.1.14): –**
- **Sun Si Miao Ghost point (➞ 8.1.15): –**
- **Other functional points:**
  - *xi*-cleft point of the *yin qiao mai*: **KID-8** (*jiaoxin*)
  - *xi*-cleft point of the *yin wei mai*: **KID-9** (*zhubin*)

Points according to region

- **Local points** (➞ 8.2.1): foot – **KID-6** (*zhaohai*) 🟦🟦; knee – **KID-10** (*yingu*) 🟦⬛
- **Adjacent points** (➞ 8.2.1): foot – **KID-7** (*fuliu*) 🟦⬛; toes – **KID-6** (*zhaohai*) 🟦🟦
- **Distal points** (➞ 8.2.1): for the throat – **KID-6** (*zhaohai*) 🟦🟦; for the tongue – **KID-6** (*zhaohai*) 🟦🟦; for the Kidneys and the Bladder – **KID-3** (*taixi*) 🟦⬛, **KID-7** (*fuliu*) 🟦🟦; for the genito-urinary region – **KID-3** (*taixi*) 🟦🟦

Specific points according to the channel pathway (in numerical order)

- **KID-1** (*yongquan*) 🟦⬛: *jing*-well point (Wood); sedation point
- **KID-2** (*rangu*): *ying*-spring point (Fire); *jiaohui*-meeting point with the *yin qiao mai* (➞ 8.1.10)
- **KID-3** (*taixi*) 🟦🟦: *shu*-stream point (Earth); distal point for the Kidneys, Bladder, urogenital region (➞ 8.2.1); *yuan*-source point (➞ 8.1.1)
- **KID-4** (*dazhong*): *luo*-connecting point (➞ 8.1.2)
- **KID-5** (*shuiquan*): *xi*-cleft point (➞ 8.1.3)
- **KID-6** (*zhaohai*) 🟦🟦: opening point (➞ 8.1.8) of the *yin qiao mai*; distal point for the tongue and throat (➞ 8.2.1); *jiaohui*-meeting point with the *yin qiao mai** (➞ 8.1.10); local point for the foot (➞ 8.2.1)
- **KID-7** (*fuliu*) 🟦⬛: distal point for the Kidneys and the Bladder (➞ 8.2.1); *jing*-river point (Metal); tonification point; regional point for the foot (➞ 8.2.1)
- **KID-8** (*jiaoxin*): *xi*-cleft point of the *yin qiao mai*; *jiaohui*-meeting point with the *yin qiao mai** (➞ 8.1.10)
- **KID-9** (*zhubin*): *xi*-cleft point of the *yin wei mai*; *jiaohui*-meeting point with the *yin wei mai** (➞ 8.1.10)
- **KID-10** (*yingu*) 🟦⬛: *he*-sea point (Water), *ben* point (Five Phases); local point for the knee (➞ 8.2.1)
- **KID-11** to **KID-21**: *jiaohui*-meeting points with the *chong mai* (➞ 8.1.10)

General location help

- **KID-11** to **KID-21** are all located 0.5 cun lateral to the midline
  - **KID-11** to **KID-15** are spread on the 5 cun distance (➞ 1.2) between the upper border of the pubic symphysis and the umbilicus (they are spaced at 1 cun intervals from the upper border of the pubic symphysis to 4 cun above it)
  - **KID-16** to **KID-21** are spread on the 8 cun distance (➞ 1.2) between the umbilicus and the sternocostal angle (they are spaced at 1 cun intervals from the level of the umbilicus to 6 cun superior to it).
- **KID-22** to **KID-27** are all located 2 cun lateral to the midline
  - **KID-22** to **KID-26** are located in the 5th to 1st intercostal spaces
  - **KID-27** is located on the lower border of the sternoclavicular joint

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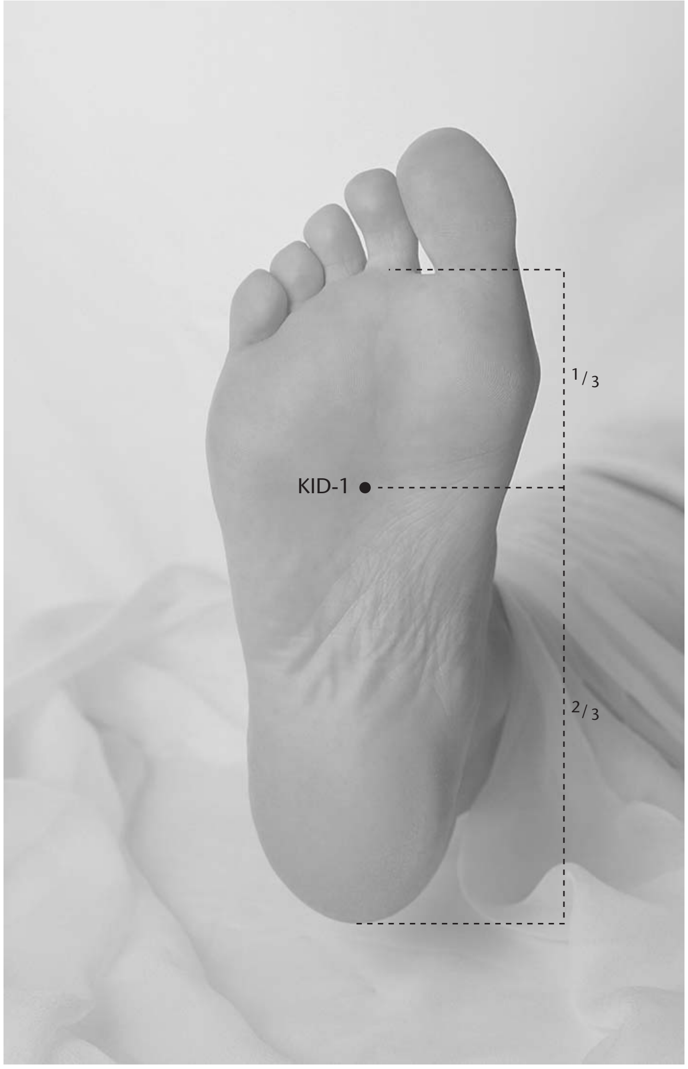
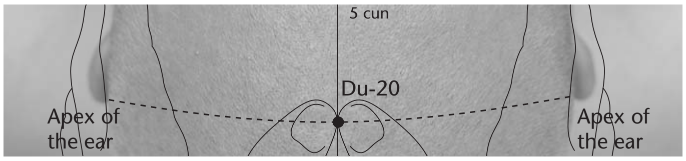
* Mentioned by only some authors

Gushing Spring YONGQUAN **KID-1**





Location

On the sole of the foot, in a depression between the 2nd and 3rd metatarsal bones, at the junction of the anterior third and the posterior two-thirds of the sole.

How to find

Measure one third from the anterior border of the sole of the foot. Palpate for a pressure-sensitive point dorsal to the balls of the foot, at the midpoint of the width of the foot.

Needling

Needling this point is very painful and is therefore only recommended for severe disorders or in an emergency. Acupressure is commonly used instead; moxibustion is possible. For the treatment of collapse, unconsciousness, shock or a severe excess condition, this point should be strongly stimulated; in pronounced deficiency conditions, stimulation should be applied more cautiously.

Actions/Indications

- Revives collapsed Yang
- Clears excess, Heat and Wind from the head, lowers Yang
- Calms the *shen*

Special features

Jing-well point, Wood point, sedation point, entry point. **KID-1** is the lowest acupuncture point on the body and the only point on the sole of the foot. For this reason, it plays an important role in Qigong, forming a grounding point in the centre of the foot, where the energies of the Earth and Man unite. During practice, the centre of gravity should be above this point.

KID-2 *Blazing Valley* RANGU

Location

At the medial border of the foot, in a depression at the anterior border of the navicular bone, at the border of the 'red and white' skin.

How to find

Palpate from distal to proximal along the tarsal section of the medial aspect of the foot, past the shaft and the head of the 1st metatarsal bone **(→ SP-4)** and the medial cuneiform bone, finally reaching the prominent navicular bone. Locate **KID-2** anterior to the navicular bone, at the inferior angle of the joint between the medial cuneiform bone and the navicular bone.

Needling

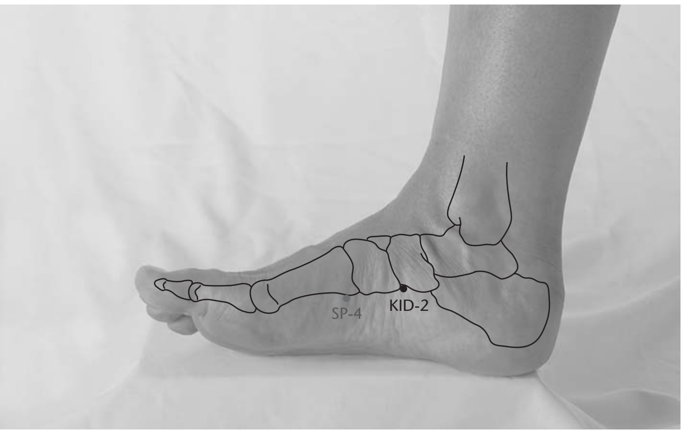
From the medial aspect of the foot, 0.5–1 cun vertically below the border of the bone. Use reducing needling techniques for empty Heat. Use tonifying techniques for Kidney Yang/Qi deficiency.

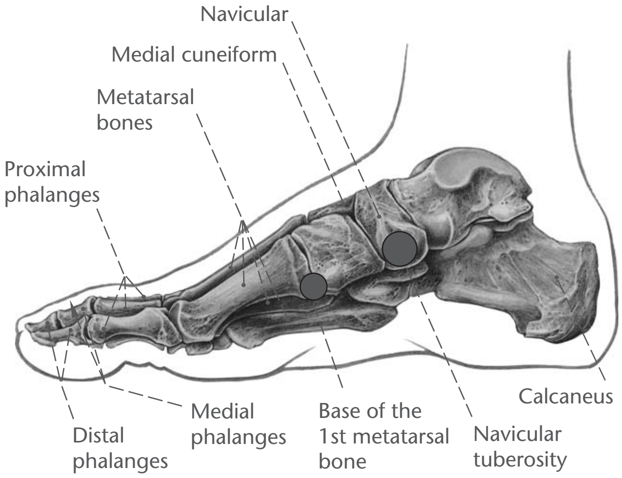
Actions/Indications

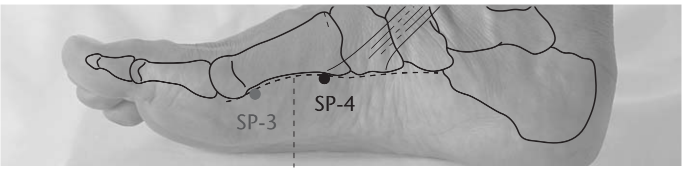
- Clears empty Heat
- Regulates the Lower Burner and the Kidneys
- Local point

Special features

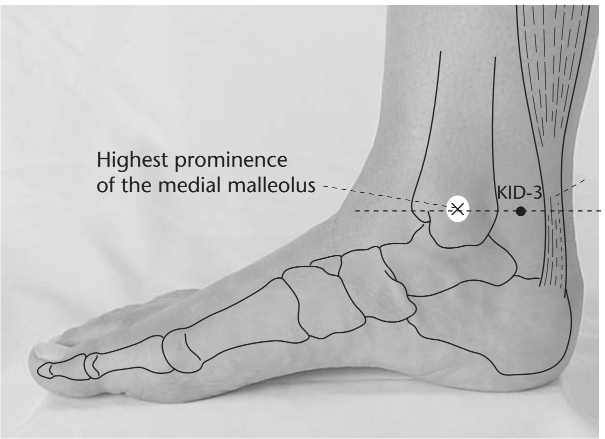
Ying-spring point, Fire point, meeting point with the *yin qiao mai*.




Navicular
Medial cuneiform
Metatarsal bones
Proximal phalanges
Distal phalanges
Medial phalanges
Base of the 1st metatarsal bone
Navicular tuberosity
Calcaneus



Supreme Stream TAIXI KID-3


Highest prominence
of the medial malleolus
KID-3

Location

In the depression between the highest prominence of the medial malleolus and the Achilles tendon.

How to find

Locate the highest prominence of the medial malleolus (→ 3.6.2). From there, palpate horizontally towards the Achilles tendon. **KID-3** is located in a depression that can be palpated anterior to the tendon.

Needling

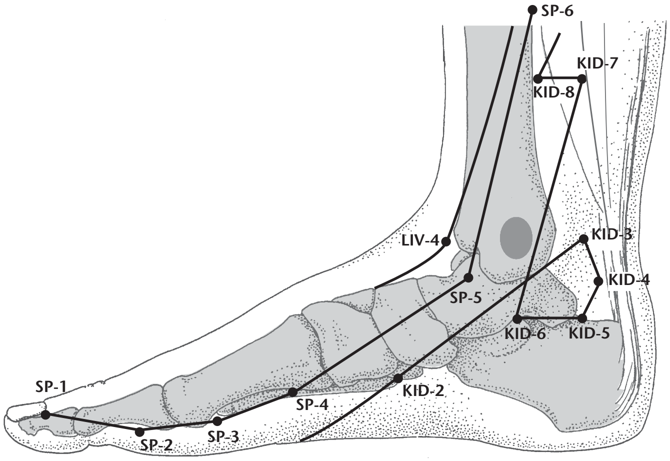
Vertically 0.3–1 cun

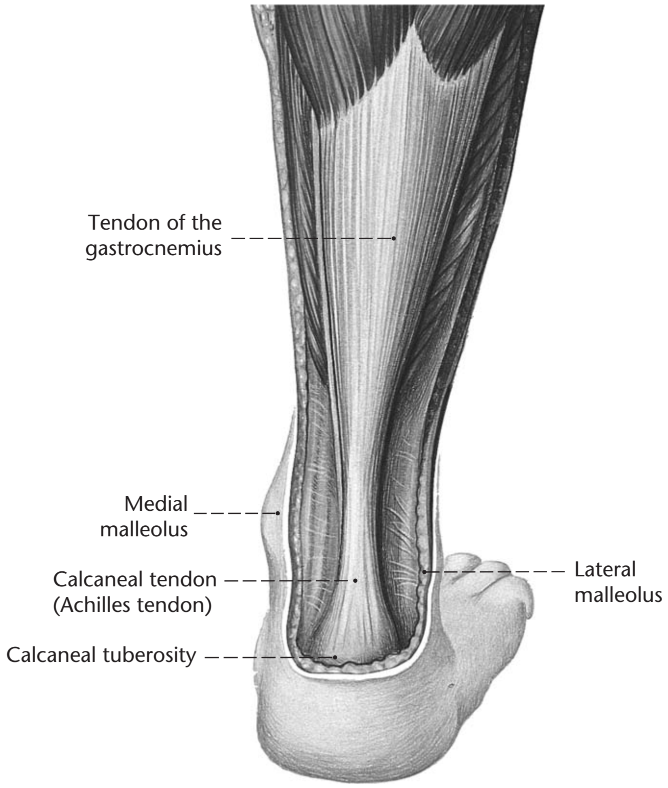
Actions/Indications

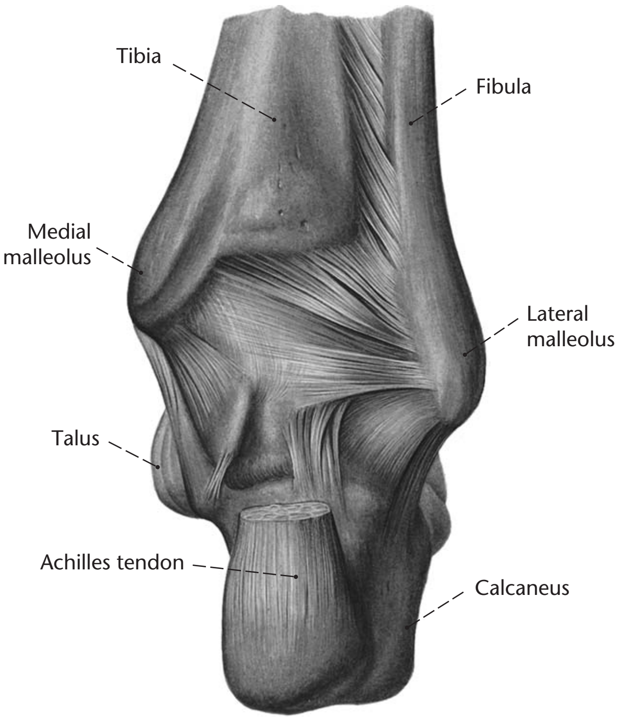
- Nourishes Kidney Yin and clears deficiency Heat, tonifies Kidney Yang, stabilises the Kidney Qi and the Lungs (helping the Kidneys absorb the Qi), regulates menstruation
- Strengthens the lower back, local point

Special features

Yuan-source point, *shu*-stream point, Earth point. Important point for tonifying the Kidneys (especially Kidney Yin).


SP-6
KID-7
KID-8
LIV-4
KID-3
KID-4
SP-5
KID-6
KID-5
SP-1
SP-4
KID-2
SP-2
SP-3


Tendon of the gastrocnemius
Medial malleolus
Calcaneal tendon (Achilles tendon)
Calcaneal tuberosity
Lateral malleolus


Tibia
Fibula
Medial malleolus
Lateral malleolus
Talus
Achilles tendon
Calcaneus

KID-4 *Great Bell* DAZHONG

Location

Anterior to the medial border of the Achilles tendon, superior to its insertion at the calcaneus.

How to find

From the highest prominence of the medial malleolus, draw a horizontal line to the medial border of the Achilles tendon. From there, measure 0.5 cun in a distal direction. **KID-4** is located in a depression anterior to the Achilles tendon, slightly superior to its insertion at the calcaneus. **Or: KID-4** is located posterior to the midpoint of a line connecting → **KID-3** and → **KID-5** anterior to the Achilles tendon.

Needling

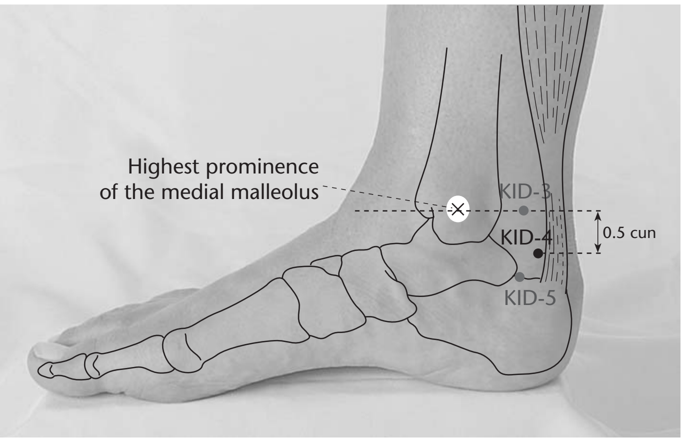
Vertically 0.3–0.5 cun. Avoid puncturing the tendon.

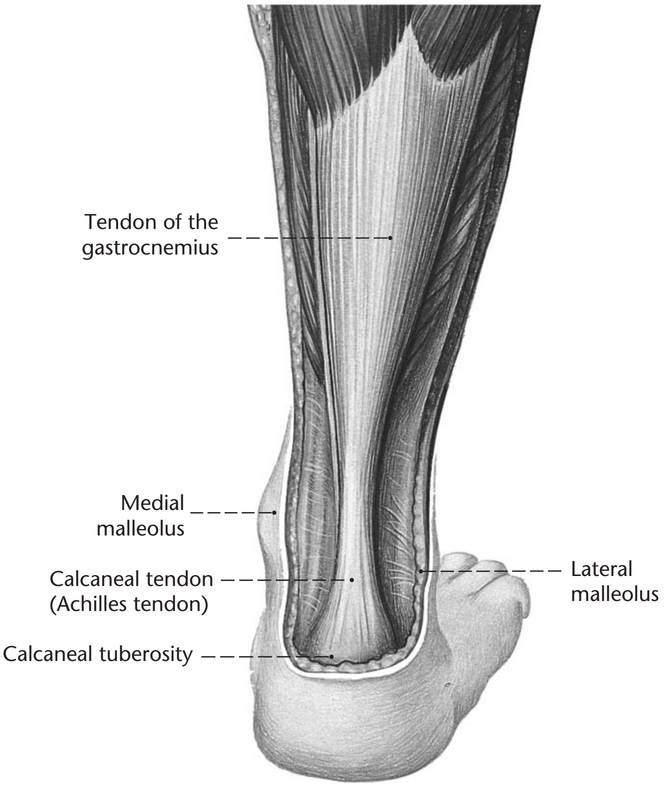
Actions/Indications

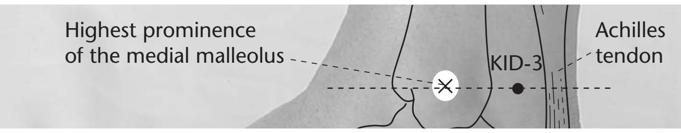
- Firms the Kidney Qi (helping the Kidneys absorb the Qi) and supports the Lungs
- Strengthens the Kidneys and cools empty Heat
- Strengthens the will, dispels fear
- Local point

Special features

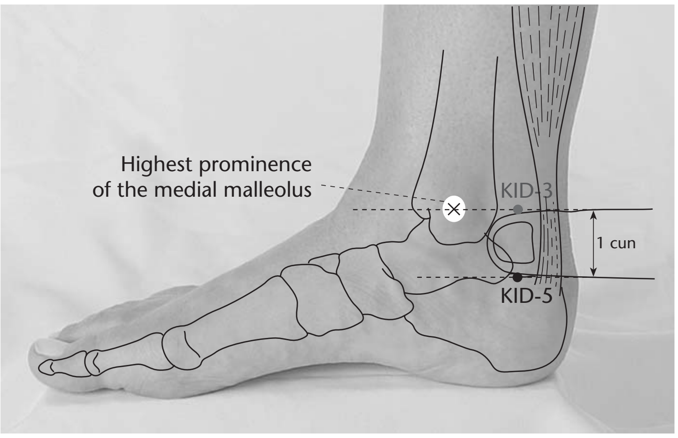
Luo-connecting point

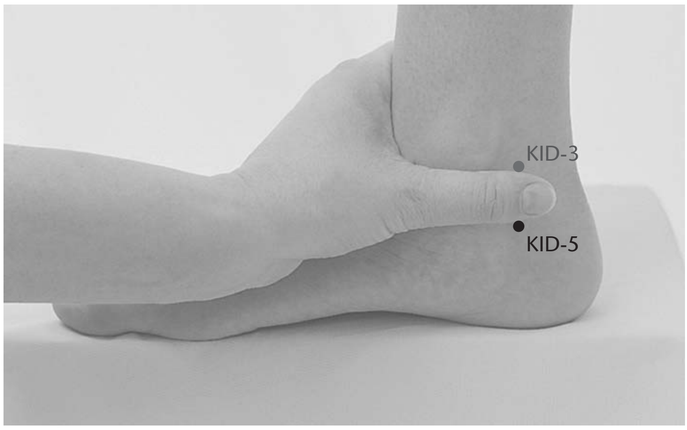

Highest prominence of the medial malleolus
KID-3
KID-4
0.5 cun
KID-5

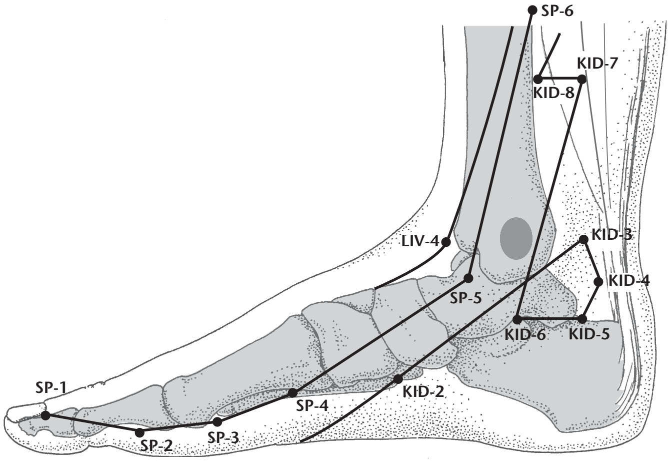

Tendon of the gastrocnemius
Medial malleolus
Lateral malleolus
Calcaneal tendon (Achilles tendon)
Calcaneal tuberosity


Highest prominence of the medial malleolus
KID-3
Achilles tendon

Water Spring SHUIQUAN **KID-5**


Highest prominence
of the medial malleolus
KID-3
1 cun
KID-5




SP-6
KID-7
KID-8
LIV-4
KID-3
SP-5
KID-4
KID-6
KID-5
SP-1
KID-2
SP-4
SP-2
SP-3

Location

1 cun distal to → **KID-3**, in a depression over the joint space between the talus and calcaneus.

How to find

First, locate → **KID-3** on the level of the highest prominence of the medial malleolus (→ 3.6.2), in a depression between the malleolus and the Achilles tendon. From **KID-3**, palpate 1 cun in an inferior direction to a palpable depression over the joint space between the talus and calcaneus. This is the location of **KID-5**.

Needling

0.3–0.5 cun obliquely to vertically superior to the margin of the bone.

Actions/Indications

- Regulates the *chong mai* and *ren mai*, benefits menstruation and urination

Special features

Xi-cleft point. Especially indicated for acute disorders and painful conditions.

KID-6 *Shining Sea* ZHAOHAI

Location

Approximately 1 cun inferior to the highest prominence of the medial malleolus, over the joint space between the talus and the calcaneus.

How to find

From the highest prominence of the medial malleolus (→ 3.6.2), palpate distally, until the palpating finger can feel the depression of the joint space between the talus and the calcaneus. (**KID-6** is often located between the tendons of the tibialis and flexor digitorum longus muscles.) Directly distal to this point, you can palpate a small bony prominence, the sustentaculum tali. With the patient's foot in a supinated position, a visible skin crease forms on the level of the point. Note: There are several variations regarding the exact location of this point. However, the determining aspect for its location is not the cun measurement but the joint space below the prominence.

Needling

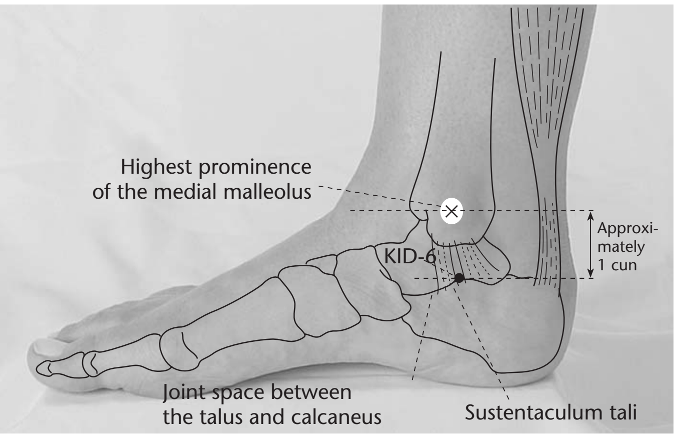
0.3–0.5 cun vertically or obliquely in a proximal direction. The needle may reach the deltoid ligament.

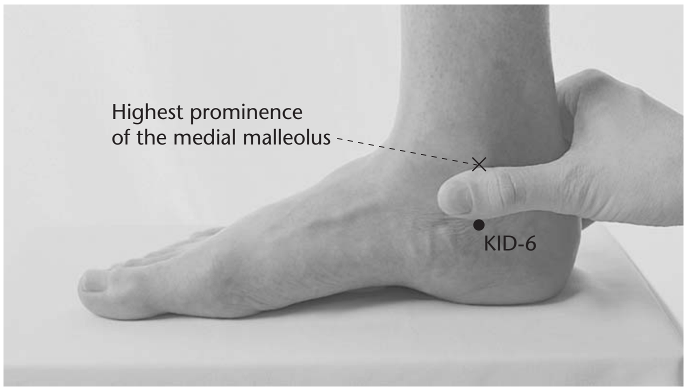
Actions/Indications

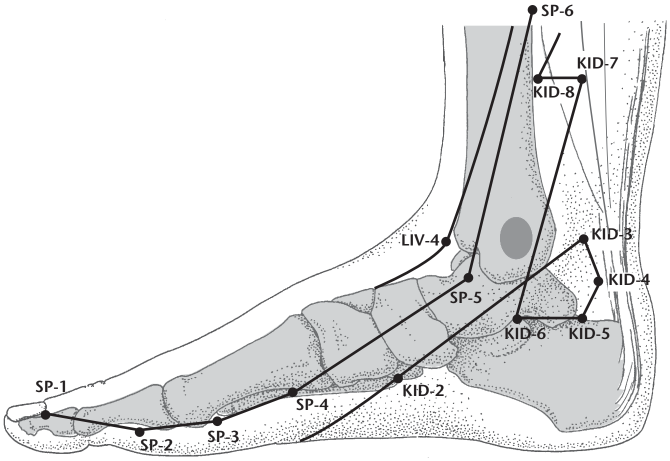
- Nourishes Kidney Yin, clears empty Heat, benefits the throat, regulates the Lower Burner
- Calms the *shen*
- Moves Qi locally

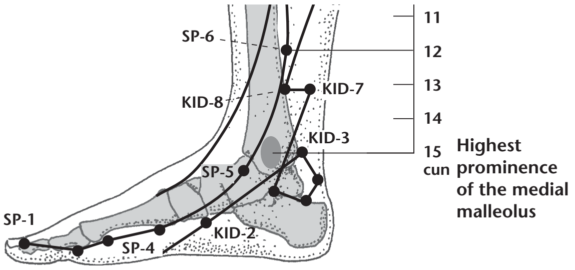
Special features

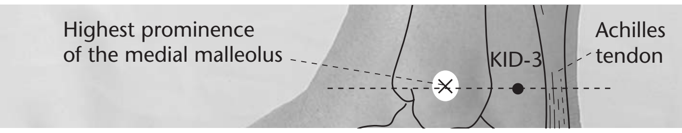
Opening (master) point of the *yin qiao mai*. Important point, especially for strengthening the Kidney Yin.


Highest prominence
of the medial malleolus
KID-6
Approxi-
mately
1 cun
Joint space between
the talus and calcaneus
Sustentaculum tali

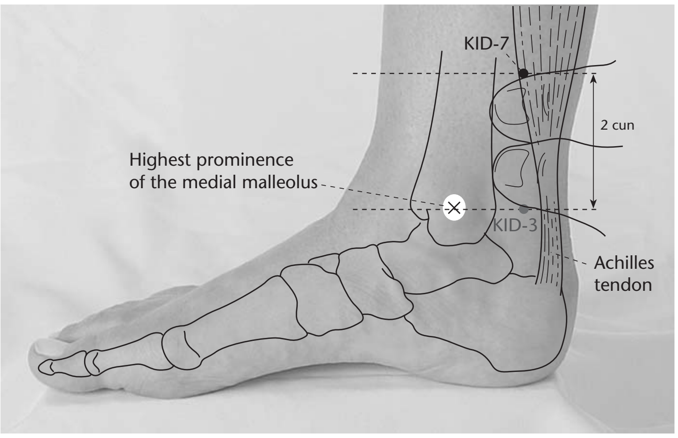

Highest prominence
of the medial malleolus
KID-6


SP-6
KID-7
KID-8
LIV-4
KID-3
KID-4
SP-5
KID-6
KID-5
SP-1
KID-2
SP-4
SP-3
SP-2


SP-6
KID-7
KID-8
KID-3
SP-5
SP-1
KID-2
SP-4
11
12
13
14
15
cun
Highest
prominence
of the medial
malleolus


Highest prominence
of the medial malleolus
KID-3
Achilles
tendon

Returning Current FULIU KID-7

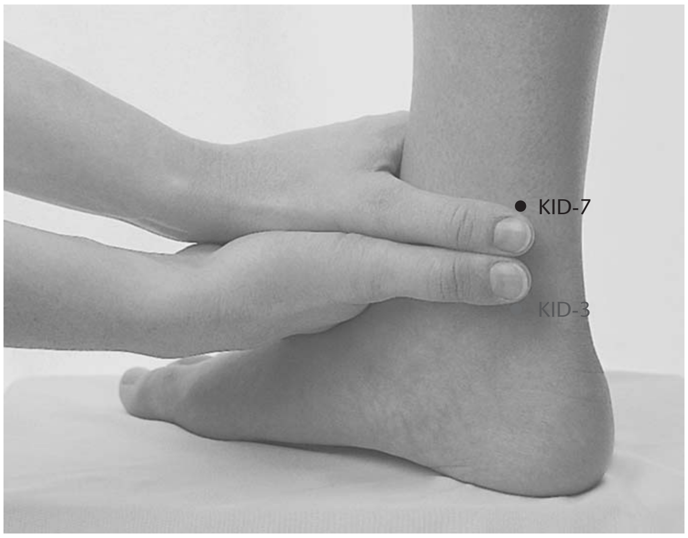

KID-7
2 cun
Highest prominence
of the medial malleolus
KID-3
Achilles
tendon

Location

2 cun proximal to → **KID-3**, at the anterior border of the Achilles tendon.

How to find

First, locate → **KID-3** on the level of the higest prominence of the medial malleolus (→ 3.6.2), in the depression between the malleolus and the Achilles tendon. From → **KID-3**, measure 2 cun in a proximal direction (towards the knee joint) and locate **KID-7** in a depression at the anterior border of the Achilles tendon.
Located on the same level, but more medially, is → **KID-8** (2 cun directly proximal to the medial malleolus).



Needling

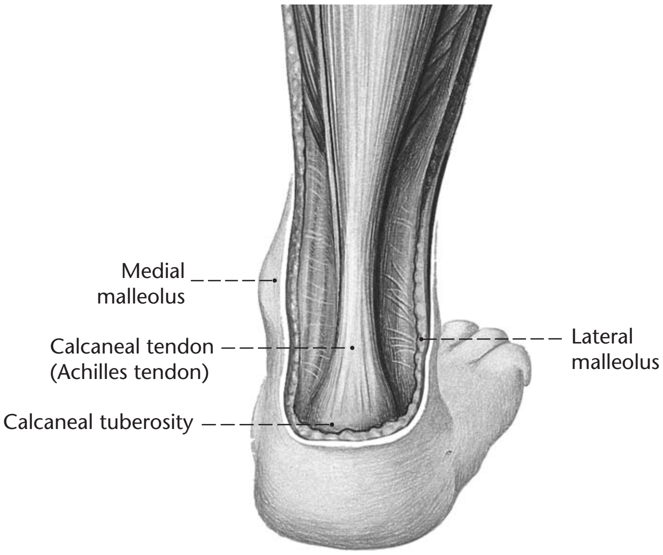
Vertically 0.5–1 cun

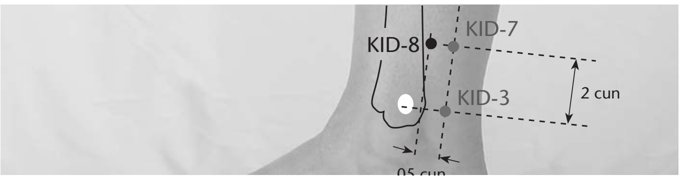
Actions/Indications

- Regulates the water passages and treats oedema, strengthens the Kidneys (especially Kidney Yang), drains Dampness and clears Damp-Heat
- For disorders of the Intestines due to Damp-Heat
- Strengthens the lumbar region

Special features

Jing-river point, Metal point, tonification point


Medial
malleolus
Calcaneal tendon
(Achilles tendon)
Calcaneal tuberosity
Lateral
malleolus


KID-8
KID-7
KID-3
2 cun

KID-8 *Exchange Belief* JIAOXIN

Location

2 cun proximal to the highest prominence of the medial malleolus, posterior to the medial border of the tibia.

How to find

KID-8 is located on the same level as → **KID-7**, but slightly closer to the border of the tibia (approximately 0.5 cun).

Needling

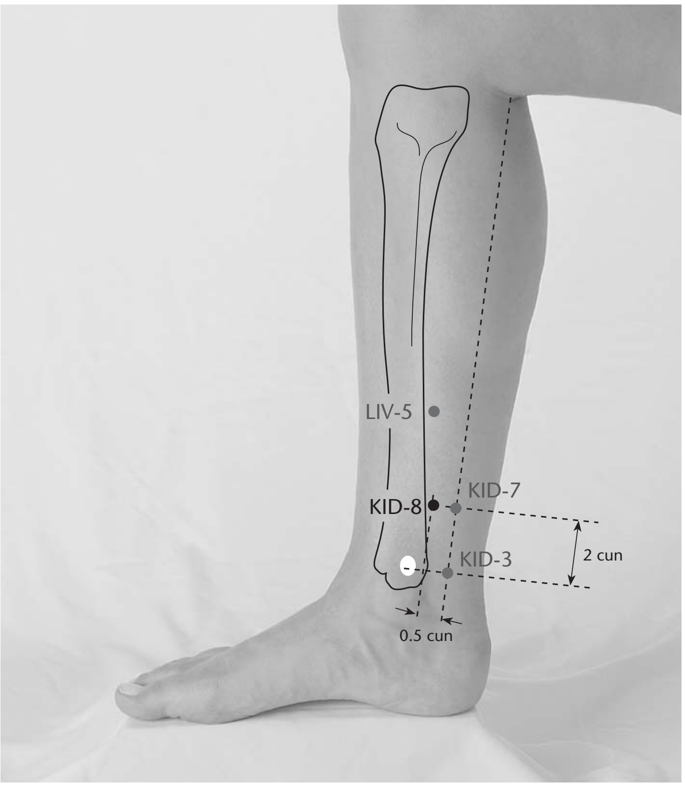
Vertically 0.5–1 cun

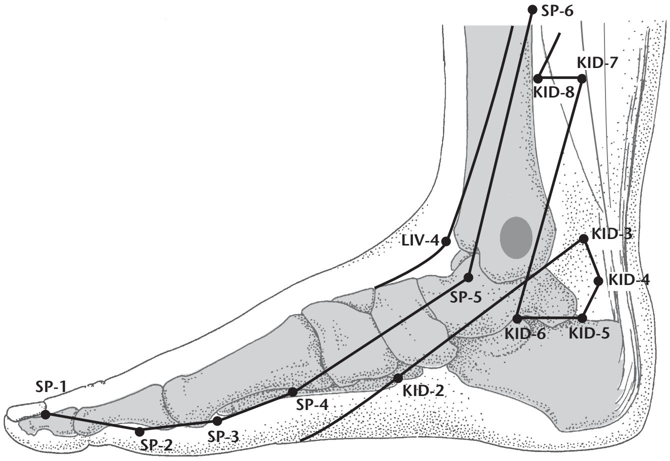
Actions/Indications

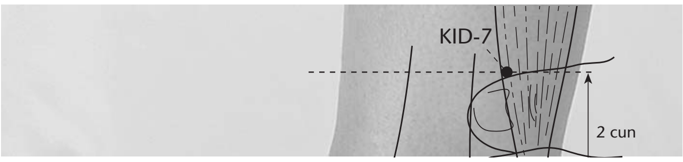
- Regulates menstruation, regulates the *ren mai* and *chong mai*
- Clears Heat and eliminates Dampness from the Lower Burner
- Treats blockages of the *yin qiao mai*

Special features

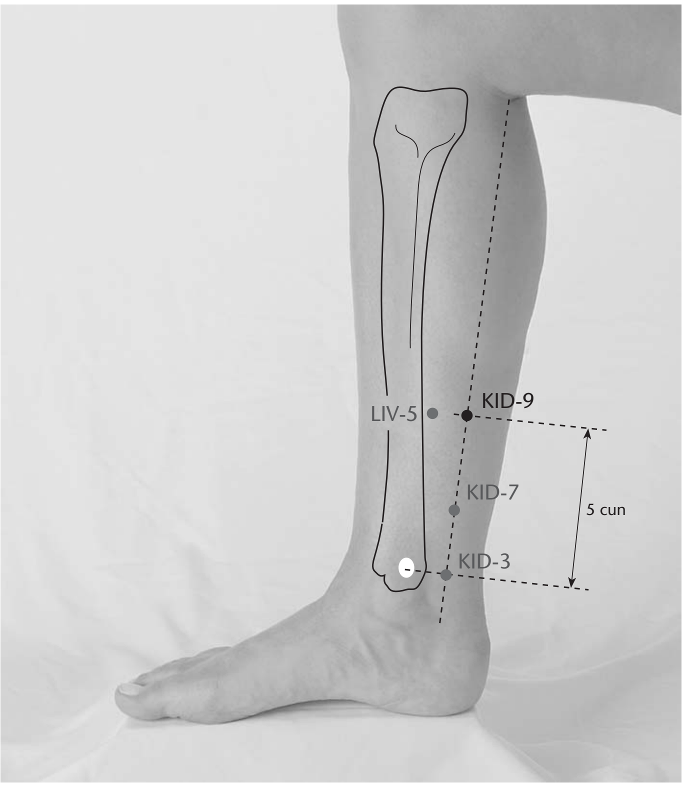
Xi-cleft point of the *yin qiao mai*

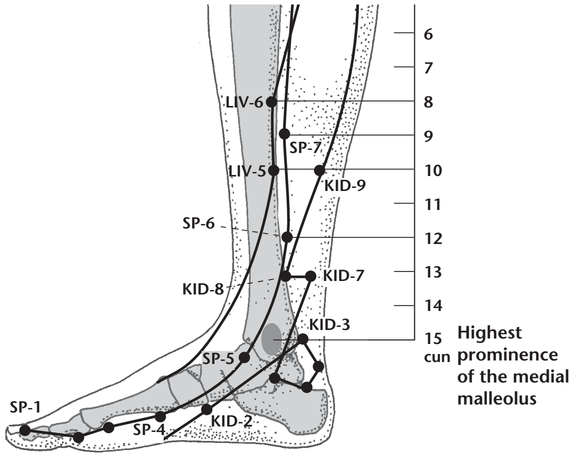

LIV-5
KID-8
KID-7
KID-3
2 cun
0.5 cun

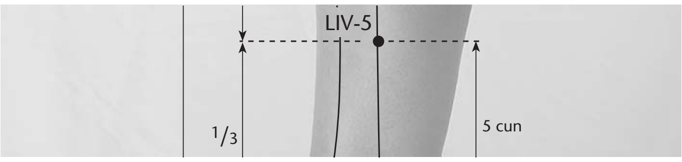

SP-6
KID-7
KID-8
KID-3
LIV-4
KID-4
SP-5
KID-6
KID-5
SP-1
KID-2
SP-4
SP-3
SP-2

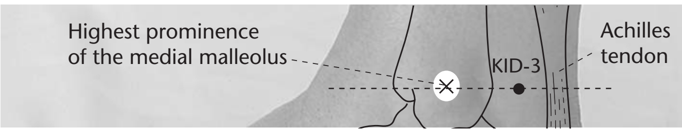


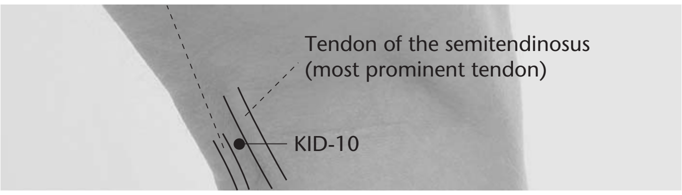
Guesthouse ZHUBIN **KID-9**


LIV-5
KID-9
KID-7
KID-3
5 cun


LIV-6
SP-7
LIV-5
KID-9
SP-6
KID-8
KID-7
KID-3
SP-5
SP-1
SP-4
KID-2
6
7
8
9
10
11
12
13
14
15 cun
Highest prominence of the medial malleolus


LIV-5
1/3
5 cun


Highest prominence of the medial malleolus
Achilles tendon
KID-3


Tendon of the semitendinosus (most prominent tendon)
KID-10

Location

5 cun proximal to the highest prominence of the medial malleolus, 2 cun posterior to the medial border of the tibia.

How to find

On a line connecting → **KID-3** (posterior to the medial malleolus) and → **KID-10** (medial aspect of the popliteal crease), measure 5 cun from the level of the prominence of the medial malleolus. Here, **KID-9** is located 2 cun posterior to the medial border of the tibia.
Located on the same level, but directly posterior to the medial border of the tibia, is → **LIV-5**.

Needling

Vertically 1–1.5 cun

Actions/Indications

- Clears the Heart and transforms Phlegm
- Regulates the Qi and alleviates pain

Special features

Xi-cleft point of the *yin wei mai*

KID-10 *Yin Valley* YINGU

Location

At the medial end of the popliteal crease, between the tendons of the semimembranosus and semitendinosus muscles, on the level of the knee joint space.

How to find

With the knee flexed less than 90°, ask the patient to press their heel against the treatment couch so that the two tendons will become more pronounced in the popliteal crease. From a medial direction, **KID-10** is located in a small gap anterior to the more prominent tendon of the semitendinosus muscle and posterior to the less well-defined tendon of the semimembranosus muscle.
→ **BL-40** is located on the same level, in the centre of the popliteal crease.

Needling

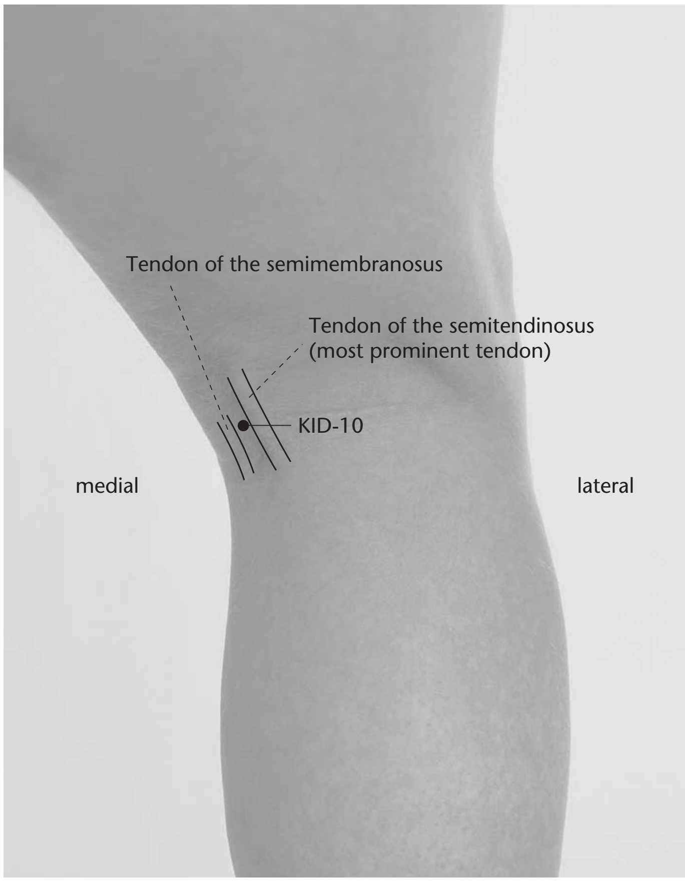
Needle 1–1.5 cun vertically from a dorsomedial aspect towards the tibial tuberosity. Avoid puncturing the tendon.

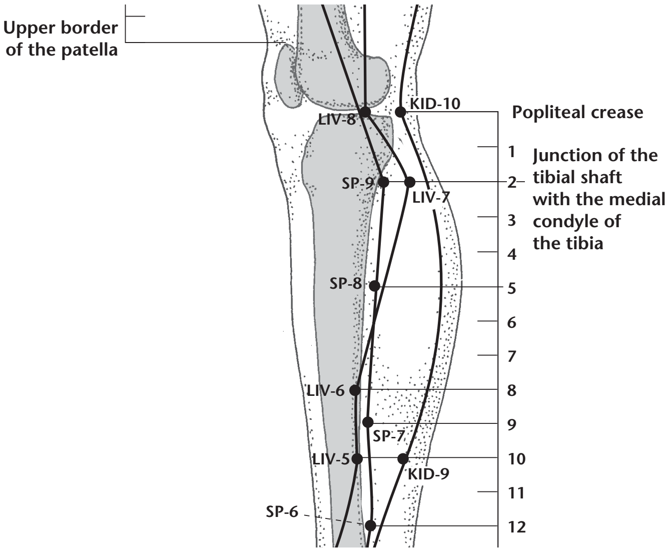
Actions/Indications

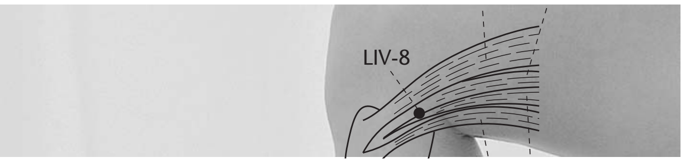
- Drains Damp-Heat from the Lower Burner and benefits the Kidneys
- Opens the channel

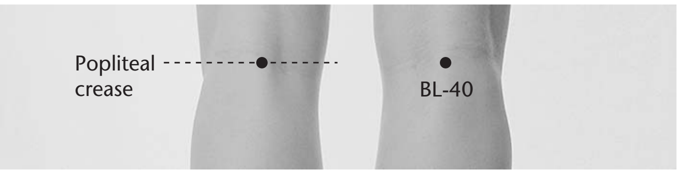
Special features

He-sea point, *ben* point (Five Phases point); for recurring urinary disorders with Kidney Yin deficiency.

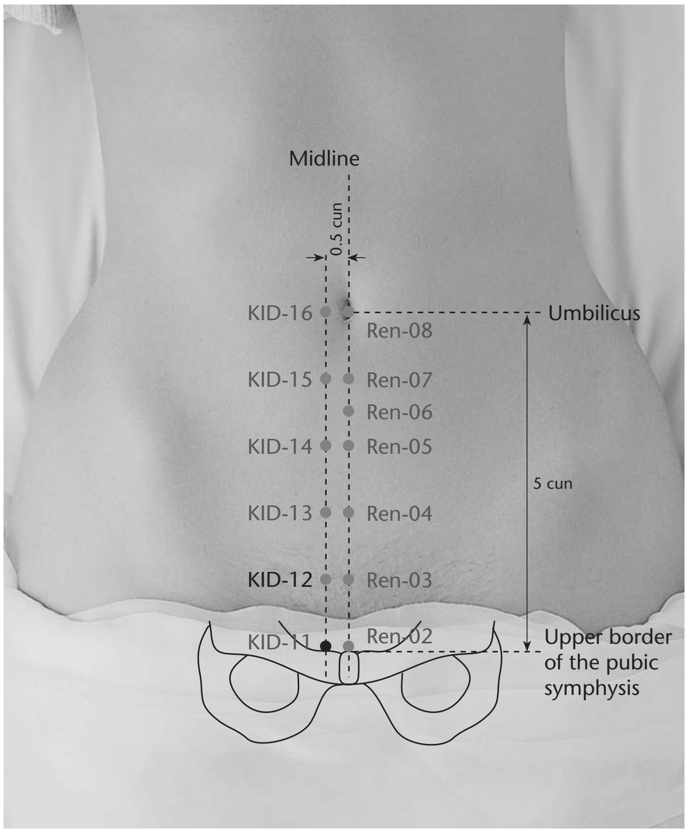

Tendon of the semimembranosus
Tendon of the semitendinosus (most prominent tendon)
KID-10
medial
lateral

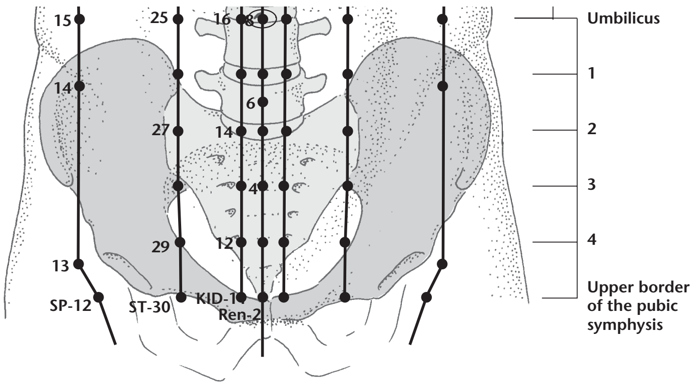

Upper border of the patella
KID-10
LIV-8
Popliteal crease
1
Junction of the tibial shaft with the medial condyle of the tibia
SP-9
LIV-7
2
3
4
SP-8
5
6
7
LIV-6
8
9
SP-7
LIV-5
10
KID-9
11
SP-6
12

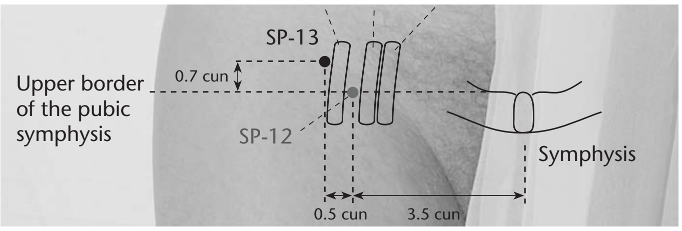



Popliteal crease
BL-40

Pubic Bone HENGGU KID-11


Midline
0.5 cun
KID-16
Ren-08
Umbilicus
KID-15
Ren-07
Ren-06
KID-14
Ren-05
5 cun
KID-13
Ren-04
KID-12
Ren-03
KID-11
Ren-02
Upper border of the pubic symphysis


15
25
16
8
14
6
27
14
4
29
12
13
SP-12
ST-30
KID-11
Ren-2
Umbilicus
1
2
3
4
Upper border of the pubic symphysis


SP-13
Upper border of the pubic symphysis
0.7 cun
SP-12
Symphysis
0.5 cun
3.5 cun

Location

At the upper border of the pubic symphysis, 0.5 cun lateral to the anterior midline.

How to find

Close to the midline, the upper border of the pubic symphysis is generally easily palpable. **KID-11** is located directly superior to its bony margin and 0.5 cun lateral to the midline.

Located on the same level are → **Ren-2** (on the midline), → **ST-30** (2 cun lateral to the midline) and → **SP-12** (3.5 cun lateral to the midline).

Needling

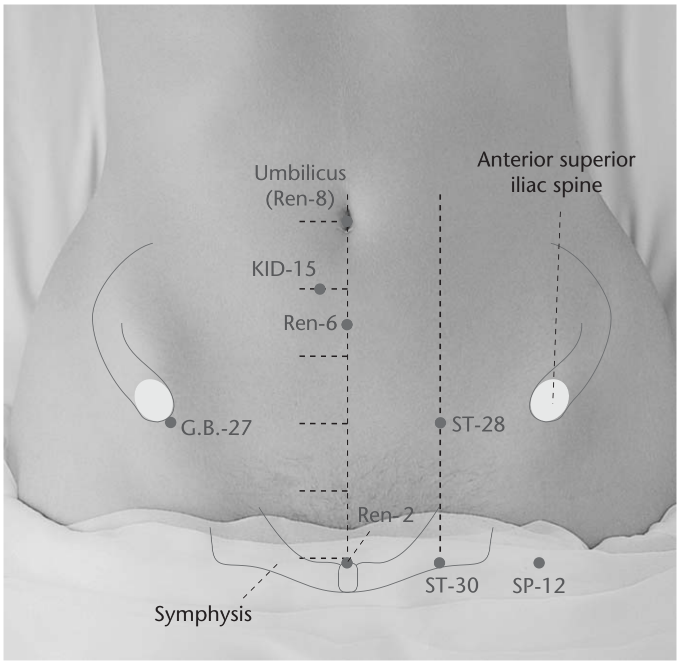
Vertically 0.5–1 cun. Caution: Peritoneum, full bladder, pregnancy.

Actions/Indications

- Regulates the Lower Burner and the water passages, strengthens the Kidneys

Special features

Meeting point with the *chong mai*


Umbilicus (Ren-8)
Anterior superior iliac spine
KID-15
Ren-6
G.B.-27
ST-28
Ren-2
Symphysis
ST-30
SP-12

KID-12 *Great Luminance* DAHE

Location

1 cun superior to the upper border of the pubic symphysis, 0.5 cun lateral to the anterior midline.

How to find

The distance between the centre of the umbilicus and the upper border of the pubic symphysis is divided into 5 proportional cun. As these can vary considerably from finger cun measurements, only proportional cun measurements should be applied (elastic tape → 2.3.1). From the upper border of the pubic symphysis, measure 1 cun in a superior direction and on this level locate **KID-12** 0.5 cun lateral to the midline. Located on the same level are → **Ren-3** (on the midline), → **ST-29** (2 cun lateral to the midline) and → **Ex-CA-1** (*zigong*; 3 cun lateral to the midline).

Needling

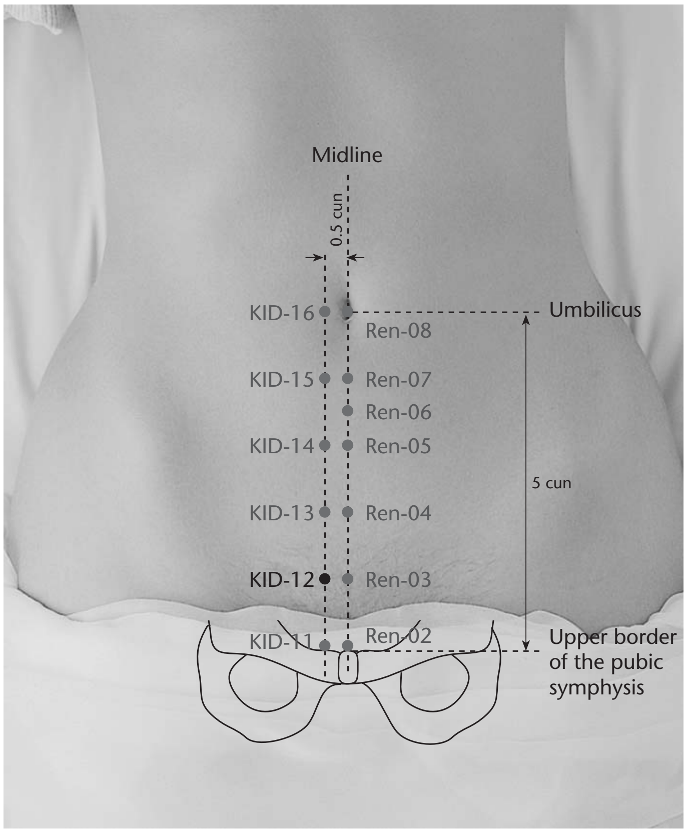
Vertically 0.5–1 cun. Caution: Peritoneum, full bladder, pregnancy.

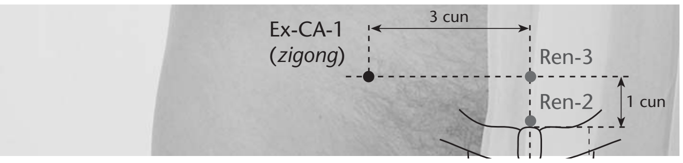
Actions/Indications

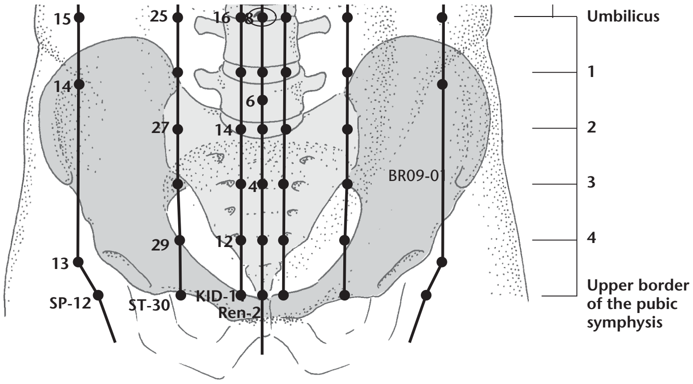
- Regulates the Lower Burner, strengthens the Kidneys and the Essence (*jing*)

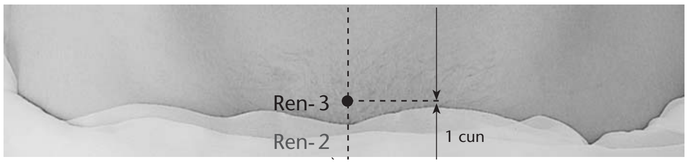
Special features

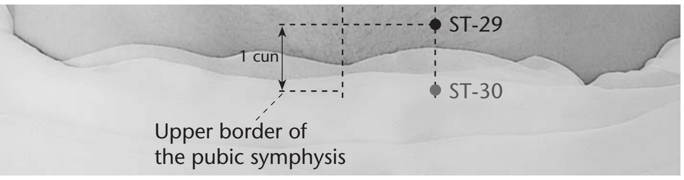
Meeting point with the *chong mai*


Midline
0.5 cun
KID-16
Ren-08
Umbilicus
KID-15
Ren-07
Ren-06
KID-14
Ren-05
5 cun
KID-13
Ren-04
KID-12
Ren-03
KID-11
Ren-02
Upper border of the pubic symphysis

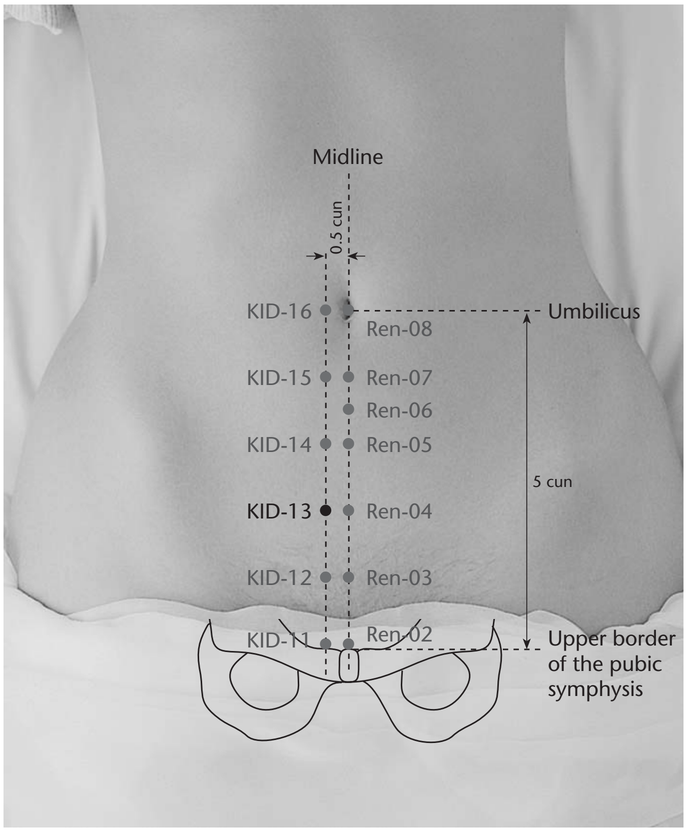

Ex-CA-1
(zigong)
3 cun
Ren-3
Ren-2
1 cun


15
25
16
8
14
6
27
14
4
BR09-01
29
12
13
SP-12
ST-30
KID-11
Ren-2
Umbilicus
1
2
3
4
Upper border of the pubic symphysis


Ren-3
Ren-2
1 cun


ST-29
1 cun
ST-30
Upper border of the pubic symphysis

Qi Cave QIXUE KID-13


Midline
0.5 cun
KID-16
Ren-08
Umbilicus
KID-15
Ren-07
Ren-06
KID-14
Ren-05
5 cun
KID-13
Ren-04
KID-12
Ren-03
KID-11
Ren-02
Upper border of the pubic symphysis

Location

2 cun superior to the upper border of the pubic symphysis, 0.5 cun lateral to the anterior midline.

How to find

The distance between the centre of the umbilicus and the upper border of the pubic symphysis is divided into 5 proportional cun. As these can vary considerably from finger cun measurements, only proportional cun measurements should be applied (elastic tape → 2.3.1). From the upper border of the pubic symphysis, measure 2 cun in a superior direction and on this level locate **KID-13** 0.5 cun lateral to the midline.

Located on the same level are → **Ren-4** (on the midline), → **ST-28** (2 cun lateral to the midline), → **Ex-CA** (*tituo*/*qimen*/*yijing*: 4/3/1 cun lateral to the midline) and → **G.B.-27** (anterior and medial to the ASIS).

Needling

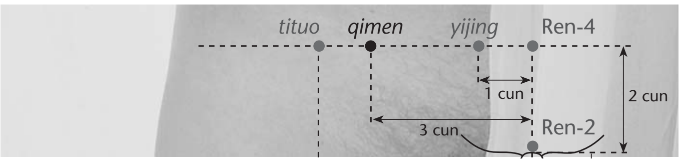
Vertically 0.5–1 cun. Caution: Peritoneum, full bladder, pregnancy.

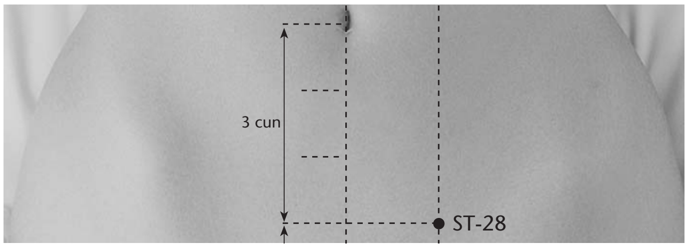
Actions/Indications

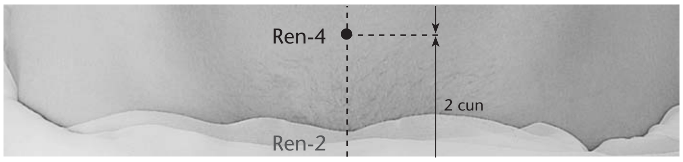
- Regulates the Lower Burner, regulates the *chong mai* and *ren mai*, strengthens the Kidneys and the essence (*jing*)

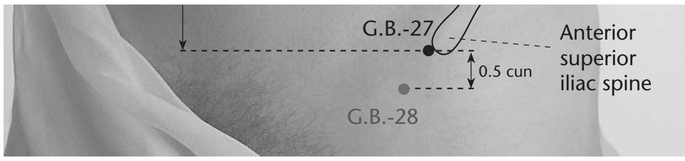
Special features

Meeting point with the *chong mai*


tituo
qimen
yijing
Ren-4
1 cun
2 cun
3 cun
Ren-2




Ren-4
2 cun
Ren-2


G.B.-27
Anterior superior iliac spine
0.5 cun
G.B.-28

KID-14 *Four Fullnesses* SIMAN

Location

2 cun inferior to the umbilicus, 0.5 cun lateral to the anterior midline.

How to find

The distance between the centre of the umbilicus and the upper border of the pubic symphysis is divided into 5 proportional cun. As these can vary considerably from finger cun measurements, only proportional cun measurements should be applied (elastic tape → 2.3.1). From the centre of the umbilicus, measure 2 cun in an inferior direction and on this level locate **KID-14** 0.5 cun lateral to the midline.

Located on the same level are → **Ren-5** (on the midline) and → **ST-27** (2 cun lateral to the midline).

Needling

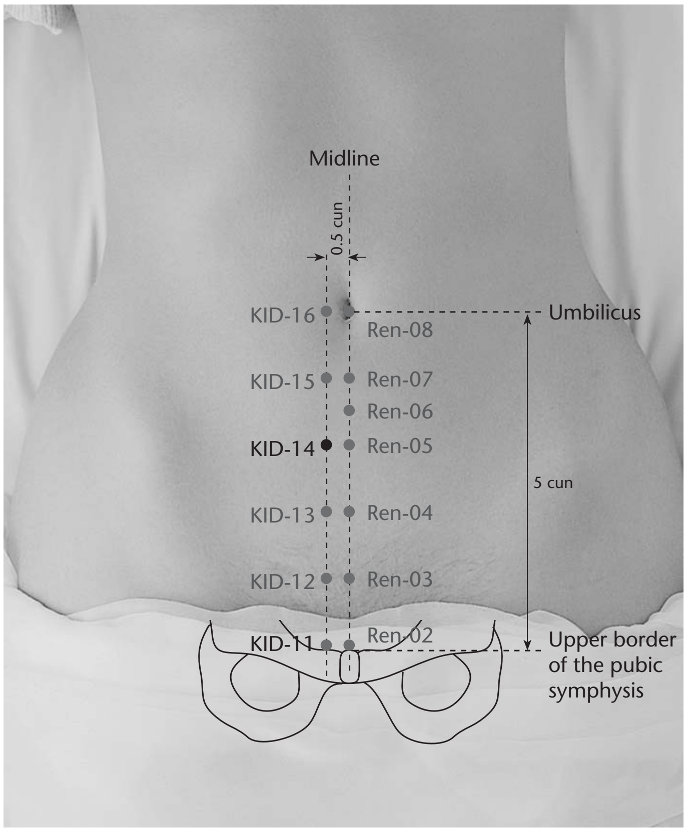
Vertically 0.5–1 cun. Caution: Peritoneum, pregnancy.

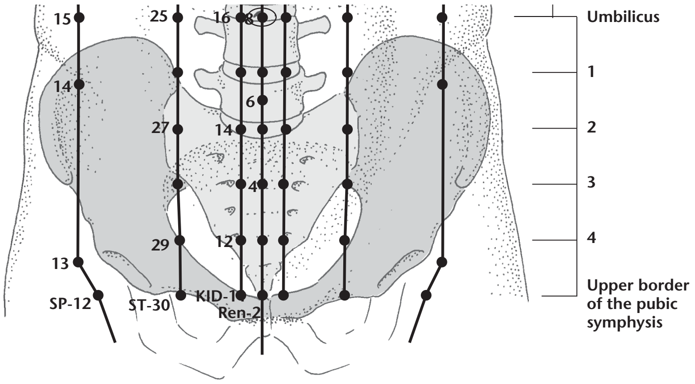
Actions/Indications

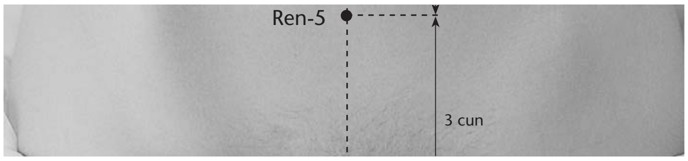
- Regulates the Lower Burner and benefits the Kidneys
- Regulates the water passages
- Regulates the Qi and moves Blood stasis

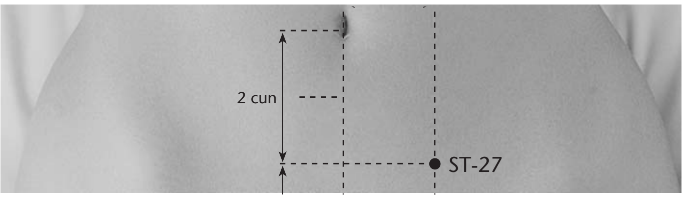
Special features

Meeting point with the *chong mai*

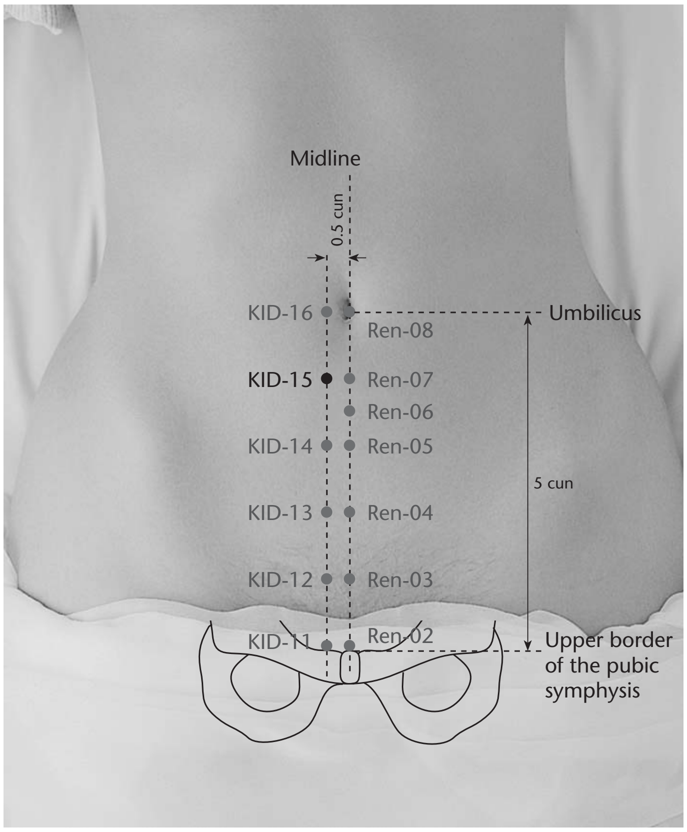

Midline
0.5 cun
KID-16
Ren-08
Umbilicus
KID-15
Ren-07
Ren-06
KID-14
Ren-05
5 cun
KID-13
Ren-04
KID-12
Ren-03
KID-11
Ren-02
Upper border of the pubic symphysis

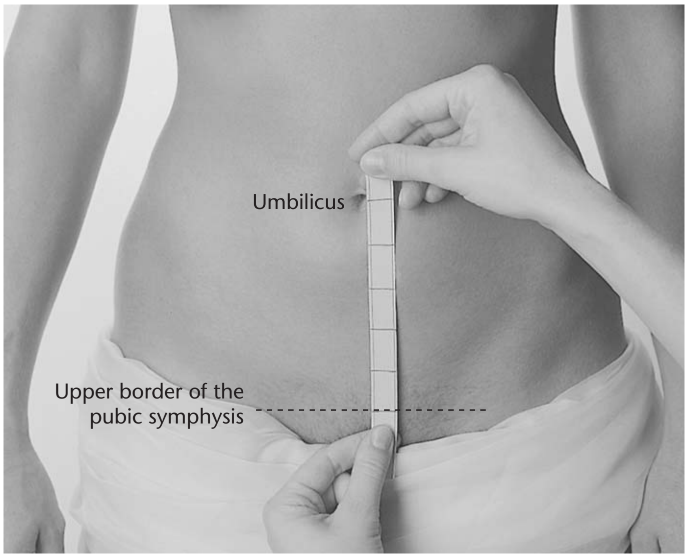

15
25
16
8
14
6
27
14
4
29
12
13
SP-12
ST-30
KID-11
Ren-2
Umbilicus
1
2
3
4
Upper border of the pubic symphysis

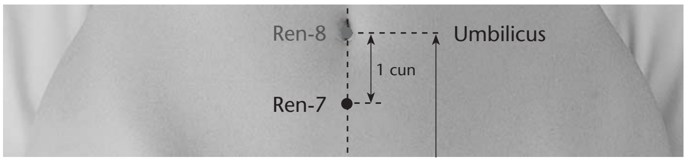


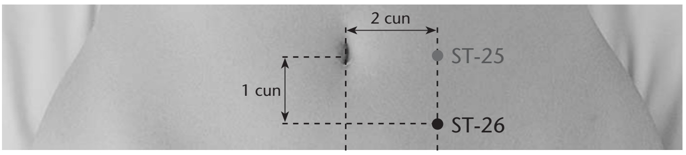


Middle Flow ZHONGZHU **KID-15**


Midline
0.5 cun
KID-16
Ren-08
Umbilicus
KID-15
Ren-07
Ren-06
KID-14
Ren-05
5 cun
KID-13
Ren-04
KID-12
Ren-03
KID-11
Ren-02
Upper border of the pubic symphysis


Umbilicus
Upper border of the pubic symphysis


Ren-8
Umbilicus
1 cun
Ren-7


2 cun
ST-25
1 cun
ST-26

Location

1 cun inferior to the umbilicus, 0.5 cun lateral to the anterior midline.

How to find

The distance between the centre of the umbilicus and the upper border of the pubic symphysis is divided into 5 proportional cun. As these can vary considerably from finger cun measurements, only proportional cun measurements should be applied (elastic tape → 2.3.1). From the centre of the umbilicus, measure 1 cun in an inferior direction and on this level locate **KID-15** 0.5 cun lateral to the midline.

Located on the same level are → **Ren-7** (on the midline) and → **ST-26** (2 cun lateral to the midline).

Needling

Vertically 0.5–1 cun. Caution: Peritoneum, pregnancy.

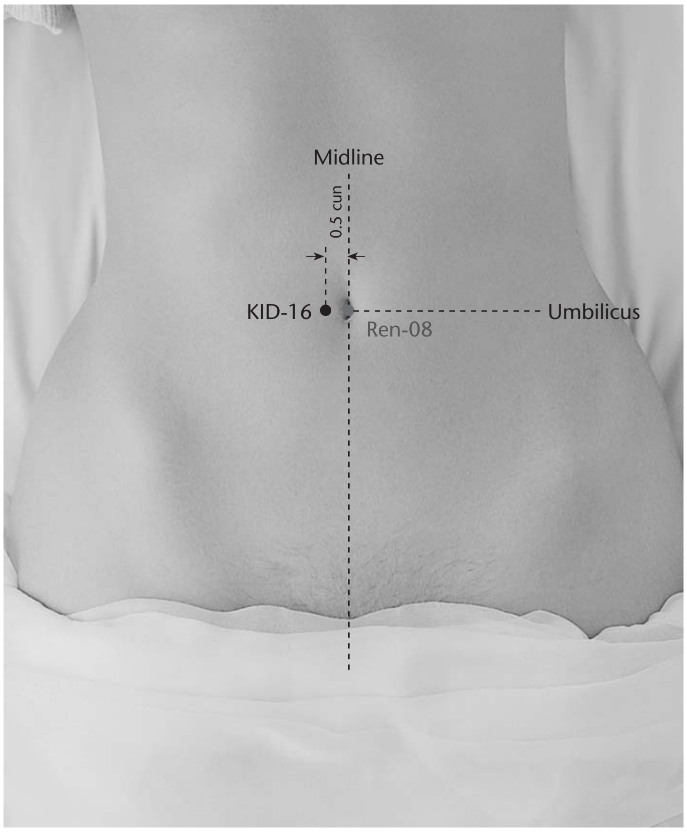
Actions/Indications

- Regulates the Intestines
- Regulates the Lower Burner

Special features

Meeting point with the *chong mai*

KID-16 *Vitals* Shu HUANGSHU


Midline
0.5 cun
KID-16
Umbilicus
Ren-08

Location

0.5 cun lateral to the centre of the umbilicus.

How to find

From the centre of the umbilicus, measure 0.5 cun in a lateral direction. Located on the same level are → **Ren-8** (in the centre of the umbilicus), → **ST-25** (2 cun lateral to the midline), → **SP-15** (4 cun lateral to the midline) and → **G.B.-26** (on the level of umbilicus, on a vertical line drawn through the free end of the 11th rib).

Needling

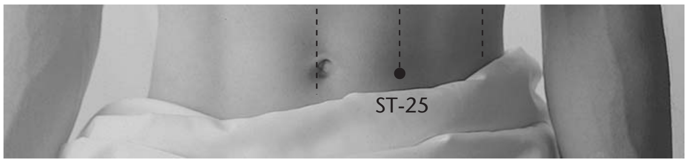
Vertically 0.5–1 cun. Caution: Peritoneum, pregnancy. Avoid the umbilicus.

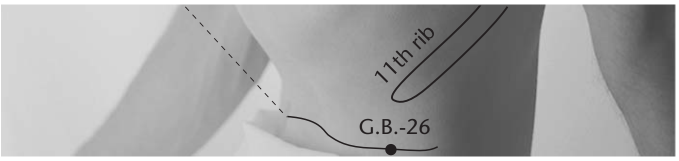
Actions/Indications

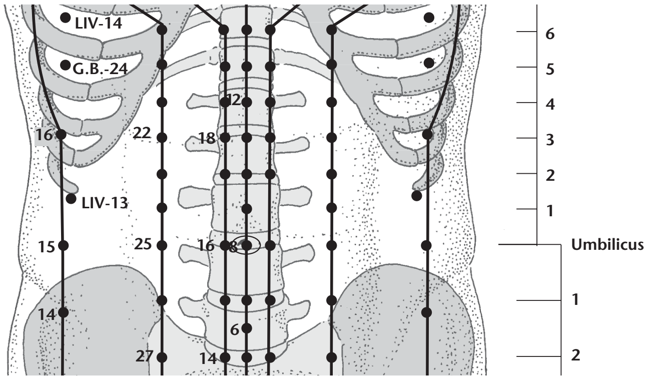
- Regulates the Qi, regulates and warms the Stomach and Intestines

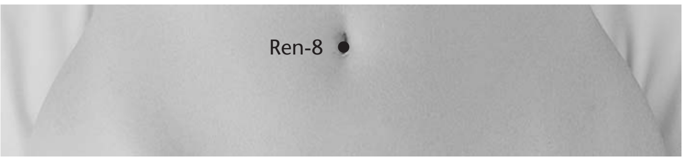
Special features

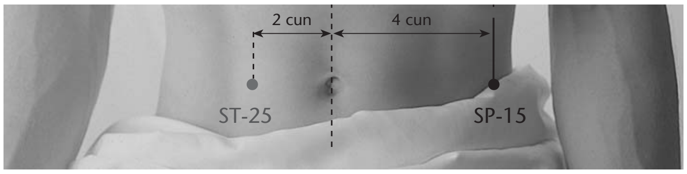
Meeting point with the *chong mai*



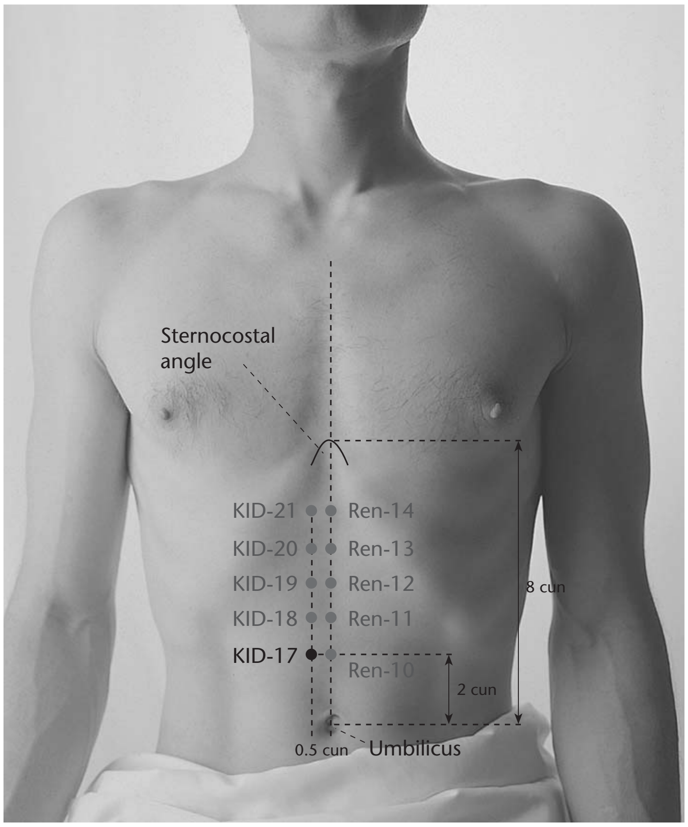

11th rib
G.B.-26


LIV-14
G.B.-24
12
16
22
18
LIV-13
15
25
16
8
14
6
27
14
6
5
4
3
2
1
Umbilicus
1
2




2 cun
4 cun
ST-25
SP-15

Shang Bend SHANGQU KID-17


Sternocostal angle
KID-21
Ren-14
KID-20
Ren-13
KID-19
Ren-12
KID-18
Ren-11
KID-17
Ren-10
8 cun
2 cun
0.5 cun
Umbilicus

Location

2 cun superior to the umbilicus, 0.5 cun lateral to the anterior midline.

How to find

The distance between the sternocostal angle (→ 3.5) and the centre of the umbilicus is divided into 8 proportional cun, which can vary considerably from the patient's finger cun. Therefore, only proportional cun should be used (elastic tape → 2.3.1). From the centre of the umbilicus, measure 2 cun in a superior direction and on this level locate **KID-17** 0.5 cun lateral to the midline.
Located on the same level are → **Ren-10** (on the midline), → **ST-23** (2 cun lateral to the midline) and **Ex-CA** (*weishang*, 4 cun lateral to the midline).

Needling

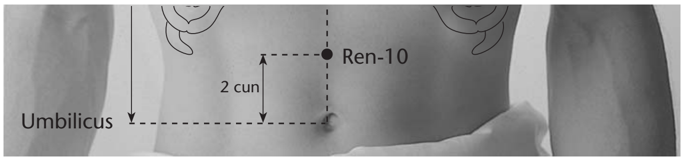
Vertically 0.5–1 cun. Caution: Peritoneum, pregnancy.

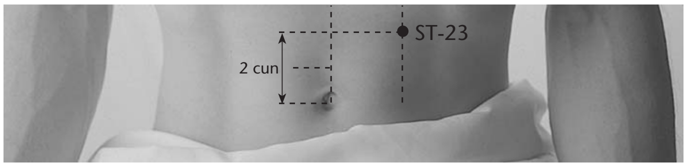
Actions/Indications

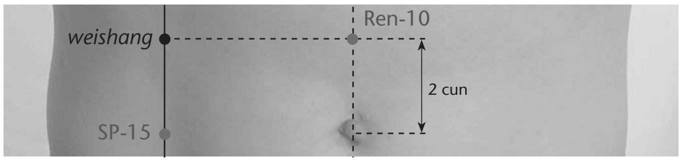
- Regulates the Stomach and Intestines, eliminates stagnation

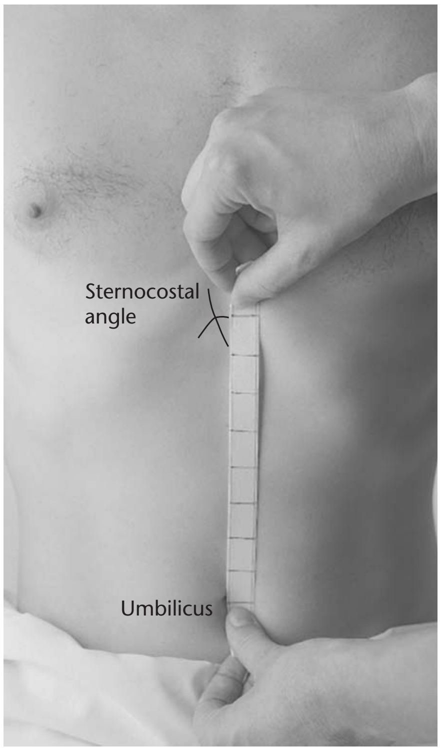
Special features

Meeting point with the *chong mai*


Ren-10
2 cun
Umbilicus




weishang
Ren-10
2 cun
SP-15


Sternocostal angle
Umbilicus

KID-18 *Stone Gate* SHIGUAN

Location

3 cun superior to the umbilicus, 0.5 cun lateral to the anterior midline.

How to find

The distance between the sternocostal angle (→ 3.5) and the centre of the umbilicus is divided into 8 proportional cun, which can vary considerably from the patient's finger cun. Therefore, only proportional cun measurements should be used (elastic tape → 2.3.1). From the centre of the umbilicus measure 3 cun in a superior direction and on this level locate **KID-18** 0.5 cun lateral to the midline.

Located on the same level are → **Ren-11** (on the midline), → **ST-22** (2 cun lateral to the midline) and → **SP-16** (on the mamillary line).

Needling

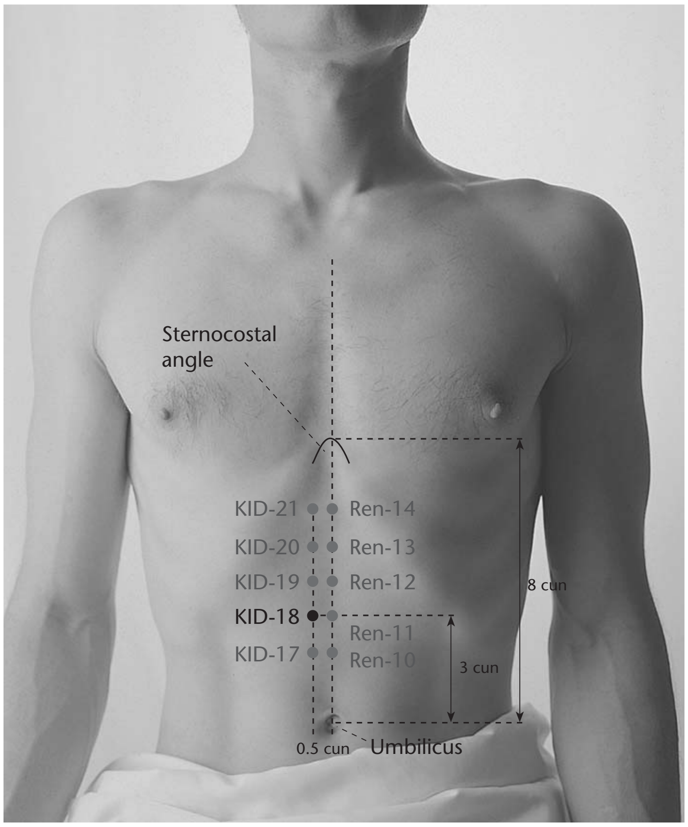
Vertically 0.5–1 cun. Caution: Peritoneum, pregnancy.

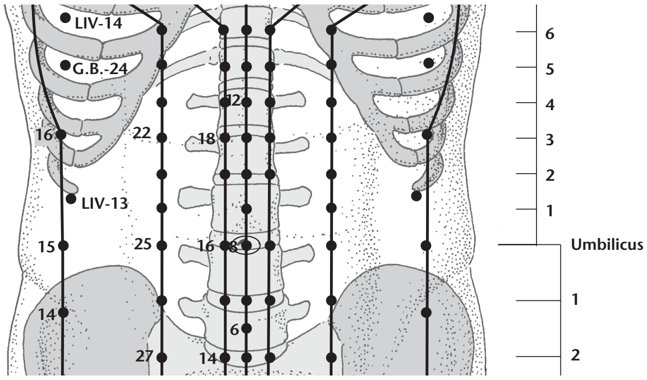
Actions/Indications

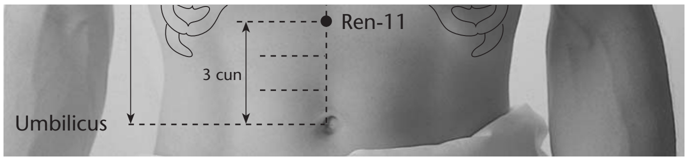
- Strengthens the Middle, regulates the Stomach and Intestines, removes Blood stagnation

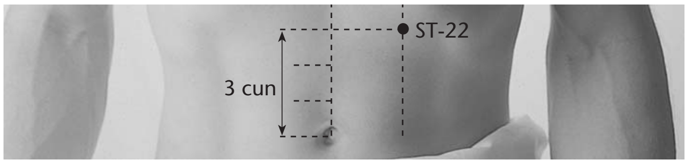
Special features

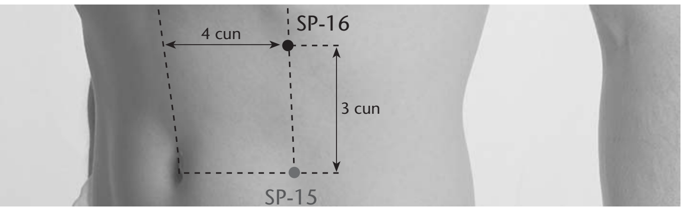
Meeting point with the *chong mai*


Sternocostal angle
KID-21
Ren-14
KID-20
Ren-13
KID-19
Ren-12
8 cun
KID-18
Ren-11
KID-17
Ren-10
3 cun
0.5 cun
Umbilicus

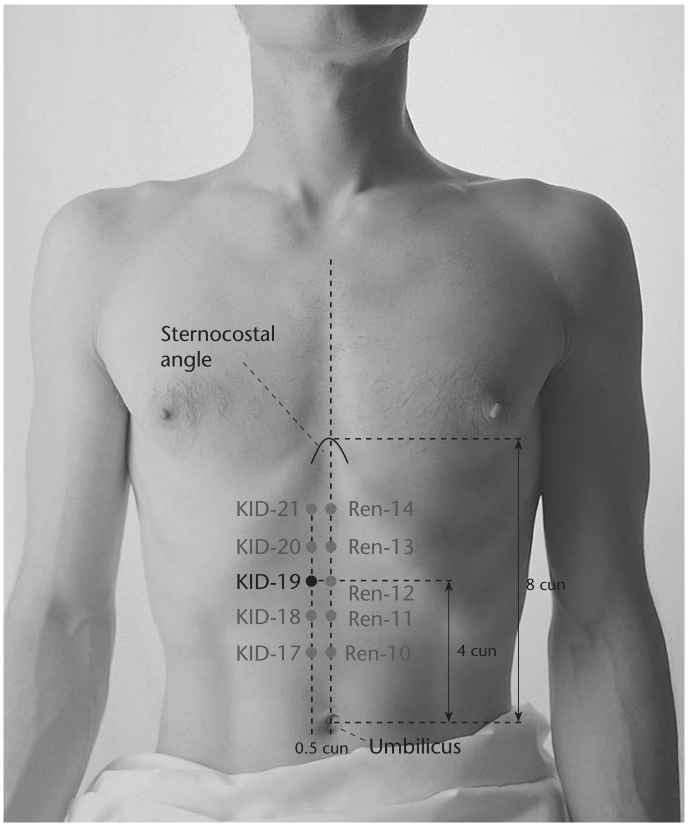

LIV-14
G.B.-24
12
16
22
18
LIV-13
15
25
16
8
14
6
27
14
6
5
4
3
2
1
Umbilicus
1
2

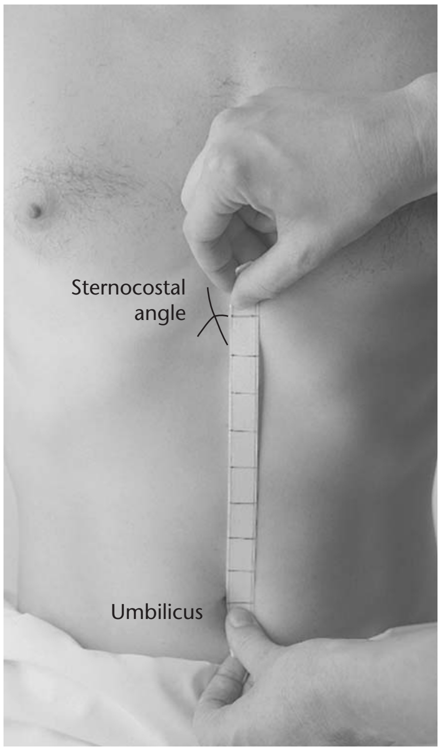

Ren-11
3 cun
Umbilicus




4 cun
SP-16
3 cun
SP-15

Yin Metropolis YINDU KID-19


Sternocostal angle
KID-21
Ren-14
KID-20
Ren-13
KID-19
Ren-12
KID-18
Ren-11
KID-17
Ren-10
8 cun
4 cun
0.5 cun
Umbilicus


Sternocostal angle
Umbilicus

Location

Midway between the sternocostal angle and the centre of the umbilicus, 0.5 cun lateral to the anterior midline.

How to find

The distance between the sternocostal angle (→ 3.5) and the centre of the umbilicus is divided into 8 proportional cun, which can vary considerably from the patient's finger cun. Therefore, only proportional cun should be used (elastic tape → 2.3.1). Spreading hands technique (→ 2.3.3): Place the little fingers on the centre of the umbilicus and the sternocostal angle respectively and join the thumbs at the midpoint of this distance by evenly spreading both hands. **KID-19** is located on this level, 0.5 cun lateral to the midline.

Located on the same level are → **Ren-12** (on the midline) and → **ST-21** (2 cun lateral to the midline).

Needling

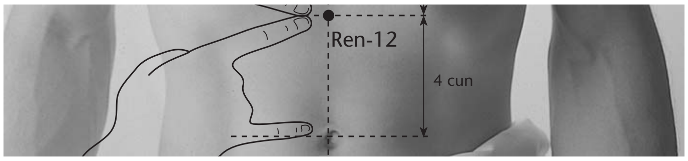
Vertically 0.5–1 cun. Caution: Peritoneum, pregnancy.

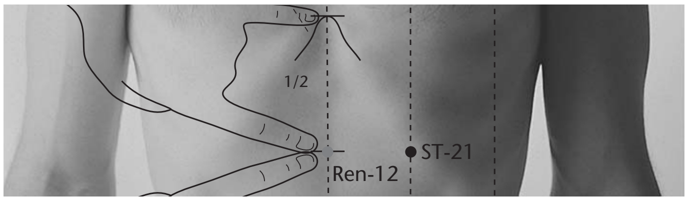
Actions/Indications

- Regulates the Qi, regulates the Stomach and Intestines
- Regulates counterflow Qi

Special features

Meeting point with the *chong mai*




1/2
ST-21
Ren-12

KID-20 *Abdomen Connecting Valley* FUTONGGU

Location

5 cun superior to the umbilicus or 3 cun inferior to the sternocostal angle, 0.5 cun lateral to the anterior midline.

How to find

The distance between the sternocostal angle (→ 3.5) and the centre of the umbilicus is divided into 8 proportional cun, which can vary considerably from the patient's finger cun. Therefore, only proportional cun measurements should be used (elastic tape → 2.3.1). From the sternocostal angle, measure 3 cun in an inferior direction and on this level locate **KID-20** 0.5 cun lateral to the midline.

Located on the same level are → **Ren-13** (on the midline), → **ST-20** (2 cun lateral to the midline) and → **G.B.-24** (on the mamillary line, in the 7th intercostal space).

Needling

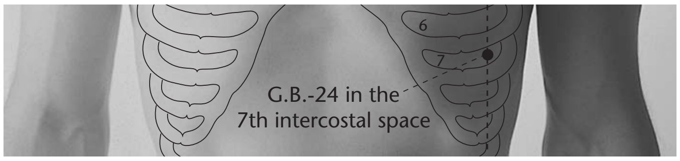
Vertically 0.5–1 cun. Caution: Peritoneum, pregnancy.

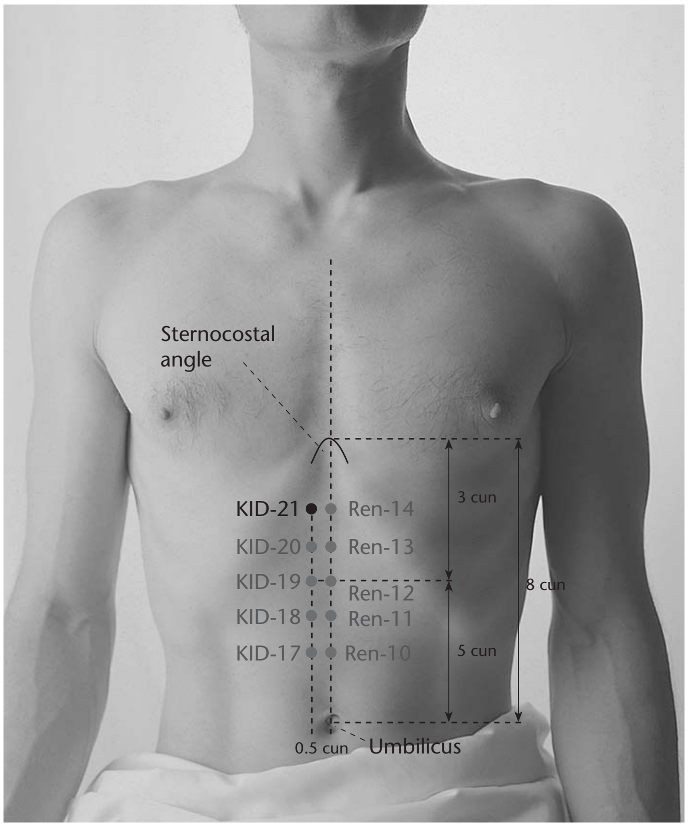
Actions/Indications

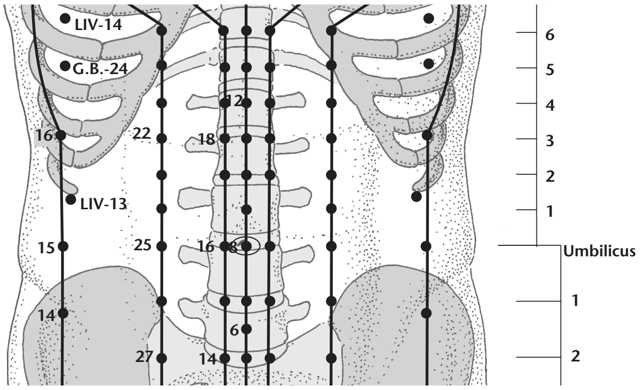
- Strengthens the Spleen, harmonises the Stomach and Intestines, regulates counterflow Qi

Special features

Meeting point with the *chong mai*


6
7
G.B.-24 in the
7th intercostal space


Sternocostal
angle
KID-21
Ren-14
KID-20
Ren-13
KID-19
Ren-12
KID-18
Ren-11
KID-17
Ren-10
3 cun
8 cun
5 cun
0.5 cun
Umbilicus


LIV-14
G.B.-24
12
16
22
18
LIV-13
15
25
16
8
14
6
27
14
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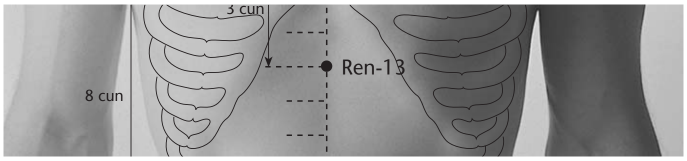
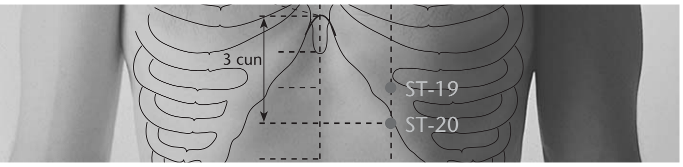
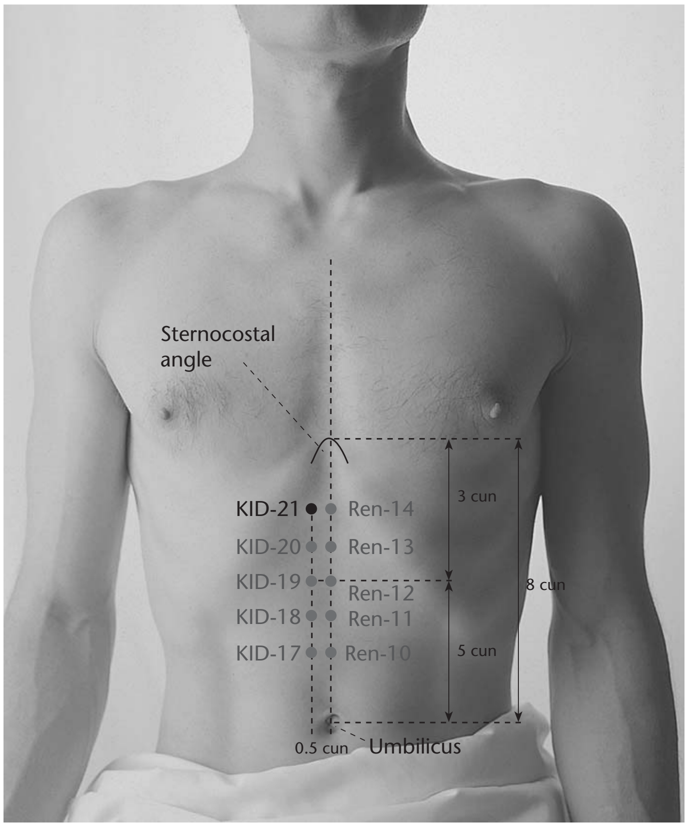
5
4
3
2
1
Umbilicus
1
2


3 cun
Ren-13
8 cun


3 cun
ST-19
ST-20

Hidden Gate YOUMEN KID-21


Sternocostal angle
3 cun
KID-21
Ren-14
KID-20
Ren-13
KID-19
Ren-12
8 cun
KID-18
Ren-11
KID-17
Ren-10
5 cun
0.5 cun
Umbilicus

Location

2 cun inferior to the sternocostal angle, 0.5 cun lateral to the anterior midline.

How to find

The distance between the sternocostal angle (→ 3.5) and the centre of the umbilicus is divided into 8 proportional cun, which can vary considerably from the patient's finger cun. Therefore, only proportional cun should be used (elastic tape → 2.3.1). From the sternocostal angle, measure 2 cun in an inferior direction and on this level locate **KID-21** 0.5 cun lateral to the midline.

Located on the same level are → **Ren-14** (on the midline), → **ST-19** (2 cun lateral to the midline) and → **LIV-14** (on the mamillary line, in the 6th intercostal space).

Needling

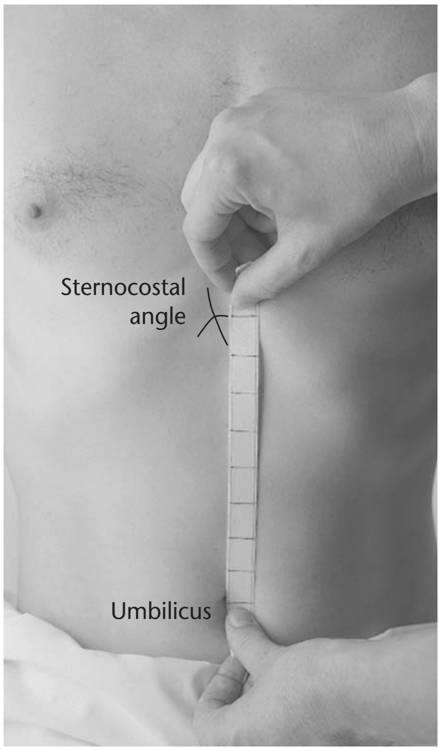
Vertically 0.5–1 cun. Caution: The liver is located on the right, the peritoneum on the left. Caution during pregnancy.

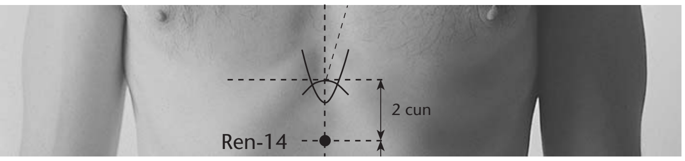
Actions/Indications

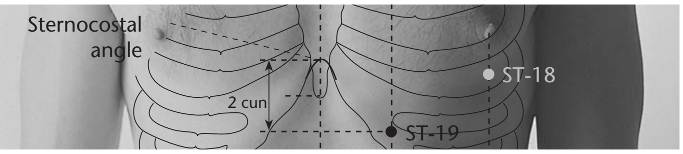
- Harmonises the Stomach, regulates counterflow Qi

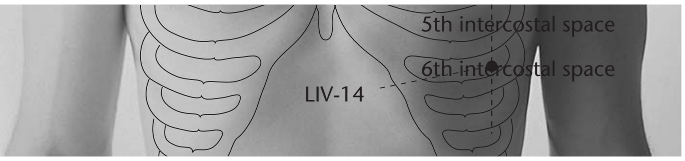
Special features

Meeting point with the *chong mai*. Last point of the *chong mai* located on the Kidney channel.

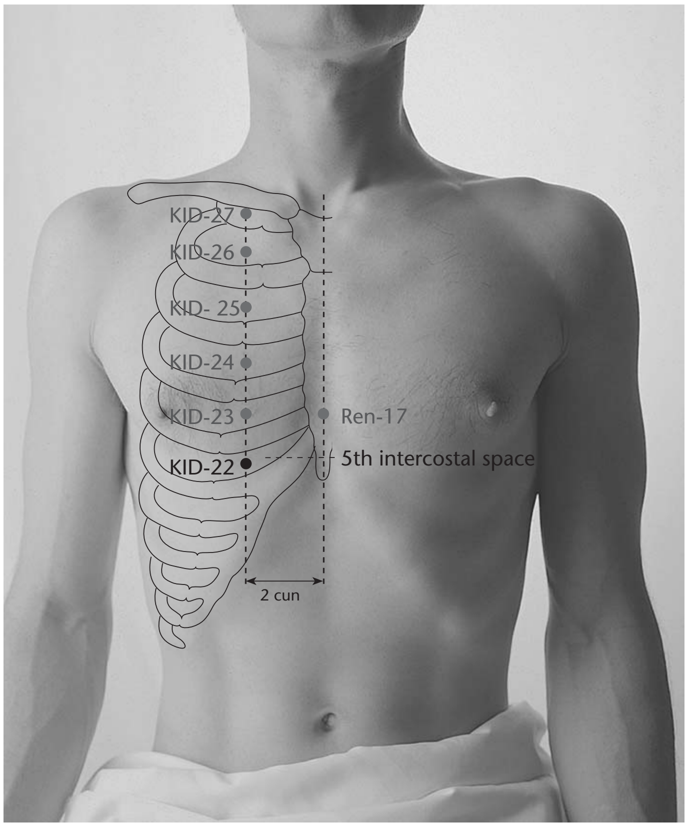

Sternocostal angle
Umbilicus




Sternocostal angle
ST-18
2 cun
ST-19


5th intercostal space
6th intercostal space
LIV-14

KID-22 *Walking Corridor* BULANG


KID-27
KID-26
KID- 25
KID-24
KID-23
KID-22
Ren-17
5th intercostal space
2 cun

Location

In the 5th intercostal space (ICS), 2 cun lateral to the anterior midline.

How to find

Locate the 5th ICS either by counting parasternally from the clavicle or from the manubriosternal synchondrosis (→ 2nd rib) (→ 3.5), then locate **KID-22** 2 cun lateral to the anterior midline. Located on the same level (5th ICS) are → **Ren-16** (on the midline), → **ST-18** (on the mamillary line) and → **SP-17** (6 cun lateral to the midline).

Needling

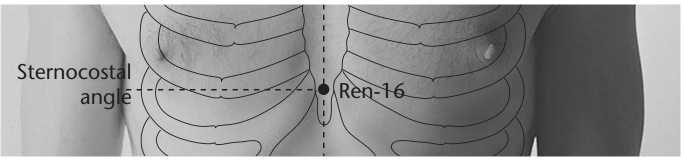
0.5–0.8 cun obliquely or transversely (subcutaneously) with or against the channel pathway. Caution: Avoid injuring the liver (on the right side), the heart (on the left side) and the pleura.

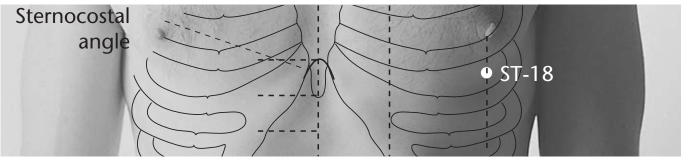
Actions/Indications

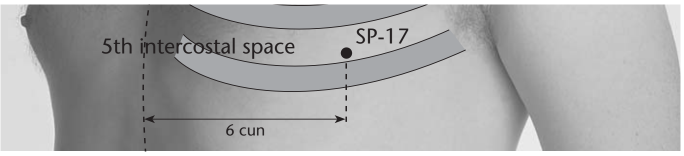
- Regulates the Lung Qi and counterflow Qi, unbinds the chest

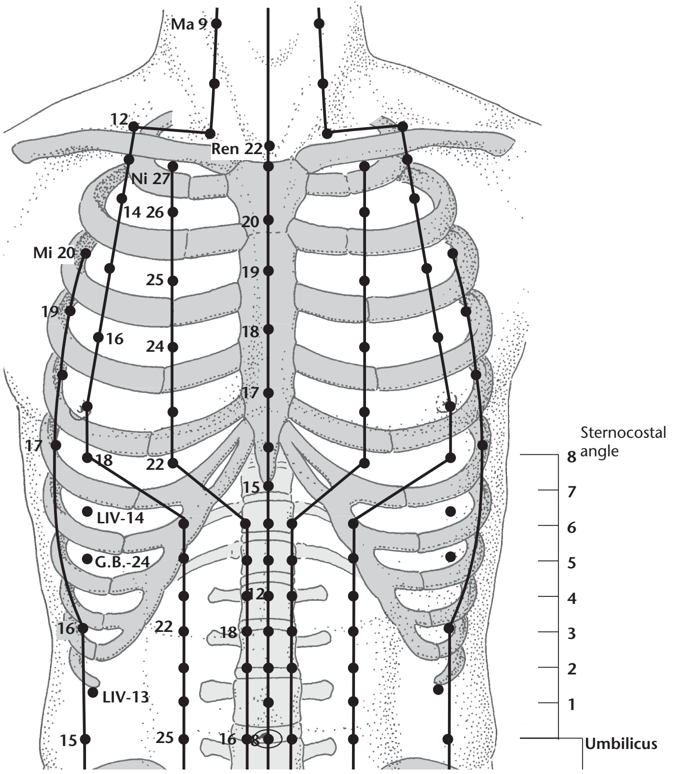
Special features

Exit point. The *Su Wen* describes points **KID-22** to **KID-27** as *shu* points of the chest, indicated for difficult breathing and disorders of the thorax. They are particularly indicated for breathing difficulties due to 'excess above, deficiency below', which refers to the inability of the Kidneys to absorb the Qi that has descended from the Lung.

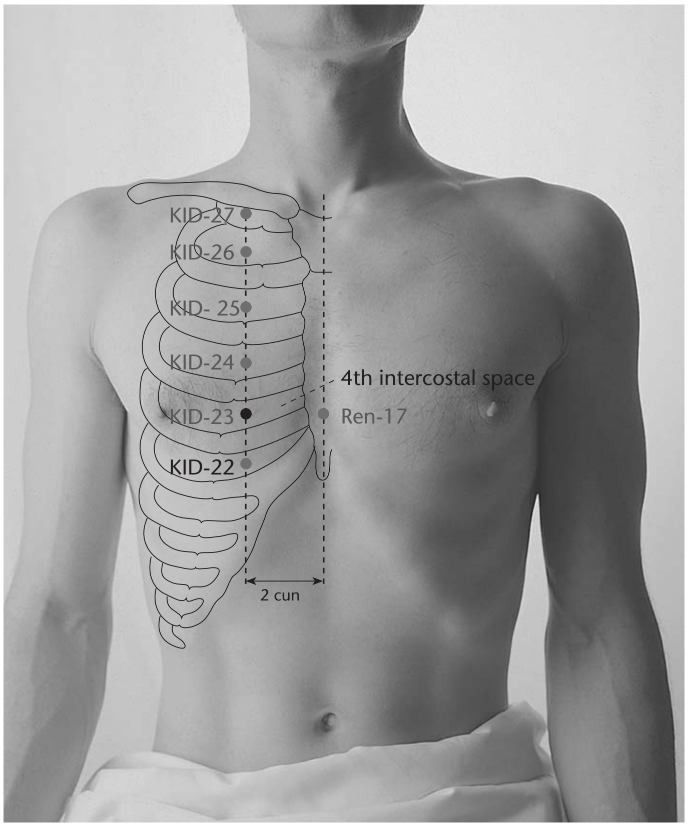

Sternocostal angle
Ren-16

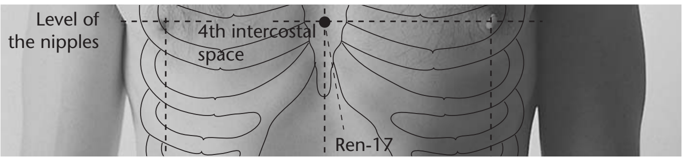

Sternocostal angle
ST-18

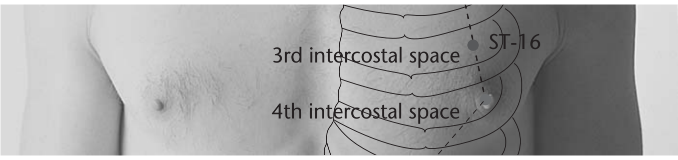

5th intercostal space
SP-17
6 cun

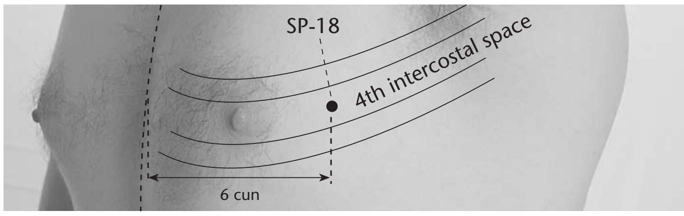

Ma 9
12
Ren 22
Ni 27
14 26
20
Mi 20
25
19
19
16
24
18
17
17
18
22
15
LIV-14
G.B.-24
12
16
22
18
LIV-13
15
25
16
8
Sternocostal angle
8
7
6
5
4
3
2
1
Umbilicus

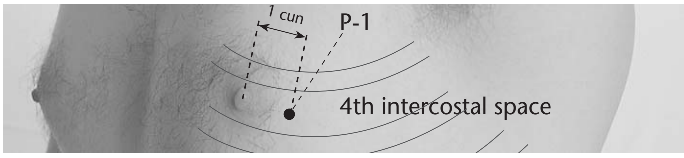
Spirit Seal SHENFENG KID-23

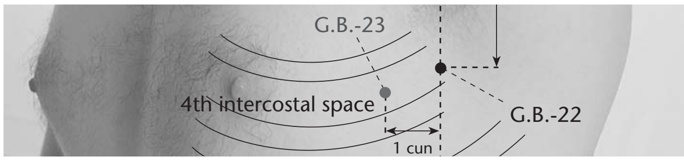

KID-27
KID-26
KID-25
KID-24
KID-23
KID-22
4th intercostal space
Ren-17
2 cun


Level of the nipples
4th intercostal space
Ren-17


3rd intercostal space
ST-16
4th intercostal space


SP-18
4th intercostal space
6 cun


1 cun
P-1
4th intercostal space


G.B.-23
4th intercostal space
G.B.-22
1 cun

Location

In the 4th intercostal space (ICS), 2 cun lateral to the anterior midline.

How to find

Locate the 4th ICS either by palpating parasternally from the clavicle or by counting from the manubriosternal synchondrosis (→ 2nd rib) (→ 3.5), then locate **KID-23** 2 cun lateral to the anterior midline.

Located on the same level (4th ICS) are → **Ren-17** (on the midline), → **ST-17** (on the nipple), → **SP-18** (6 cun lateral to the midline), → **P-1** (1 cun lateral to the nipple) and → **G.B.-22** (3 cun inferior to the axilla) as well as → **G.B.-23** (1 cun anterior to **G.B.-22**).

Needling

0.5–0.8 cun obliquely or transversely (subcutaneously) along the course of the ICS or with or against the channel pathway. Caution: Heart, pneumothorax.

Actions/Indications

- Regulates the Lung Qi and counterflow Qi, unbinds the chest
- Harmonises the Stomach
- Benefits the breasts

Special features

The *Su Wen* describes points **KID-22** to **KID-27** as *shu* points of the chest, indicated for difficult breathing and disorders of the thorax. They are particularly indicated for breathing difficulties due to ‘excess above, deficiency below’, which refers to the inability of the Kidneys to absorb the Qi that has descended from the Lung.

KID-24 *Spirit Ruin* LINGXU

Location

In the 3rd intercostal space (ICS), 2 cun lateral to the anterior midline.

How to find

Locate the 3rd ICS by palpating parasternally from the clavicle or by counting from the manubriosternal synchondrosis (→ 2nd rib) (→ 3.5), then locate **KID-24** 2 cun lateral to the anterior midline. Located on the same level (→ 3rd ICS) are → **Ren-18** (on the midline), → **ST-16** (4 cun lateral to the midline) and → **SP-19** (6 cun lateral to the midline).

Needling

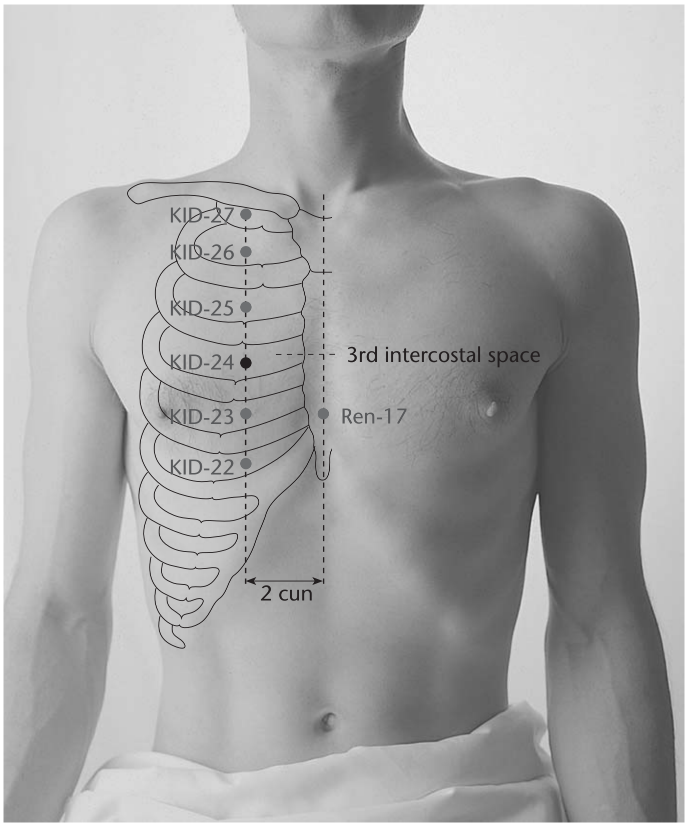
0.5–0.8 cun obliquely or transversely (subcutaneously) along the course of the ICS or with or against the channel pathway. Caution: Pneumothorax.

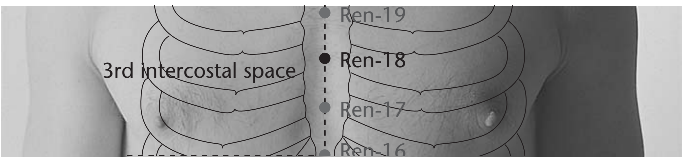
Actions/Indications

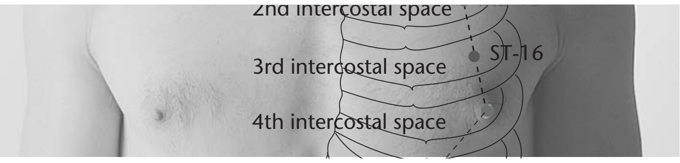
- Regulates the Lung and Stomach Qi
- Unbinds the chest
- Benefits the breasts

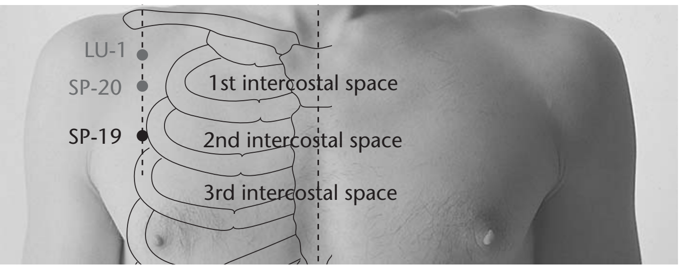
Special features

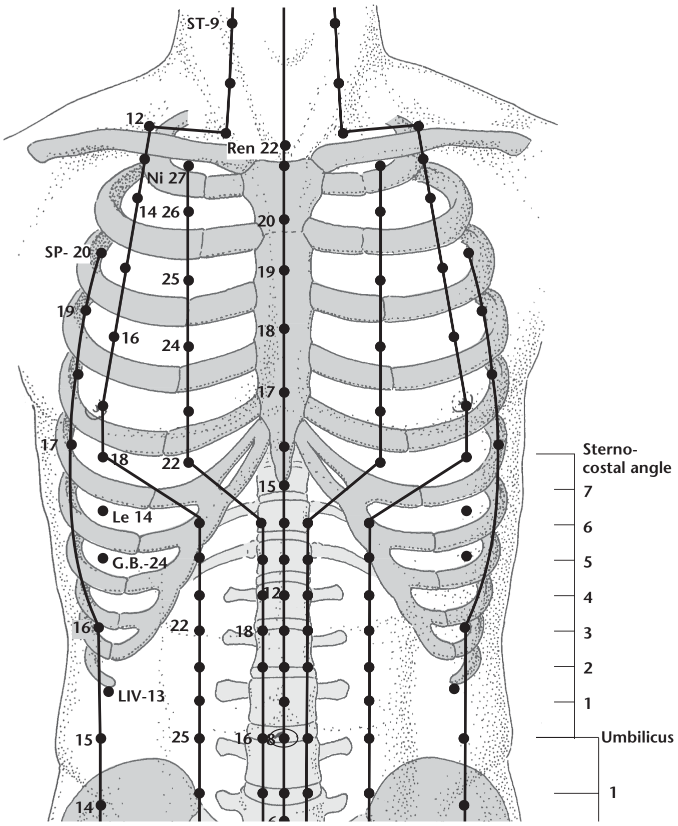
The *Su Wen* describes points **KID-22** to **KID-27** as *shu* points of the chest, indicated for difficult breathing and disorders of the thorax. They are particularly indicated for breathing difficulties due to ‘excess above, deficiency below’, which refers to the inability of the Kidneys to absorb the Qi that has descended from the Lung.


KID-27
KID-26
KID-25
KID-24
3rd intercostal space
KID-23
Ren-17
KID-22
2 cun

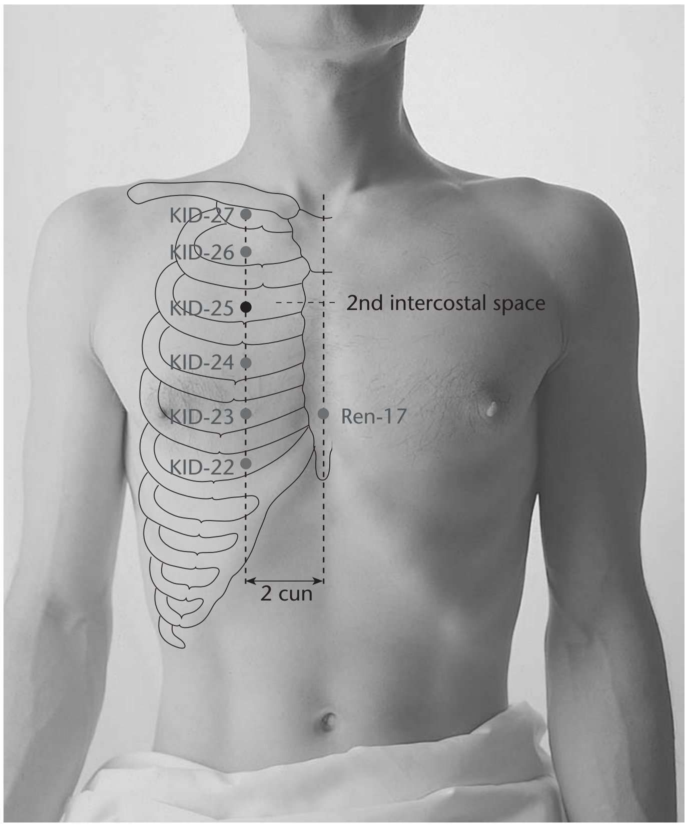

Ren-19
3rd intercostal space
Ren-18
Ren-17
Ren-16


2nd intercostal space
3rd intercostal space
ST-16
4th intercostal space


LU-1
SP-20
1st intercostal space
SP-19
2nd intercostal space
3rd intercostal space


ST-9
12
Ren 22
Ni 27
14 26
20
SP- 20
25
19
19
16
24
18
17
17
18
22
15
Le 14
G.B.-24
12
16
22
18
LIV-13
15
25
16
8
14
Sterno-costal angle
7
6
5
4
3
2
1
Umbilicus
1

Spirit Storehouse SHENCANG KID-25


KID-27
KID-26
KID-25
2nd intercostal space
KID-24
KID-23
Ren-17
KID-22
2 cun

Location

In the 2nd intercostal space (ICS), 2 cun lateral to the anterior midline.

How to find

Locate the 2nd ICS by palpating parasternally from the clavicle or by counting from the manubriosternal synchondrosis (→ 2nd rib) (→ 3.5), then locate **KID-24** 2 cun lateral to the anterior midline. Located on the same level (→ 2nd ICS) are → **Ren-19** (on the midline), → **ST-15** (4 cun lateral to the midline) and → **SP-20** (6 cun lateral to the midline).

Needling

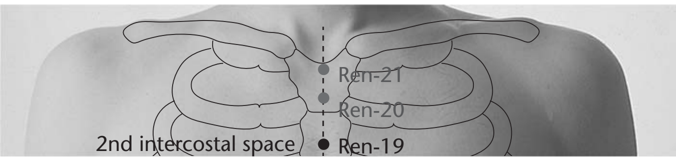
0.5–0.8 cun obliquely or transversely (subcutaneously) along the course of the ICS or with or against the channel pathway. Caution: Pneumothorax.

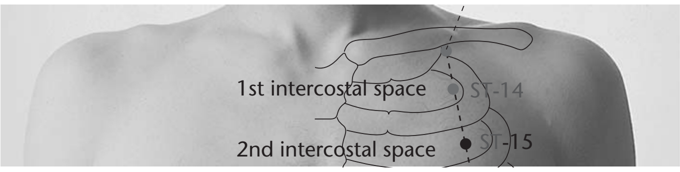
Actions/Indications

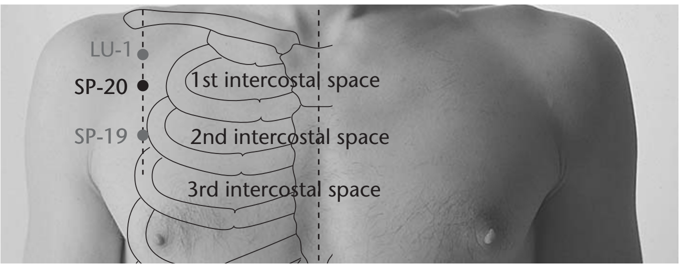
- Regulates the Lung Qi
- Unbinds the chest

Special features

The *Su Wen* describes points **KID-22** to **KID-27** as *shu* points of the chest, indicated for difficult breathing and disorders of the thorax. They are particularly indicated for breathing difficulties due to 'excess above, deficiency below', which refers to the inability of the Kidneys to absorb the Qi that has descended from the Lung.


Ren-21
Ren-20
2nd intercostal space
Ren-19


1st intercostal space
ST-14
2nd intercostal space
ST-15


LU-1
SP-20
1st intercostal space
SP-19
2nd intercostal space
3rd intercostal space

KID-26 *Comfortable Chest* YUZHONG

Location

In the 1st intercostal space (ICS), 2 cun lateral to the anterior midline.

How to find

Palpating parasternally from superior to inferior, the 1st rib can be palpated directly below the clavicle; in some cases, it can be completely hidden under the clavicle. Locate **KID-26** below the 1st rib in the 1st ICS, 2 cun lateral to the midline. Located on the same level (1st ICS) are → **Ren-20** (on the midline), → **ST-14** (4 cun lateral to the midline) and → **LU-1** (6 cun lateral to the midline).

Needling

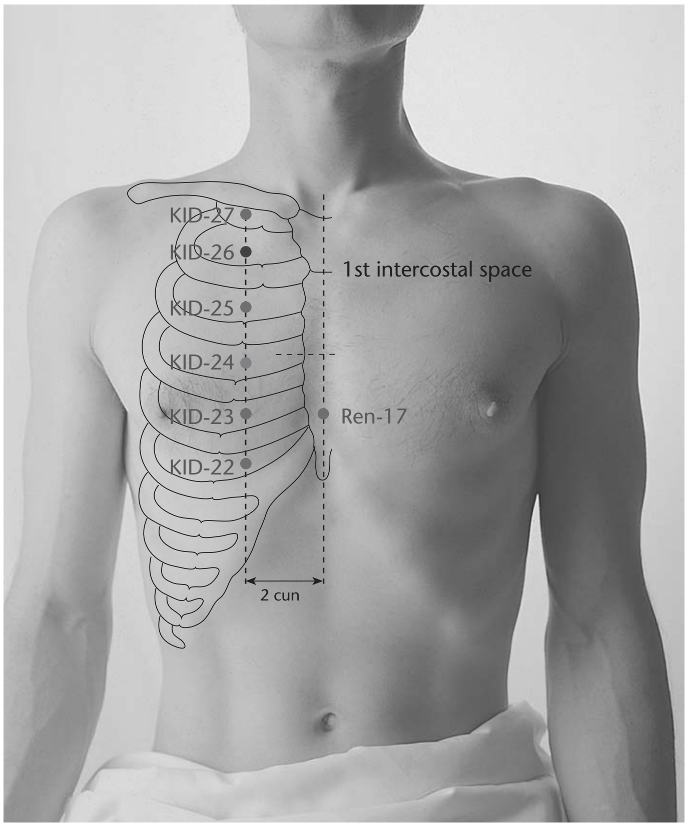
0.5–0.8 cun obliquely or transversely (subcutaneously) along the course of the ICS or with or against the channel pathway. Caution: Pneumothorax.

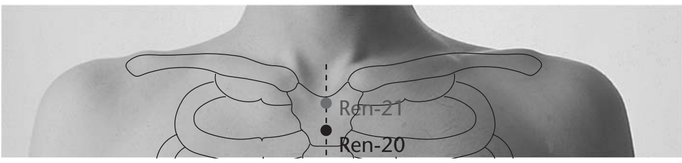
Actions/Indications

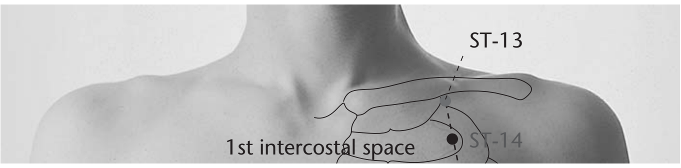
- Regulates the Lung Qi and transforms Phlegm
- Unbinds the chest
- Benefits the breasts

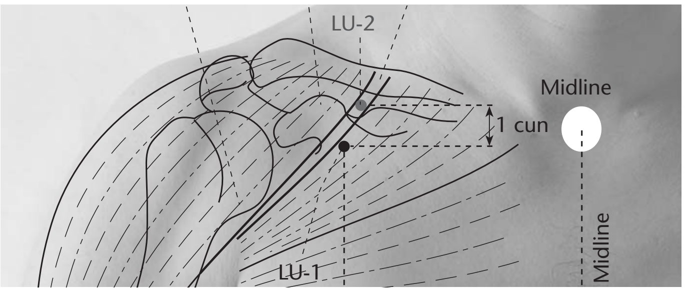
Special features

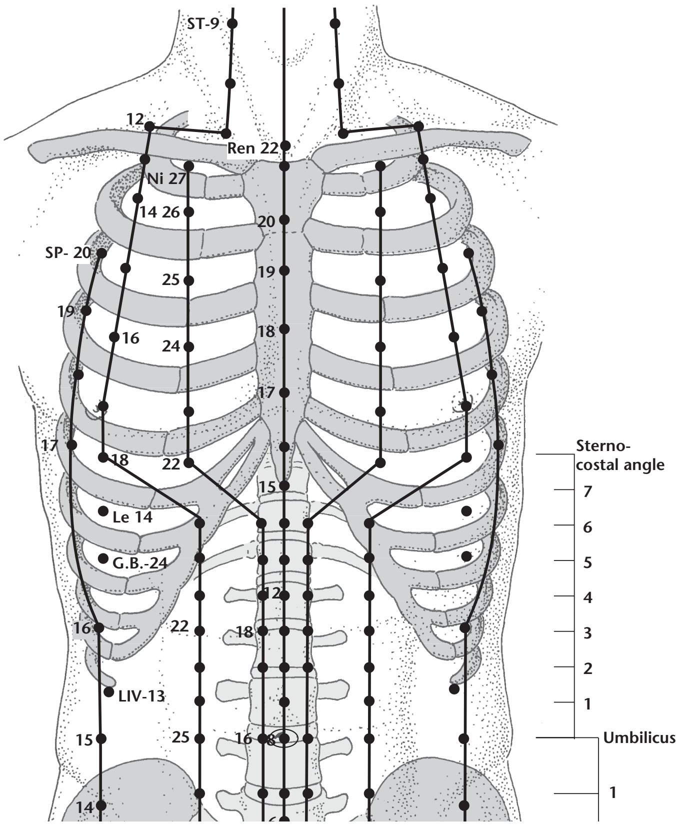
The *Su Wen* describes points **KID-22** to **KID-27** as *shu* points of the chest, indicated for difficult breathing and disorders of the thorax. They are particularly indicated for breathing difficulties due to 'excess above, deficiency below', which refers to the inability of the Kidneys to absorb the Qi that has descended from the Lung.


KID-27
KID-26
1st intercostal space
KID-25
KID-24
KID-23
Ren-17
KID-22
2 cun

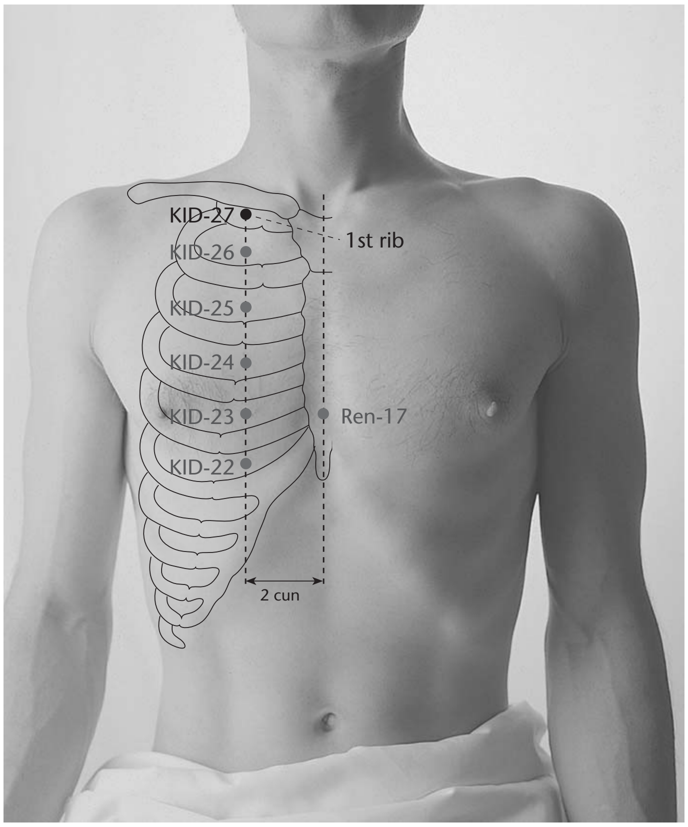

Ren-21
Ren-20


ST-13
1st intercostal space
ST-14


LU-2
Midline
1 cun
Midline
LU-1


ST-9
12
Ren 22
Ni 27
14 26
20
SP- 20
25
19
19
16
24
18
17
17
18
22
15
Le 14
G.B.-24
12
16
22
18
LIV-13
15
25
16
8
14
Sterno-
costal angle
7
6
5
4
3
2
1
Umbilicus
1

Shu *Mansion* SHUFU KID-27


KID-27
KID-26
KID-25
KID-24
KID-23
KID-22
1st rib
Ren-17
2 cun

Location

At the lower border of the clavicle, 2 cun lateral to the anterior midline

How to find

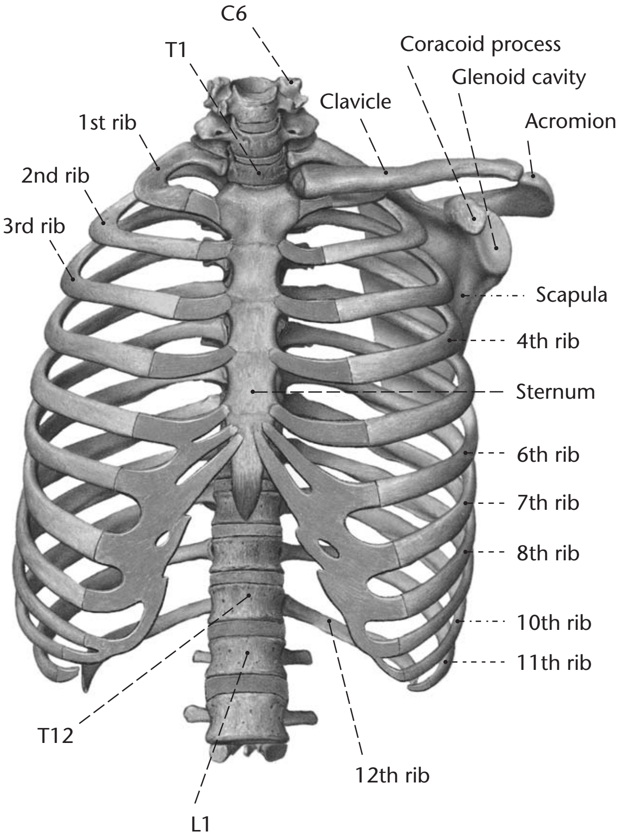
When palpating parasternally from superior to inferior, the 1st rib can be felt directly below the clavicle; in some cases, it can be completely hidden under the clavicle. Therefore, **KID-27** will be located either on the 1st rib or, in some cases, at its lower border. → **ST-13** is located lateral to the short curvature of the 1st rib, below the midpoint of the clavicle.
Located on approximately the same level are → **Ren-21** (on the midline) and → **LU-2** (6 cun lateral to the midline).

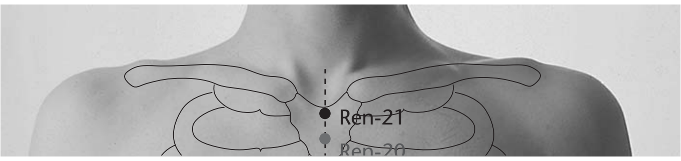
Needling

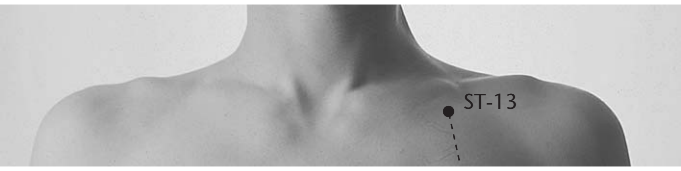
0.5–0.8 cun obliquely or transversely (subcutaneously) along the course of the ICS or with or against the channel pathway. Caution: Pneumothorax.

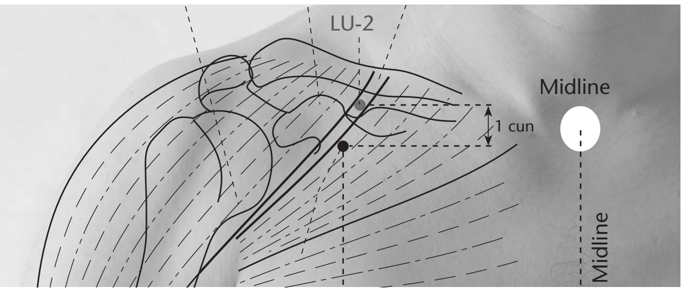
Actions/Indications

- Regulates the Lung Qi and transforms Phlegm
- Unbinds the chest


C6
T1
Coracoid process
Glenoid cavity
Clavicle
Acromion
1st rib
2nd rib
3rd rib
Scapula
4th rib
Sternum
6th rib
7th rib
8th rib
10th rib
11th rib
T12
12th rib
L1

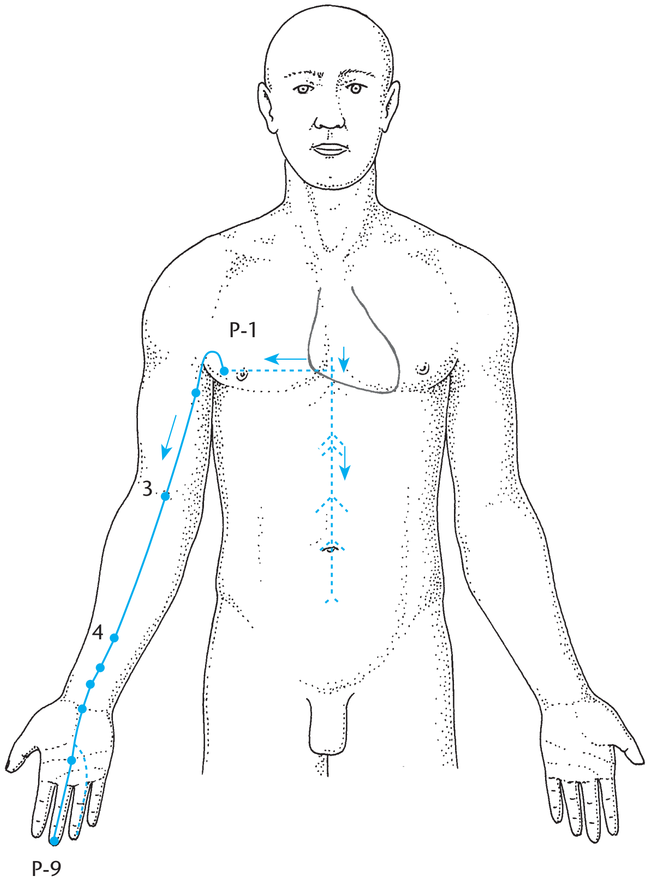

Ren-21
Ren-20

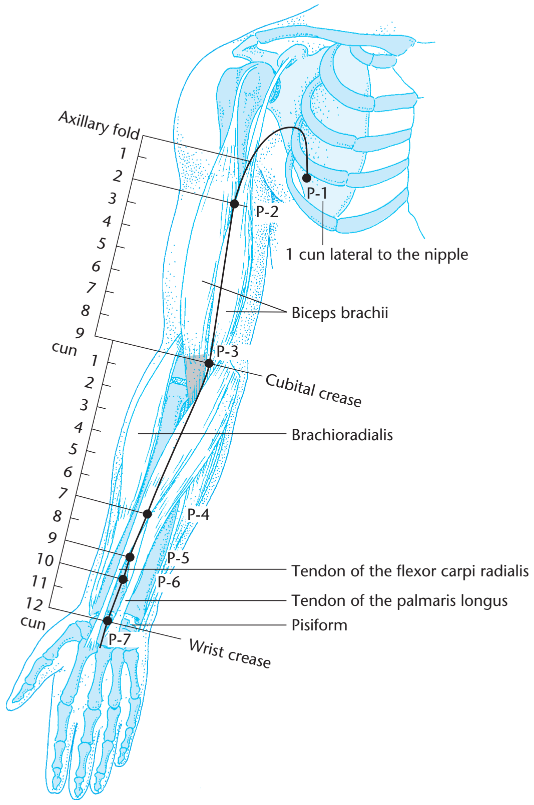


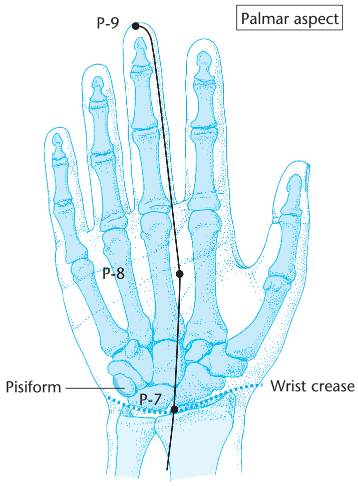

LU-2
Midline
1 cun
Midline

4.9 The Pericardium Channel System – Hand *jueyin* (*shou jue yin jing luo*)

4.9.1 Primary Pericardium Channel (*shou jue yin jing*)




Axillary fold
1
2
3
4
5
6
7
8
9
cun
1
2
3
4
5
6
7
8
9
10
11
12
cun
P-1
P-2
1 cun lateral to the nipple
Biceps brachii
P-3
Cubital crease
Brachioradialis
P-4
P-5
P-6
Tendon of the flexor carpi radialis
Tendon of the palmaris longus
Pisiform
P-7
Wrist crease


P-9
Palmar aspect
P-8
Pisiform
P-7
Wrist crease

Pathway

The Pericardium primary channel begins in the centre of the thorax on the level of → **Ren-17** (*shanzhong*), where an internal branch of the Kidney primary channel ends, having also connected with the Liver, Lung and Heart (deep Yin–Yin connection).

The Pericardium primary channel then divides into two branches:

- The **first branch** penetrates the diaphragm, descends to the abdomen and connects with the Upper, Middle and Lower Burner.
- A **further internal branch** also originates in the thoracic region, continues to the breast and emerges approximately 1 cun lateral to the nipple in the 4th intercostal space at **P-1** (*tianchi*). Beneath **P-1**, an internal branch of the Liver primary channel emerges from the Liver and joins the Pericardium primary channel (Yin axes of the third great circuit: *jueyin*).

The **external** pathway ascends to the axilla, follows the medial aspect of the upper arm between the Lung and Heart primary channels, passes the elbow and continues along the forearm between the tendons of the palmaris longus and flexor carpi ulnaris muscles, ending at the tip of the middle finger.

Another **internal** branch originates in the centre of the palm at **P-8** (*laogong*), runs along the ring finger and connects at its tip with the Triple Burner primary channel (hand Yin–Yang connection of the third circuit).

Clinical importance (→ 1.2)

Exterior *(biao)* signs and symptoms: Occipital stiffness, leg cramps, red complexion, eye pain, swellings in the subaxillary region, hypertonic musculature with limited range of motion of the arm and elbow, Heat sensations in the palms

Interior (*li*) or *zangfu*-Organ signs and symptoms: Delirious speech, confusion, irritability, fullness and distension in the thorax and lateral costal region, aphasia, palpitations

Connections of the Pericardium primary channel (→ 1.2)

Connections with other channels

Triple Burner primary channel (*shou shao yang jing*)

Connection: Hand Yin–Yang pairing of the third great circuit
Location: P-8 → T.B.-1 (on the hand)
Circulation: Circadian (according to the Organ clock)
Importance: Exterior–Interior relationship

Liver primary channel (*zu jue yin jing*)

Connection: Six-channel pairing of the third great circuit (Yin axes): *jue yin*
Location: LIV → P. An internal branch of the Liver primary channel emerges at the Liver, penetrates the diaphragm and connects with the Pericardium primary channel beneath **P-1** (*tianchi*).
Circulation: Non-circadian (**not** according to the Organ clock)
Importance: Above–below relationship

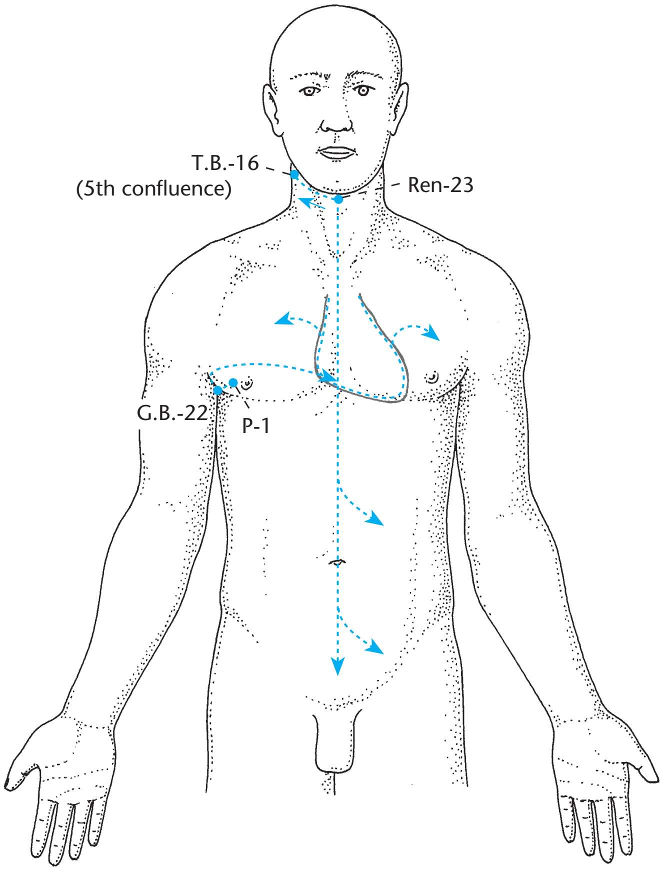
Kidney primary channel (*zu shao yin jing*)

Connection: Deep Yin–Yin connection
Location: KID → P (on the thorax). A branch of the internal pathway of the Kidney primary channel travels from the Kidney to the Liver, penetrates the diaphragm and spreads in the Lung (*fei*). From the Lung, an internal branch runs to the Heart (*xin*), where it joins the Pericardium primary channel (deep Yin–Yin connection) and further reaches → **Ren-17** (*shanzhong*).
Circulation: Circadian (according to the Organ clock)
Importance: The Pericardium primary channel receives Nutritive Qi (*ying qi*) from the Kidney primary channel (first circulation of the *ying qi* → 1.1.4).

Connections with *zangfu*-Organ systems

Pericardium (*xin bao*), Triple Burner (*san jiao*)

4.9.2 The Pericardium Divergent Channel (*shou jue yin jing bie*)



Pathway

The Pericardium divergent channel separates from the Pericardium primary channel near **P-1** (*tianchi*), 1 cun lateral to the nipple on the level of the 4th intercostal space. It

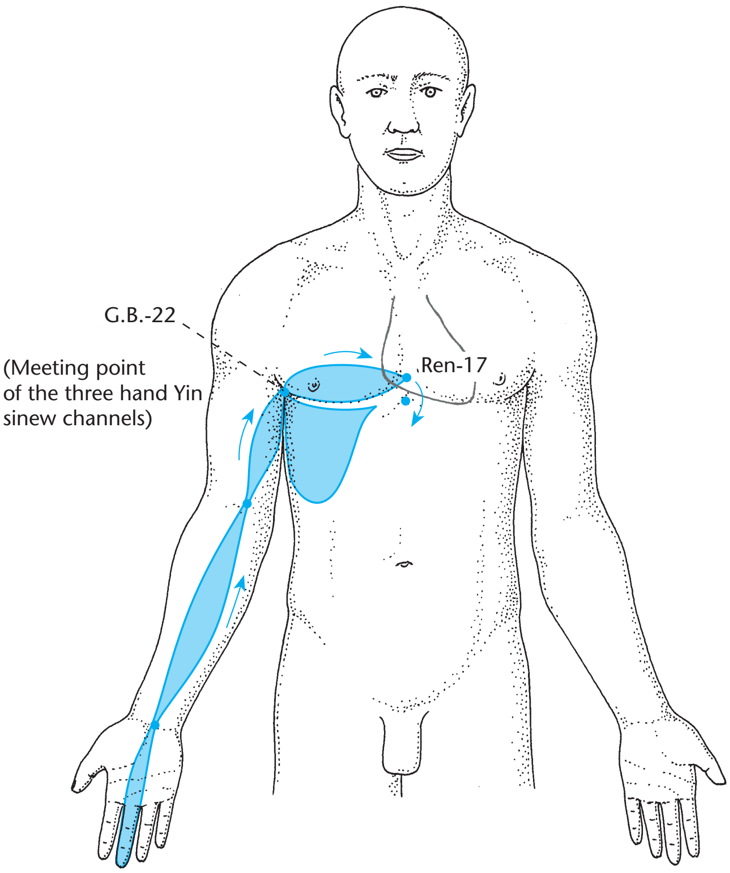
- runs in a lateral direction to → **G.B.-22** (*yuanye*)
- penetrates the thorax, continues to the Heart (*xin*) and divides into **two branches:**
  - **one branch** connects with the Upper, Middle and Lower Burner
  - the **other branch** ascends to the neck to → **Ren-23** (*lianquan*) and continues to the lateral aspect of the neck, emerges at → **T.B.-16** (*tianyou*) on the posterior border of the sternocleidomastoid muscle on the level of the mandibular angle, connecting with the Triple Burner primary channel and the Triple Burner divergent channel to form one of the 6 *he*-confluences (here: P/T.B. as 5th Confluence → 1.3)

Clinical importance

- Strengthens the relationship between the Pericardium and the Triple Burner (*zangfu*-Organ systems). Points on the Pericardium primary channel can therefore be used for disorders of the Triple Burner; vice versa, points on the Triple Burner primary channel can treat disorders of the Pericardium.

- In contrast to the Pericardium primary channel, the Pericardium divergent channel reaches the occiput and the neck. This explains why several points on the P channel can be used for disorders of the neck and ears, chronic throat pain, etc.
- By reaching the thorax, breast and hypochondrium, the Pericardium divergent channel supports the relationship between the Pericardium primary channel and these regions.

4.9.3 The Pericardium Sinew Channel (*shou jue yin jing jin*)



Pathway

The Pericardium sinew channel begins at the tip of the middle finger

➡ runs along the anterior aspect of the middle finger and along the 3rd metacarpal bone

➡ spreads in the centre of the palm and meets the Lung sinew channel

➡ binds (*jie*) in the centre of the wrist

➡ ascends the anterior aspect of the forearm as well as the anteromedial aspect of the upper arm to the axilla, binding (*jie*) at **P-3** (*quze*) on the elbow and at → **G.B.-22** (*yuanye*), where it meets the other hand Yin sinew channels.

At → **G.B.-22**, the channel separates into two branches:

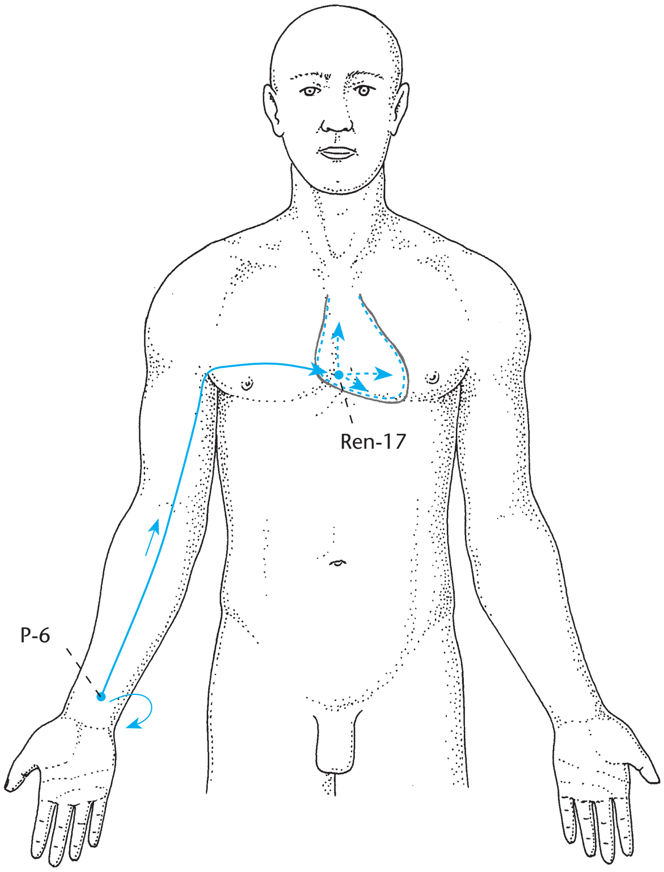
- **one branch** disperses on the anterior, lateral and posterior aspects of the costal region
- **the other branch** penetrates the thorax below the axilla and reaches the midthoracic region on the level of → **Ren-17** (*shanzhong*), from where it spreads in the thoracic cavity to bind (*jie*) at the diaphragm.

Clinical importance

Pathology: Stiffness, pain, spasms and distending sensations along the pathway of the Pericardium sinew channel. Thoracic pain and tightness, *xi fen* syndrome (one of the five *ji*-syndromes, an ‘accumulation syndrome’) due to Lung Qi stagnation with accumulation of Phlegm and Heat manifesting with symptoms such as masses in the right hypochondriac region, possibly accompanied by thoracic or back pain, haemoptysis, chills and fever, shortness of breath and dyspnoea, etc.

Indication: Mainly for pain, spasms and distending sensations along the pathway of the sinew channel, limited range of motion along the medial aspect of the arm and elbow, swellings and pain in the axilla and the breast.

4.9.4 The Pericardium *luo*-Connecting Vessel System (*shou jue yin luo mai*)



Pathway

The *luo*-connecting Pericardium vessel system separates from the Pericardium primary channel at its associated *luo*-connecting point **P-6** (*neiguan*) (→ 8.1.2). It forms a three-dimensional reticular network, dividing into multiple branches and sub-branches (*sun luo, fu luo, xue luo* → 1.5) within the surrounding tissue.

- Horizontal divisions run to the Interiorly–Exteriorly paired Triple Burner primary channel; according to some schools of thought (for example, Ngyen Van Nghi → Appendix), they travel as a **transverse** Pericardium *luo*-connecting vessel to the *yuan*-source point → **T.B.-4** (*yangchi*).
- **A longitudinal division** follows the Pericardium primary channel along the anterior aspect of the arm, crosses → **Ren-17** (*shanzhong*) on the midline on the level of the 4th intercostal space, penetrates the thorax and terminates at the Pericardium (*xin bao*) and the Heart (*xin*).

Clinical importance (→ 8.1.2)

Pathology

Excess (*shi*): Heart pain, angina pain, thoracic pain
Deficiency (*xu*): Restlessness, irritability

4.9.5 Cutaneous Region (*jue yin pi bu*)

See description and figures → 1.6.

4.9.6 Points of the Primary Pericardium Channel (Overview)

Specific points according to their function

- ***Yuan*-source point (→ 8.1.1): P-7** (*daling*) 🟦■
- ***Luo*-connecting point (→ 8.1.2.): P-6** (*neiguan*) 🟦🟦
- ***Xi*-cleft point (→ 8.1.3): P-4** (*ximen*) 🟦■
- **Associated Back-*shu* point (→ 8.1.4): BL-14** (*jueyinshu*)
- **Associated Front-*mu* point (→ 8.1.5): Ren-17** (*shanzhong*) 🟦🟦
- **Five *shu*-transporting points (→ 8.1.6):**
  jing-well point (Wood), tonification point: **P-9** (*zhongchong*) 🟦■
  ying-spring point (Fire), *ben* point (Five Phases): **P-8** (*laogong*) 🟦■
  shu-stream point (Earth), sedation point: **P-7** (*daling*) 🟦■
  jing-river point (Metal): **P-5** (*jianshi*) 🟦■
  he-sea point (Water): **P-3** (*quze*) 🟦■
- ***Hui*-meeting point (→ 8.1.7): –**
- **Opening point (→ 8.1.8) of the *yin wei mai*: P-6** (*neiguan*) 🟦🟦
- **Lower *he*-sea point (→ 8.1.9): –**
- ***Jiaohui*-meeting points (→ 8.1.10):**
  – with the LIV, T.B., G.B.* channels: **P-1** (*tianchi*)
  – of other channels with the Pericardium channel: –
- **Gao Wu command point (→ 8.1.11) for the thoracic region: P-6** (*neiguan*) 🟦🟦
- **Window of Heaven point (→ 8.1.12): P-1** (*tianchi*)
- **Points of the Four Seas (→ 8.1.13): –**
- **Ma Dan Yang Heavenly Star point (→ 8.1.14): –**
- **Sun Si Miao Ghost point (→ 8.1.15): P-7** (*daling*) 🟦■, **P-8** (*laogong*) 🟦■
- **Other functional points:**
  – important point for eliminating Phlegm misting the orifices: **P-5** (*jianshi*) 🟦■
  – important point for calming the *shen*: **P-6** (*neiguan*) 🟦🟦

Points according to region

- **Local points (→ 8.2.1):** hand – **P-7** (*daling*) 🟦■
- **Adjacent points (→ 8.2.1): –**
- **Distal points (→ 8.2.1):** tongue – **P-8** (*laogong*) 🟦■; Lung – **P-6** (*neiguan*) 🟦🟦; Heart – **P-4** (*ximen*) 🟦■; **P-6** (*neiguan*) 🟦🟦; Spleen – **P-6** (*neiguan*) 🟦🟦; thorax and epigastrium – **P-6** (*neiguan*) 🟦🟦; foot – **P-7** (*daling*) 🟦■

Specific points according to the channel pathway (in numeric order)

- **P-1** (*tianchi*) 🟦■: *jiaohui*-meeting point with the LIV, T.B., G.B.* channels (→ 8.1.10); Window of Heaven point (→ 8.1.12)
- **P-3** (*quze*) 🟦■: lower *he*-sea point (Water) (→ 8.1.6)
- **P-4** (*ximen*) 🟦■: *xi*-cleft point (→ 8.1.3); distal point for the Heart (→ 8.2.1)
- **P-5** (*jianshi*) 🟦■: *jing*-river point (Metal) (→ 8.1.6); important point for eliminating Phlegm misting the orifices
- **P-6** (*neiguan*) 🟦🟦: *luo*-connecting point (→ 8.1.2); Gao Wu command point (→ 8.1.11) for the thorax; Opening point (→ 8.1.8) of the *yin wei mai*; distal point for the Heart, Spleen, thorax and epigastrium (→ 8.2.1); important point for calming the *shen*
- **P-7** (*daling*) 🟦■: *yuan*-source point (→ 8.1.1); *shu*-stream point (Earth) (→ 8.1.6); sedation point; Sun Si Miao Ghost point (→ 8.1.15); local point for the hand (→ 8.2.1); distal point for the foot (→ 8.2.1)
- **P-8** (*laogong*) 🟦■: *ying*-spring point (Fire) (→ 8.1.6); *ben* point (Five Phases); Sun Si Miao Ghost point (→ 8.1.15); distal point for the tongue (→ 8.2.1)
- **P-9** (*zhongchong*) 🟦■: *jing*-well point (Wood) (→ 8.1.6); tonification point

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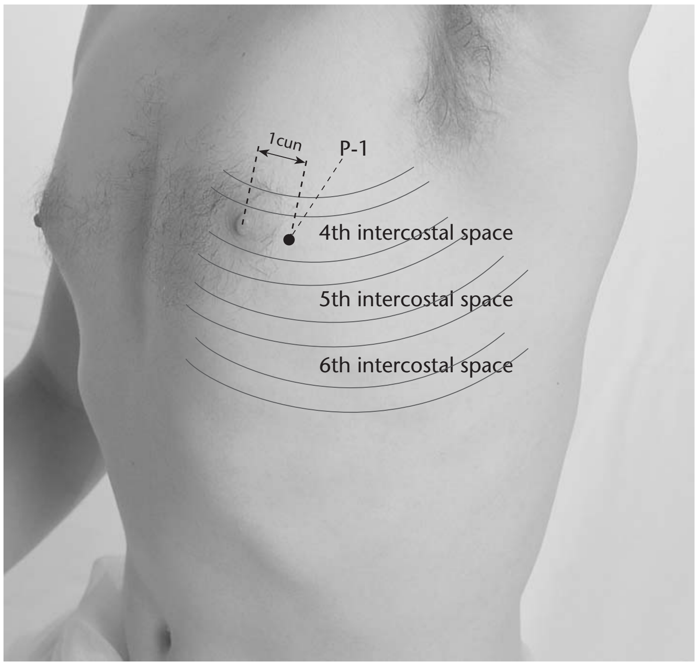
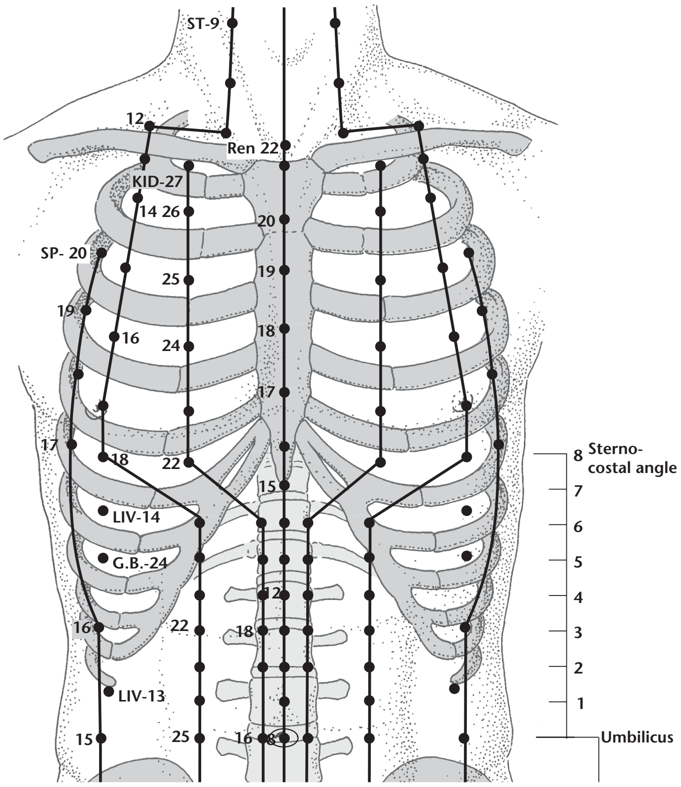
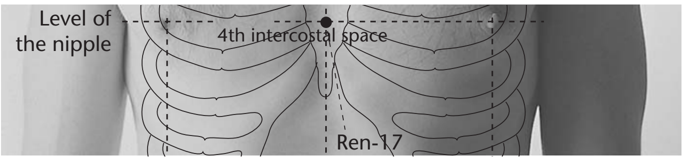
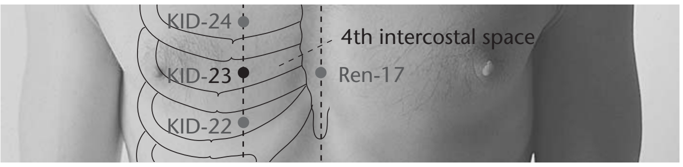
* Mentioned by only some authors

Heavenly Pool TIANCHI P-1


1cun
P-1
4th intercostal space
5th intercostal space
6th intercostal space


ST-9
12
Ren 22
KID-27
14 26
20
SP- 20
25
19
19
16
24
18
17
17
18
22
15
LIV-14
G.B.-24
12
16
22
18
LIV-13
15
25
16
8 Sterno-costal angle
7
6
5
4
3
2
1
Umbilicus


Level of the nipple
4th intercostal space
Ren-17


KID-24
4th intercostal space
KID-23
Ren-17
KID-22

Location

In the 4th intercostal space (ICS), 1 cun lateral to the nipple.

How to find

Quick method, especially in male patients: The 4th ICS is located on the same level as the nipple. Locate **P-1** 1 cun lateral to the nipple in the 4th ICS (note: ascending course of the ICS towards lateral). **Or:** For better orientation in the intercostal region, first, locate the manubriosternal synchondrosis (➞ 3.4.2.). This is on the level of the costal cartilage of the 2nd rib, followed by the 2nd ICS below it. Count down to ICS to the 4th ICS and measure 5 cun in a lateral direction. There, locate **P-1**.
Located on the same level (4th ICS) are ➞ **Ren-17** (on the midline), ➞ **KID-23/ST-17/SP-18** (2/4/6 cun lateral to the midline), as well as ➞ **G.B.-22** and ➞ **G.B.-23**.

Needling

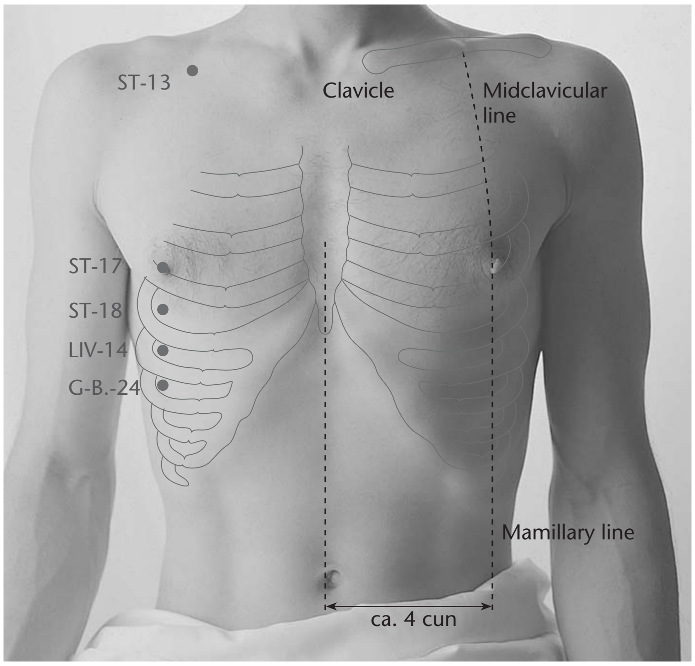
0.5–1 cun transversely (subcutaneously) along the course of the ICS. Especially in women, transverse needling only, avoid puncturing the mamillary tissue. Caution: Pneumothorax.

Actions/Indications

- Descends counterflow Qi
- Eliminates excess (especially Heat and Phlegm) from the thorax
- Promotes lactation and eliminates local Qi stagnation

Special features

Meeting point with the LIV and T.B. channels, also with the G.B. channel according to some authors. Window of Heaven point, entry point.


ST-13
Clavicle
Midclavicular line
ST-17
ST-18
LIV-14
G-B.-24
Mamillary line
ca. 4 cun

P-2 *Heavenly Spring* TIANQUAN

Location

Between the two heads of the biceps brachii muscle, 2 cun inferior to the axillary fold.

How to find

Locate the biceps brachii muscle through slight external rotation; in patients with less muscle definition, ask the patient to flex their elbow against resistance. **P-2** is located between the two heads of the biceps brachii muscle, 2 cun inferior to the upper end of the anterior axillary fold (→ 2.2).

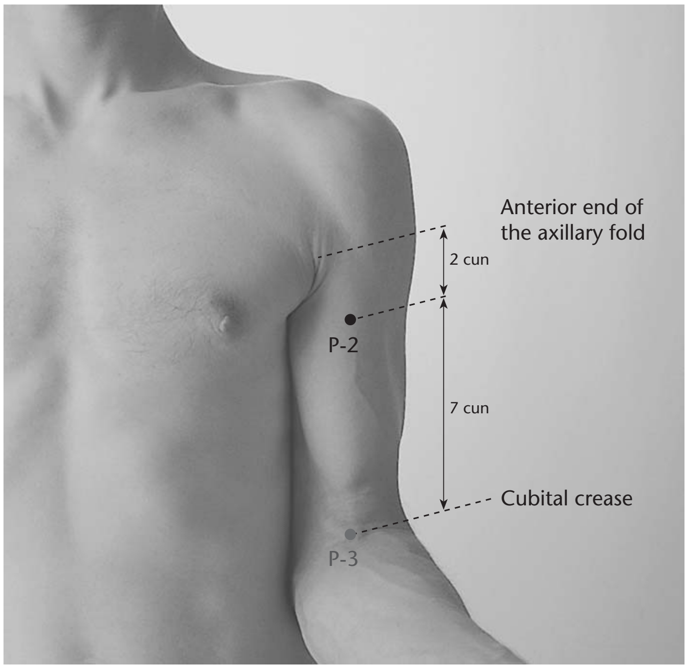
→ **LU-3** is located radial to **P-2,** on the lateral aspect of the biceps brachii muscle and 1 cun more distally.

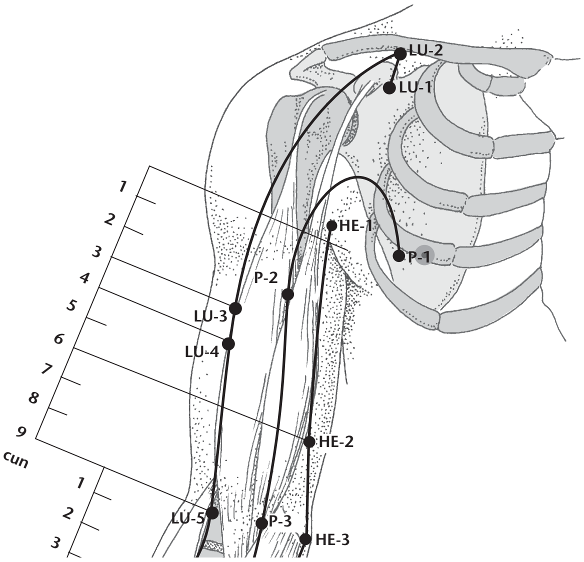
Needling

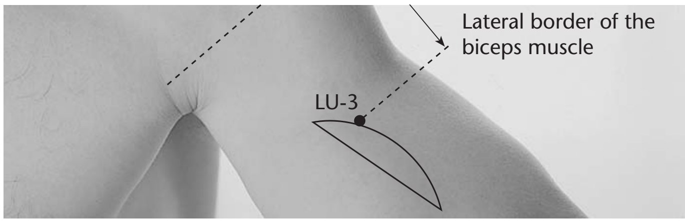
1–1.5 cun obliquely in a proximal or lateral direction.

Actions/Indications

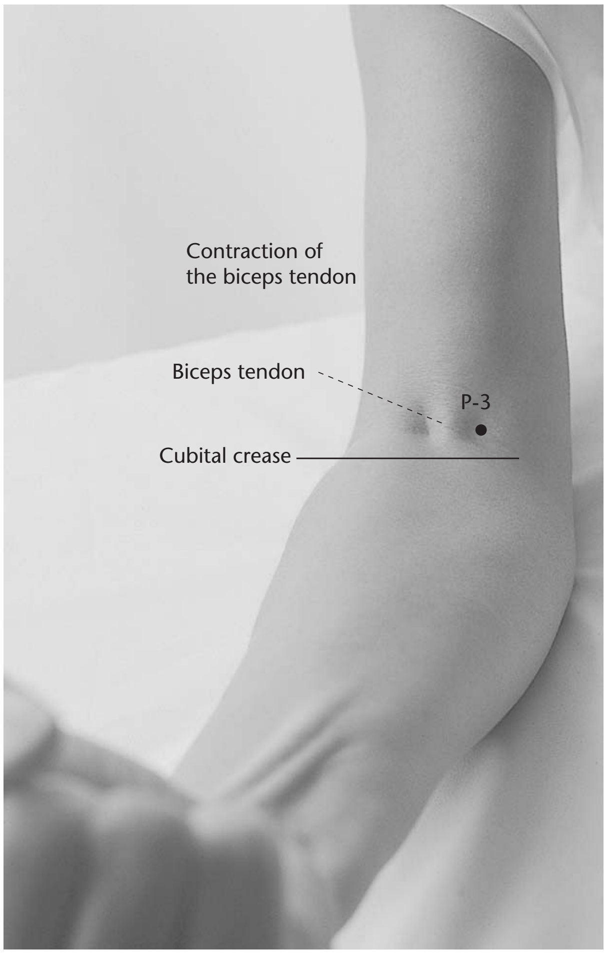
- Unbinds the chest.
- Nourishes and invigorates the Blood
- Calms the *shen*

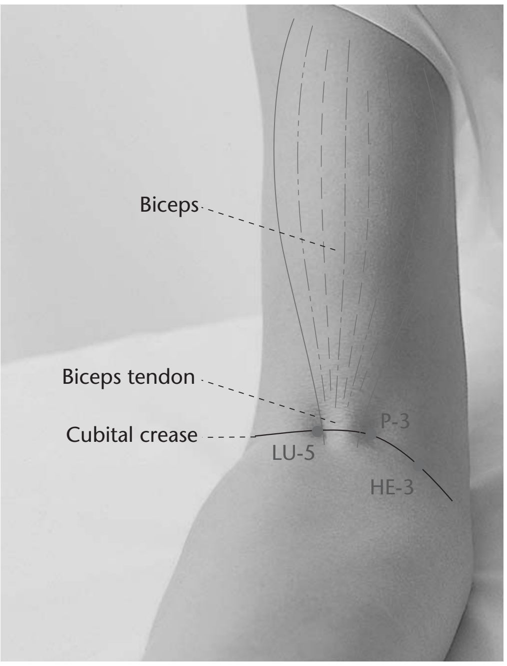

Anterior end of the axillary fold
2 cun
P-2
7 cun
Cubital crease
P-3

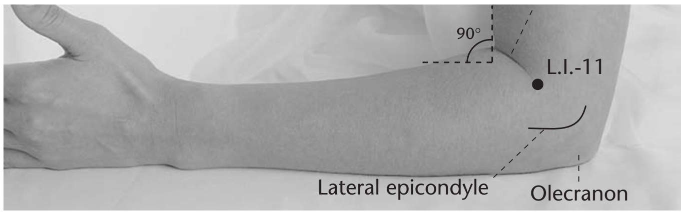

LU-2
LU-1
1
2
3
4
5
6
7
8
9
cun
HE-1
P-1
P-2
LU-3
LU-4
HE-2
1
2
3
LU-5
P-3
HE-3


Lateral border of the biceps muscle
LU-3

Marsh at the Crook QUZE **P-3**


Contraction of
the biceps tendon
Biceps tendon
P-3
Cubital crease


Biceps
Biceps tendon
P-3
Cubital crease
LU-5
HE-3


90°
L.I.-11
Lateral epicondyle
Olecranon

Location

On the cubital crease, on the ulnar side of the biceps tendon, between the tendon and the brachial artery.

How to find

Place the patient's arm in a relaxed supinated position. This point is best located with the elbow bent and the biceps flexed in order to make the tendon and elbow crease more clearly visible and palpable. **P-3** is located on the cubital crease, on the ulnar aspect of the tendon.

Also located in the area of the cubital crease are → **LU-5** (on the radial side of the tendon), → **L.I.-11** (between the radial end of the crease and the lateral epicondyle of the humerus) and → **HE-3** (with the elbow fully flexed, at the ulnar end of the cubital crease).

Needling

0.5–1 cun vertically or prick to cause bleeding of the vein. Caution: Brachial artery/vein. Palpate for the pulse before needling.

Actions/Indications

- Clears Heat, drains Fire
- Harmonises the Stomach and Intestines, stops vomiting
- Opens the channel, alleviates pain

Special features

He-sea point, Water point. Important local point and important point to drain Heat. For Heat conditions, apply bloodletting.

P-4 Xi *Cleft Gate* XIMEN

Location

5 cun proximal to the anterior space of the wrist joint (most distal wrist crease), between the tendons of the palmaris longus and flexor carpi radialis muscles.

How to find

Spreading hands technique (➞ 2.3.3): Place the little fingers in the centre of the anterior wrist joint space (➞ 3.3.3, ➞ **P-7**) and the cubital crease respectively (➞ **P-3**). From the midpoint of this distance, measure 1 cun in a distal direction. On this level, locate **P-4** between the two tendons, which become more pronounced when the fingertips are pressed together. If only one tendon is visible, this will be the tendon of the flexor carpi radialis muscle. **P-4** is located on its ulnar aspect.

Needling

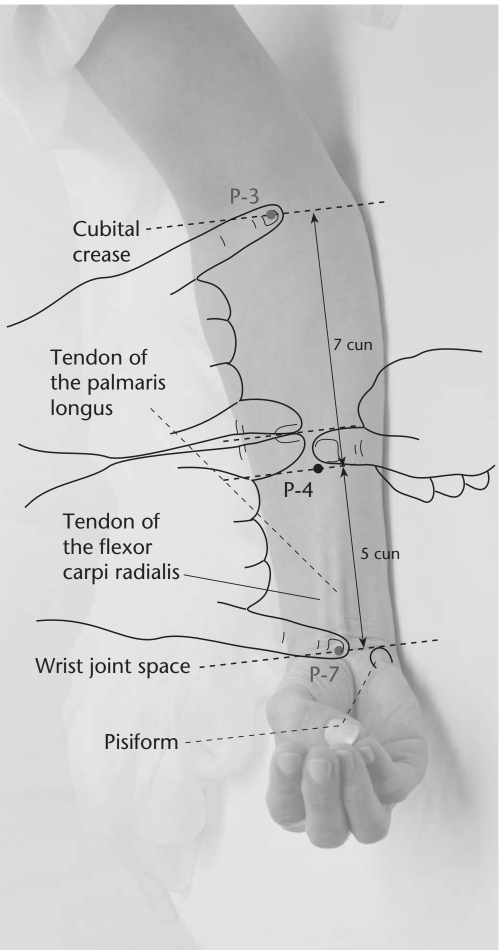
0.5–1 cun vertically or 1–1.5 cun obliquely in a proximal direction.

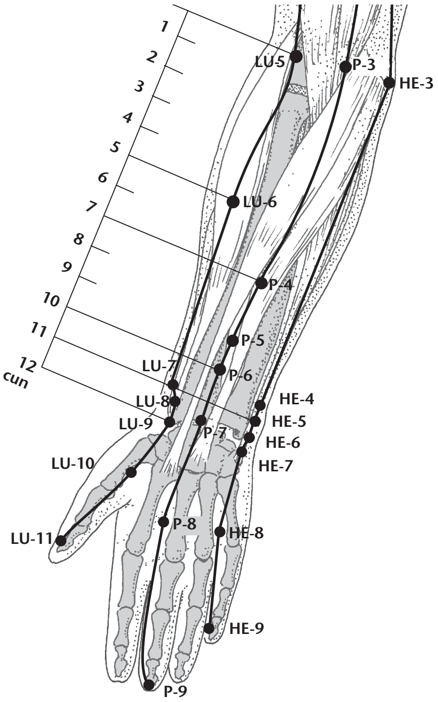
Actions/Indications

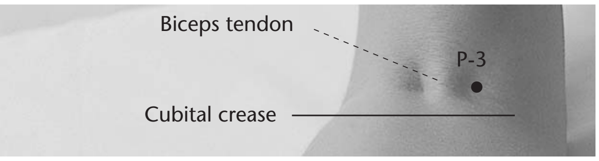
- Tonifies the Blood, dispels Blood stasis
- Calms the *shen*
- Cools the Blood
- Opens the channel

Special features

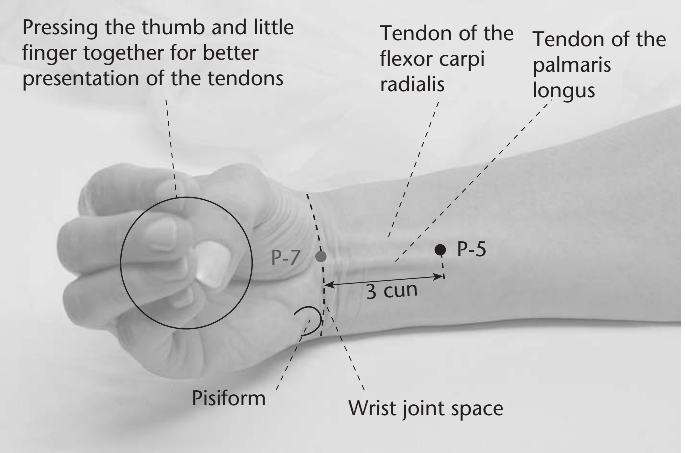
Xi-cleft point. Major point for acute, painful Blood stasis in the region of the thorax and the Heart

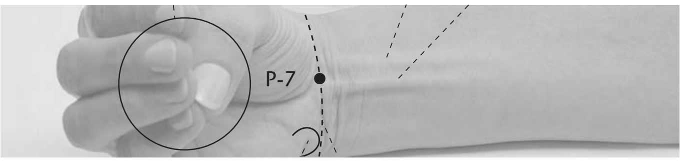

P-3
Cubital crease
7 cun
Tendon of the palmaris longus
P-4
Tendon of the flexor carpi radialis
5 cun
Wrist joint space
P-7
Pisiform

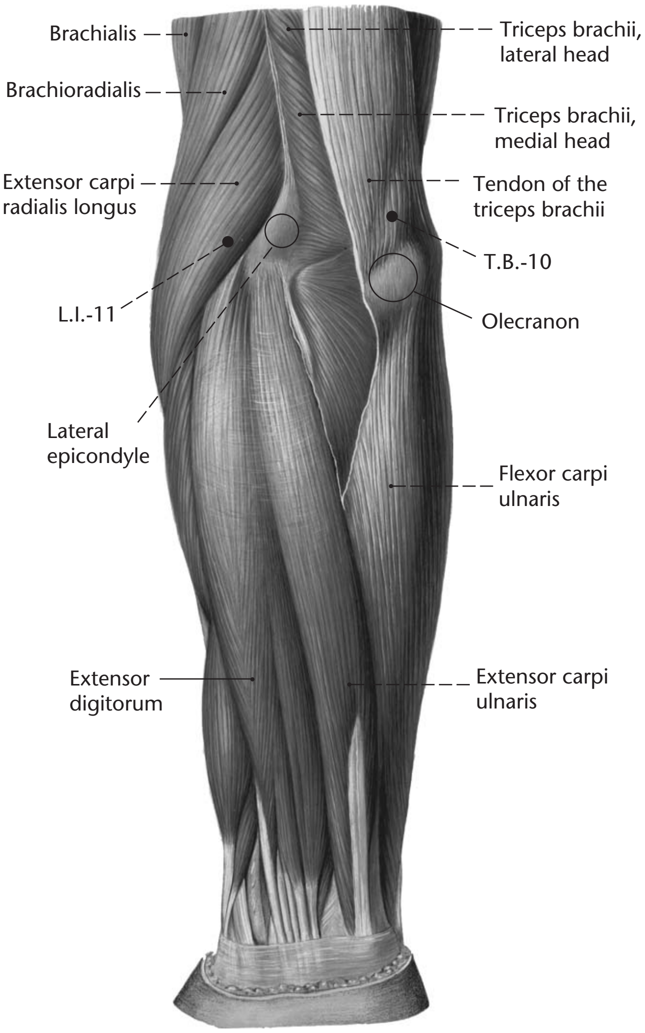

1
2
3
4
5
6
7
8
9
10
11
12 cun
LU-5
P-3
HE-3
LU-6
P-4
P-5
P-6
LU-7
LU-8
LU-9
P-7
HE-4
HE-5
HE-6
HE-7
LU-10
P-8
HE-8
LU-11
HE-9
P-9


Biceps tendon
P-3
Cubital crease

Intermediary Messenger JIANSHI **P-5**


Pressing the thumb and little finger together for better presentation of the tendons
Tendon of the flexor carpi radialis
Tendon of the palmaris longus
P-7
P-5
3 cun
Pisiform
Wrist joint space




Brachialis
Brachioradialis
Extensor carpi radialis longus
L.I.-11
Lateral epicondyle
Extensor digitorum
Triceps brachii, lateral head
Triceps brachii, medial head
Tendon of the triceps brachii
T.B.-10
Olecranon
Flexor carpi ulnaris
Extensor carpi ulnaris

Location

3 cun proximal to the anterior wrist joint space ('most distal wrist crease'), between the tendons of the palmaris longus and flexor carpi radialis muscles.

How to find

As the location of the wrist crease varies, the wrist joint space is a more reliable reference point (→ 3.3.3). It can easily be palpated by moving the patient's hand in a relaxed way. From the centre of the joint space (→ **P-7**), measure 3 cun in a proximal direction and locate **P-5** between the two tendons, which become more pronounced when the fingertips are pressed together. If only one tendon is visible, this will be the tendon of the flexor carpi radialis muscle. **P-5** is located at its ulnar aspect.

Needling

0.5–1 cun vertically or obliquely in a proximal direction. Caution: The median nerve here is only covered by the radial head of the flexor digitorum superficialis. Vertical needling should not exceed 0.5 cun; no strong needle stimulation.

Actions/Indications

- Calms the *shen* and the Heart
- Harmonises the Middle Burner
- Clears Heart Fire
- Unbinds the chest
- Transforms invisible Phlegm

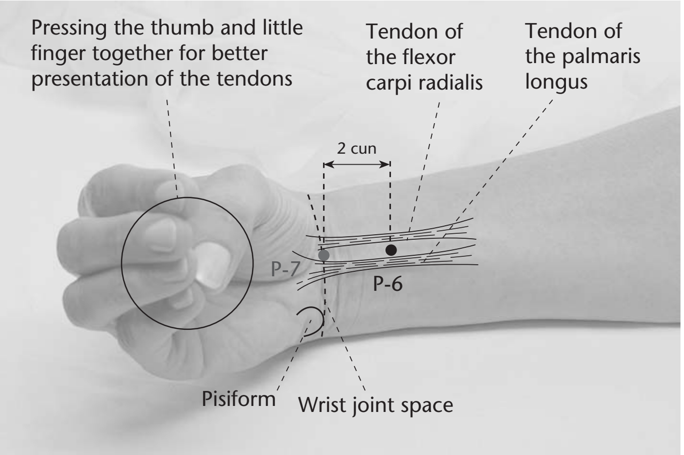
Special features

Jing-river point, Metal point. Important point for transforming Phlegm blocking the orifices.

P-6 *Inner Gate* NEIGUAN

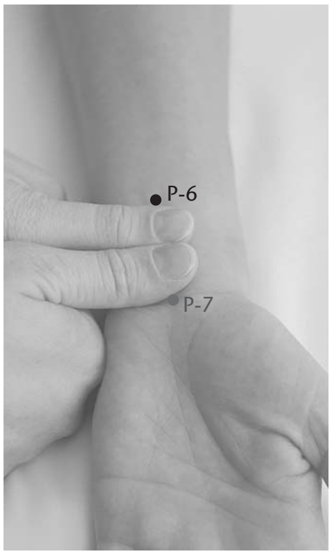
Location

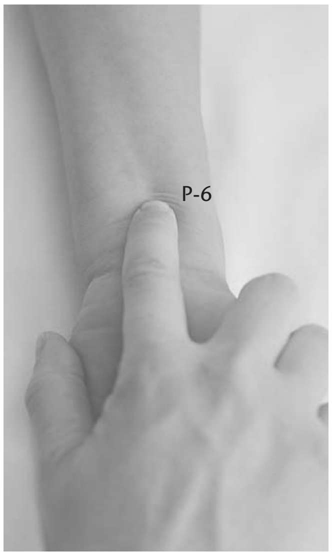
2 cun proximal to the anterior wrist joint space ('most distal wrist crease'), between the tendons of the palmaris longus and flexor carpi radialis muscles.


Pressing the thumb and little finger together for better presentation of the tendons
Tendon of the flexor carpi radialis
Tendon of the palmaris longus
2 cun
P-7
P-6
Pisiform
Wrist joint space

How to find

As the location of the wrist crease varies, the wrist joint space is a more reliable reference point (→ 3.3.3). It can easily be palpated by moving the patient's hand in a relaxed way. From the centre of the wrist joint space (→ **P-7**), measure 2 cun in a proximal direction and locate **P-6** between the two tendons, which become more pronounced when the fingertips are pressed together. If only one tendon is visible, this will be the tendon of the flexor carpi radialis muscle. **P-6** is located on its ulnar aspect.
Or quick method: From the centre of the wrist joint space, glide in a proximal direction between the two tendons. The skin will begin to form a bulge in front of the sliding finger, which will come to a halt at **P-6.**
→ **T.B.-5** (2 cun proximal to the dorsal wrist joint space) is located opposite **P-6**.





Needling

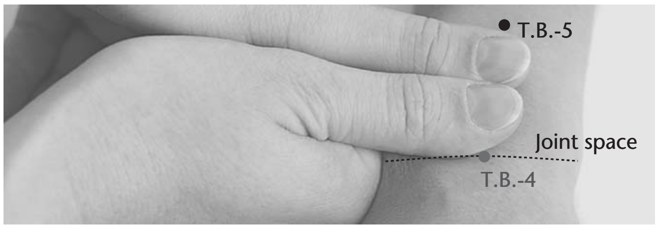
0.5–1 cun vertically or obliquely in a proximal or lateral direction. Caution: The median nerve is located directly below this point.

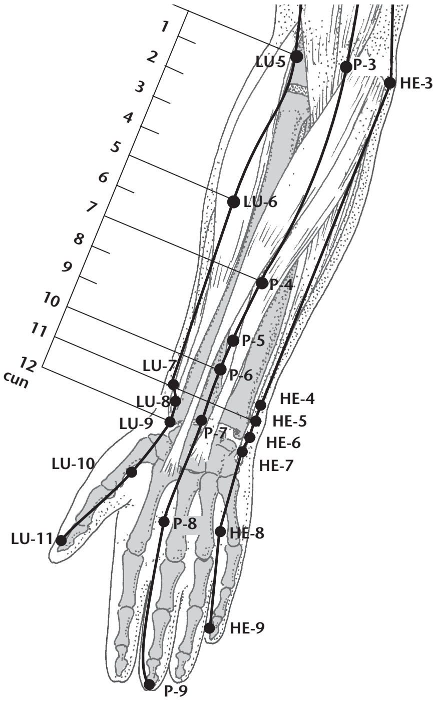
Actions/Indications

- Calms the *shen*
- Unbinds the chest
- Harmonises the Stomach
- Opens the channel

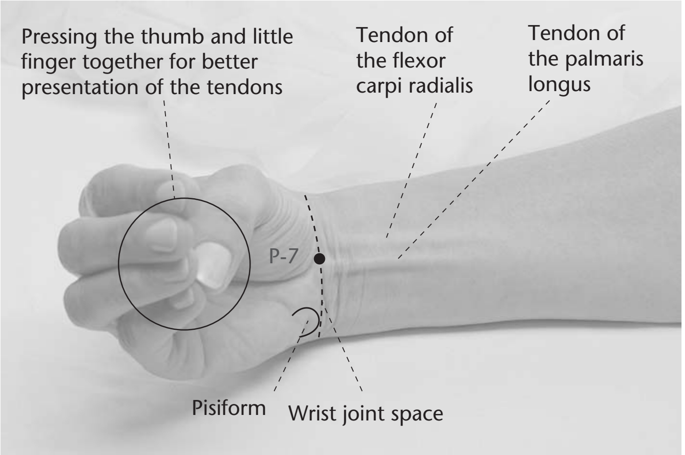
Special features

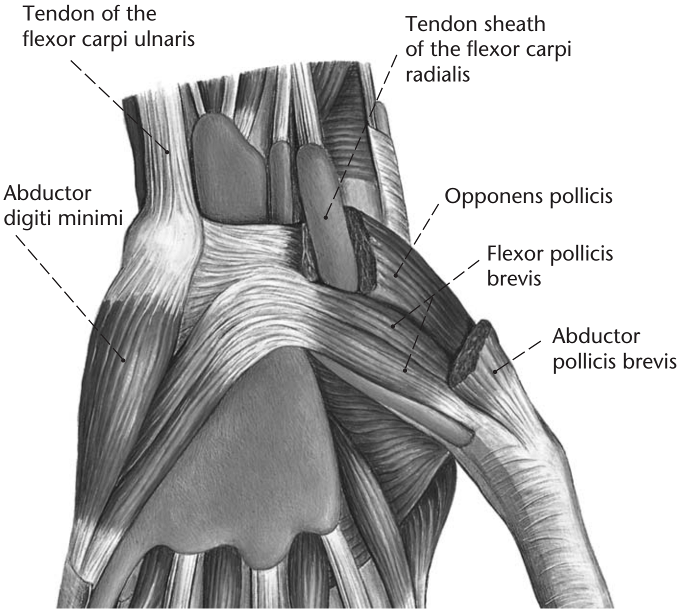
Luo-connecting point, opening (master) point of the *yin wei mai*, Gao Wu command point for the thorax. Main point for nausea and vomiting. Very important point.

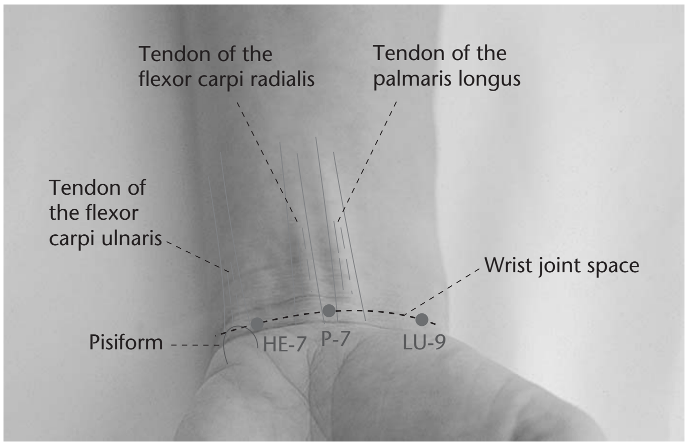

T.B.-5
Joint space
T.B.-4


1
2
3
4
5
6
7
8
9
10
11
12 cun
LU-5
P-3
HE-3
LU-6
P-4
P-5
LU-7
P-6
LU-8
LU-9
HE-4
HE-5
HE-6
HE-7
P-7
LU-10
P-8
HE-8
LU-11
HE-9
P-9

Great Mound DALING **P-7**


Pressing the thumb and little finger together for better presentation of the tendons
Tendon of the flexor carpi radialis
Tendon of the palmaris longus
P-7
Pisiform
Wrist joint space


Tendon of the flexor carpi ulnaris
Tendon sheath of the flexor carpi radialis
Abductor digiti minimi
Opponens pollicis
Flexor pollicis brevis
Abductor pollicis brevis


Tendon of the flexor carpi radialis
Tendon of the palmaris longus
Tendon of the flexor carpi ulnaris
Wrist joint space
Pisiform
HE-7
P-7
LU-9

Location

On the anterior aspect of the wrist joint space (‘most distal wrist crease’), between the tendons of the palmaris longus and flexor carpi radialis muscles.

How to find

As the location of the wrist crease varies, the wrist joint space is a more reliable reference point (→ 3.3.3). By moving the patient’s hand in a relaxed way, it can easily be palpated. Locate **P-7** on this level between the two tendons, which become more pronounced when the fingertips are pressed together. If only one tendon is visible, this will be the tendon of the flexor carpi radialis muscle. **P-7** is located on its ulnar aspect.
Located on the same level are → **HE-7** (on the ulnar aspect of the wrist joint, radial to the tendon of the flexor carpi ulnaris muscle) and → **LU-9** (on the radial aspect of the wrist joint, lateral to the radial artery.

Needling

Vertically 0.3–0.5 cun, for carpal tunnel syndrome also 0.5–1 cun obliquely in a lateral direction along the tunnel. Caution: The median nerve is located directly under this point, thus needling can cause a significant electric sensation; in this case, no further needle manipulation to avoid possible injury.

Actions/Indications

- Clears Heat from the Heart, calms the *shen*
- Harmonises the Stomach and Intestines
- Cools Heart Fire affecting the Bladder
- Unbinds the chest
- Cools the Blood
- Opens the channel, alleviates pain

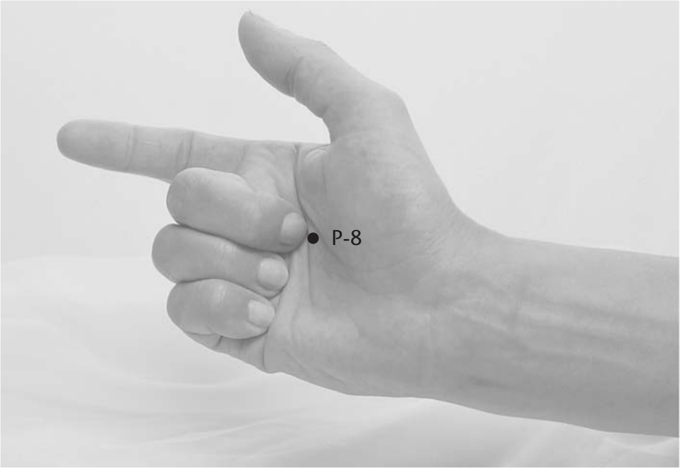
Special features

Yuan-source point, *shu*-stream point, Earth point, sedation point, Sun Si Miao Ghost point. Important point for calming, main point for carpal tunnel syndrome.

P-8 Palace of Toil LAOGONG

Location

In the centre of the palm, between the 2nd and 3rd metacarpal bones, slightly closer to the 3rd metacarpal bone.



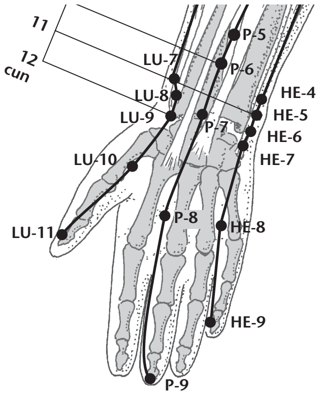
How to find

When making a loose fist, the tip of the middle finger will rest on **P-8,** between the 2nd and 3rd metacarpal bones, slightly closer to the 3rd metacarpal bone.

→ **HE-8** is located more radially, between the 4th and 5th metacarpal bones.

Needling

Vertically 0.3–0.5 cun. Thinner needles should be used as needling this point can be painful.

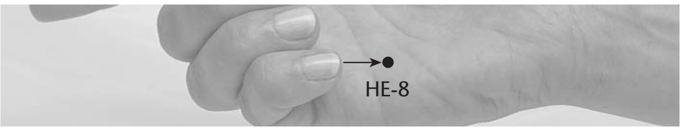


Actions/Indications

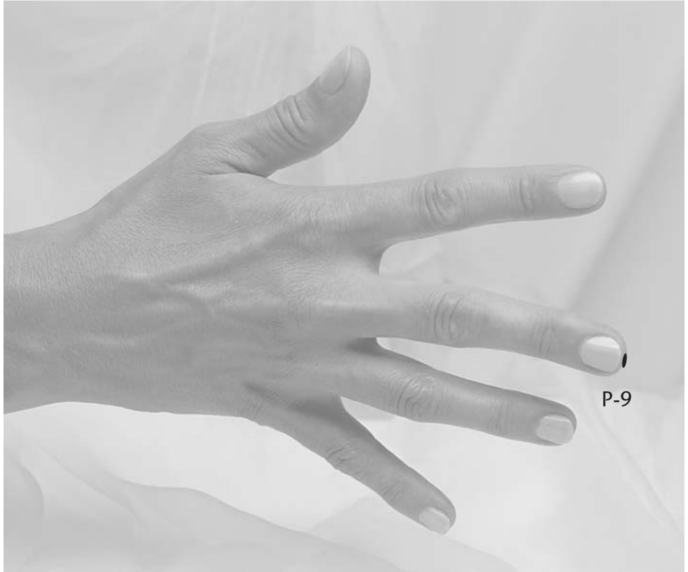
- Clears Heart Fire and calms the *shen*
- Harmonises the Middle Burner
- Clears the *ying*-nutritive level and cools the Blood

Special features

Ying-spring point, Fire point, *ben* point (Five Phases), Sun Si Miao Ghost point, exit point.



Middle Rushing ZHONGCHONG **P-9**



Location

On the most distal point of the middle finger.

How to find

Find the most distal point on the tip of the middle finger and there locate **P-9**.

Needling

Vertically 0.1–0.2 cun or prick to bleed. Caution: Painful point.

Actions/Indications

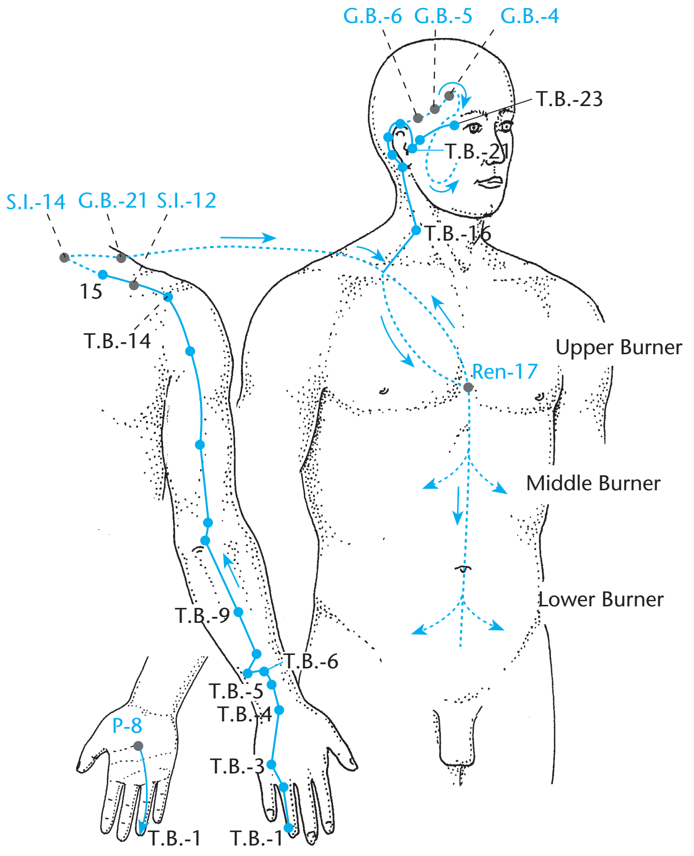
- Clears Heat, especially from the Heart and Pericardium
- Strengthens collapsed Yang
- Expels internal Wind

Special features

Jing-well point, Wood point, tonification point.

4.10 The Triple Burner Channel System – Hand *shaoyang* (*shou shao yang jing luo*)

4.10.1 Triple Burner Primary Channel (*shou shao yang jing*)



Pathway

The **external pathway** of the Triple Burner primary channel begins on the ring finger, at the ulnar corner of the nail at **T.B.-1** (*guanchong*). **T.B.-1** is reached by a branch of the Pericardium primary channel that separates on the palm of the hand at → **P-8** (*laogong*) (hand Yin–Yang connection of the third great circuit). The channel runs along the ulnar side of the ring finger

- continues between the 4th and 5th metacarpal bones
- travels along the posterior aspect of the forearm between the radius and the ulna towards the lateral aspect of the arm
- passes the olecranon and continues along the upper arm to the shoulder
- traverses the shoulder, intersects with → **S.I.-12** (*bingfeng*) and meets the other Yang primary channels at → **Du-14** (*dazhu*)
- runs to the anterior aspect of the body, crossing → **G.B.-21** (*jianjing*) and → **ST-12** (*quepen*), the latter in the supraclavicular fossa.

At **ST-12,** the channel enters the body to begin its **internal** section. It meets the Pericardium (*xin bao*) at → **Ren-17** (*shanzhong*), penetrates the diaphragm and enters the abdomen, connecting with the Upper, Middle and Lower Burners.

From the Lower Burner, an **internal branch** (according to some authors, the T.B. channel) descends to the popliteal fossa to → **BL-39** (*weiyang*), the lower *he*-sea point of the Triple Burner.

A further **inner branch** originates in the thorax at → **Ren-17** (*shanzhong*), emerges at the supraclavicular fossa and ascends to the posterior border of the sternocleidomastoid muscle to **T.B.-16**, follows via **T.B.-17, T.B.-18, T.B.-19** the temporal bone along its border behind the ear and reaches **T.B.-20** (*jiasun*) above the apex of the ear. It crosses the Gall Bladder primary channel at **G.B.-6** (*xuanli*), **G.B.-5** (*xuanlu*) and **G.B.-4** (*hanyan*), according to Deadman et al 1998) also at **G.B.-11** (*touqiaoyin*) and **G.B.-14** (*yangbai*), descends the cheek to the lower jaw and ascends again to intersect with → **S.I.-18** (*quanliao*) on the lower border of the zygomatic arch and continues to the infraorbital region.

From **T.B.-17** (*yifeng*), a branch penetrates the ear, emerges to the **Exterior** anterior to the tragus, intersects with → **S.I.-19** (*tinggong*), continues past **T.B.-21** (*ermen*) and **T.B.-22** (*erheliao*), meets → **G.B.-3** (*shangguan*), crosses its own cheek branch and ends at **T.B.-23** (*sizhukong*) on the frontozygomatic suture. From **T.B.-23**, or, according to some authors from **T.B.-22**, a small branch runs to → **G.B.-1** (*tongziliao*) at the lateral canthus of the eye (Yang axes of the third great circuit: *shao yang*).

Clinical importance (→ 1.2)

Exterior (***biao***) signs and symptoms: Neck pain, cheek pain, red and painful eyes, deafness, pain behind the ears, pain on the posterior aspect of the shoulder and the upper arm

Interior (***li***) or *zangfu*-Organ signs and symptoms: Abdominal fullness and distension, difficult urination, skin oedema and skin swellings, enuresis

Connections of the Triple Burner primary channel (→ 1.2)

Connections with other channels

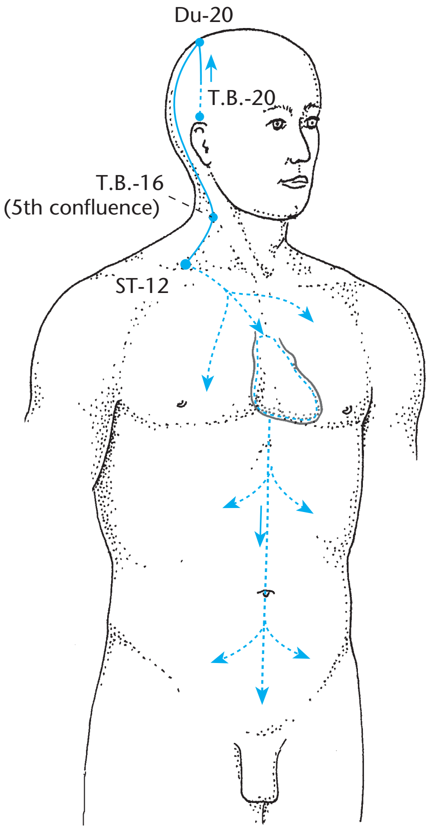
Pericardium primary channel (*shou jue yin jing*)

Connection: Hand Yin–Yang pairing of the third great circuit
Location: **P-8** → **T.B.-1** (on the hand).
Circulation: Circadian (according to the Organ clock)
Importance: Exterior–Interior relationship

Gall Bladder primary channel (*zu shao yang jing*)

Connection: Paired according to the six-channel theory (hand–foot pairing): *shao yang* (Yang axes of the third great circuit)
Location: **T.B.-23** (or **T.B.-22**) → **G.B.-1** (on the head).
Circulation: Circadian (according to the Organ clock)
Importance: Above–below relationship

Connections with *zangfu*-Organ systems
Pericardium (*xin bao*), Triple Burner (*san jiao*)



4.10.2 The Triple Burner Divergent Channel (*shou shao yang jing bie*)

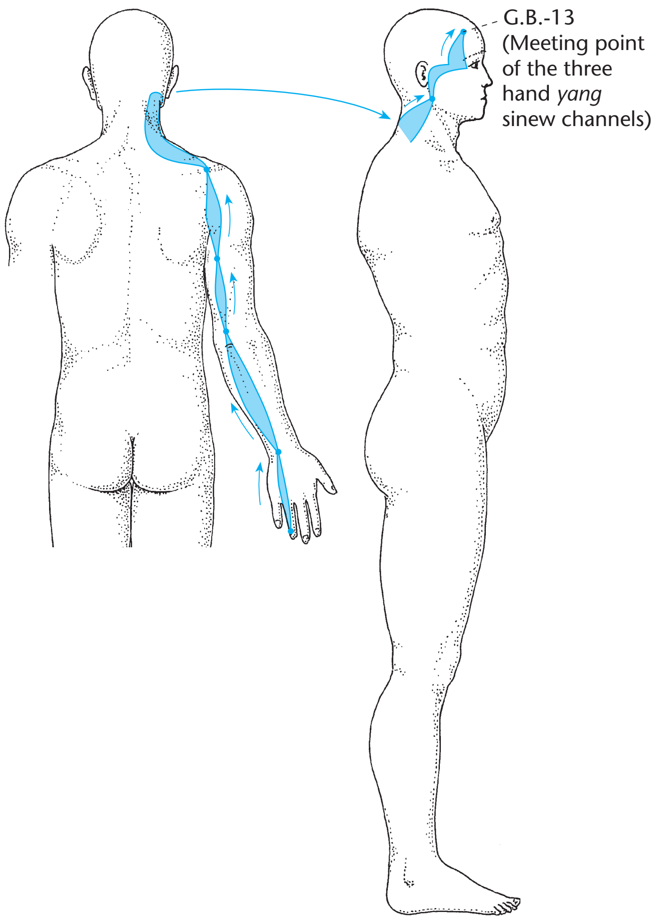
Pathway

The Triple Burner divergent channel separates from the Triple Burner primary channel near **T.B.-20** (*jioasun*)

- ➡ ascends to ➞ **Du-20** (*baihui*)
- ➡ descends along the posterior aspect of the ear to the neck to **T.B.-16** (*tianyou*) on the posterior border of the sternocleidomastoid muscle, where it connects with the Triple Burner primary channel and the Pericardium primary channel to form one of the six *he*-confluences (here: P/T.B. as fifth confluence ➞ 1.3)
- ➡ The Triple Burner divergent channel further descends to ➞ **ST-12** (*quepen*) in the supraclavicular fossa, penetrates the thorax, disperses in the Pericardium (*xin bao*) and reaches the Upper, Middle and Lower Burners.

Clinical importance

- Strengthens the relationship between the Upper, Middle and Lower Burners. T.B. points can be used for disorders affecting these areas and Organs.
- The Triple Burner divergent channel reaches the vertex at ➞ **Du-20**. Therefore, T.B. points can be used for headaches, dizziness, etc, but also to raise the Yang Qi for prolapse, etc.
- The Triple Burner divergent channel spreads in the thorax, so that T.B. points can be used to support the treatment of thoracic problems such as pain, coughing etc.



4.10.3 The Triple Burner Sinew Channel (*shou shao yang jing jin*)

Pathway

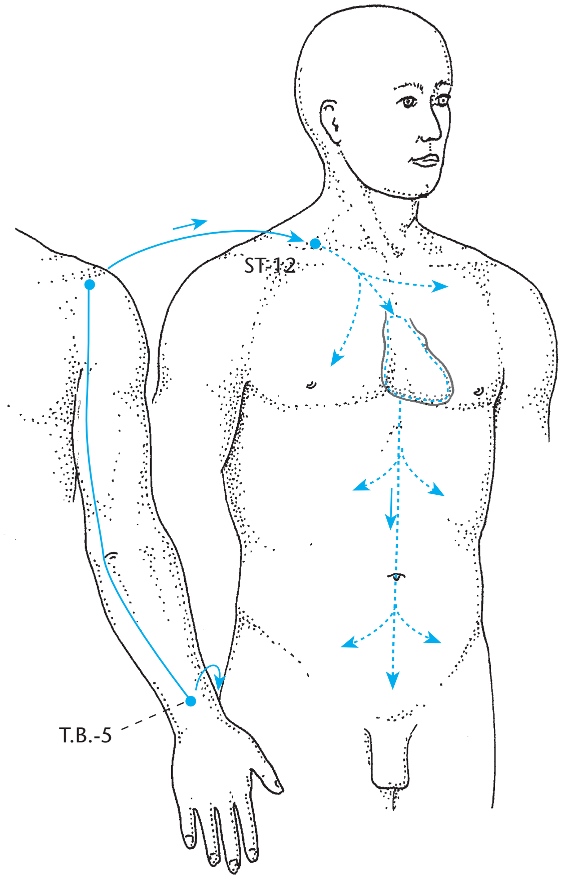
The Triple Burner sinew channel begins on the ring finger, at the ulnar corner of the nail at **T.B.-1** (*guanchong*)

- ➡ travels between the 4th and 5th metacarpal bones to the wrist
- ➡ binds (*jie*) at **T.B.-4** (*yangchi*)
- ➡ continues along the posterior aspect of the forearm between the Small Intestine and Large Intestine sinew channels, binds (*jie*) at the olecranon, ascends the posterior aspect of the upper arm to bind (*jie*) at the posterior corner of the acromion, traverses the posterior aspect of the shoulder and the lateral aspect of the occiput and there meets the Small Intestine sinew channel. It then reaches the mandibular angle, where it divides into **two branches**:
- ➡ **One branch** enters internally and penetrates the root of the tongue

➡ **The other branch** ascends in front of the ear, binds (*jie*) at the outer canthus of the eye, crosses the temple and terminates at → **G.B.-13** (*benshen*) in the frontoparietal region. There, it also meets the other hand Yang sinew channels.

Clinical importance

Pathology: Stiffness, swellings and distending sensations along the course of the sinew channel. Curling or contraction of the tongue.
Indication: Predominantly for pain, stiffness, spasms, tension and distending sensations along the course of the channel, including the lateral aspects of the head and the body as well as the lateral sections of the extremities. T.B. points can also be used for muscle tension caused by emotional disorders. Owing to the connection of the sinew channel with the tongue, some T.B. points are also indicated for motor disorders of the tongue.



4.10.4 The Triple Burner *luo*-Connecting Vessel System (*shou shao yang luo mai*)

Pathway

The Triple Burner *luo*-connecting vessel system separates from the Triple Burner primary channel at its associated *luo*-connecting point **T.B.-5** (*waiguan*) (→ 8.1.2). It forms a three-dimensional reticulate network, dividing into multiple branches and sub-branches (*sun luo, fu luo, xue luo* → 1.5) within the surrounding tissue.

➡ Horizontal divisions run to the Interiorly–Exteriorly paired Pericardium primary channel; according to some schools of thought (for example Ngyen Van Nghi → Appendix), they travel as a **transverse** Triple Burner *luo*-connecting vessel to the *yuan*-source point **P-7** (*daling*).

➡ **A longitudinal division** follows the posterior aspect of the arm, crosses the posterior shoulder region, continues to the front of the body and, according to some authors (for example, Solinas et al 1998), reaches → **ST-12** (*quepen*) in the supraclavicular fossa, penetrates the thorax and reaches the Pericardium primary channel, both dispersing in the Upper, Middle and Lower Burners.

Clinical importance

Pathology

Excess (*shi*): Tension of the elbow joint
Deficiency (*xu*): Muscle weakness in the arm, difficulty flexing the elbow

4.10.5 Cutaneous Region (*shao yang pi bu*)

See description and figures → 1.6.

4.10.6 Points of the Triple Burner Primary Channel (Overview)

Specific points according to their function

- ***Yuan*-source point** (→ **8.1.1): T.B.-4** (*yangchi*)
- ***Luo*-connecting point** (→ **8.1.2.): T.B.-5** (*waiguan*) 🟦🟦
- ***Xi*-cleft point** (→ **8.1.3): T.B.-7** (*huizong*)
- **Associated Back-*shu* point** (→ **8.1.4): BL-22** (*sanjiaoshu*)
- **Associated Front-*mu* point** (→ **8.1.5): Ren-5** (*shimen*)
- **Five *shu*-transporting points** (→ **8.1.6):**
  jing-well point (Metal): **T.B.-1** (*guanchong*)
  ying-spring point (Water): **T.B.-2** (*yemen*)
  shu-stream point (Wood), tonification point: **T.B.-3** (*zhongzhu*)
  jing-river point (Fire), *ben point* (Five Phases): **T.B.-6** (*zhigou*)
  he-sea point (Earth), sedation point: **T.B.-10** (*tianjing*)
- ***Hui*-meeting point** (→ **8.1.7): –**
- **Opening point** (→ **8.1.8) of the *yin wei mai*: T.B.-5** (*waiguan*) 🟦🟦
- **Lower *xiahe*-sea points** (→ **8.1.9): –**
- ***Jiaohui*-meeting points** (→ **8.1.10):**
  - with the *yang wei mai* and the G.B. channel: **T.B.-13*** (*naohui*)
  - with the *yang wei mai* and the G.B. channel: **T.B.-15** (*tianliao*) 🟦⬛
  - with the G.B. channel: **T.B.-17** (*yifeng*) 🟦⬛
  - with the S.I.* and G.B. channel: **T.B.-20** (*jiaosun*)
  - with the S.I. and G.B. channels: **T.B.-22** (*erheliao*)

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* Mentioned by only some authors

  - of other channels with the T.B. channel: **S.I.-12, BL-11, (S.I.-18, S.I.-19*), Du-14, Ren-12, Ren-17, ST-12, G.B.-21, G.B.-14, G.B.-11, G.B.-6, G.B.-5, G.B.-4, G.B.-3, G.B.-1, (S.I.-9*)**
- **Gao Wu command point (→ 8.1.11): –**
- **Window of Heaven point (→ 8.1.12): T.B.-16** (*tianyou*)
- **Points of the Four Seas (→ 8.1.13): –**
- **Ma Dan Yang Heavenly Star point (→ 8.1.14): –**
- **Sun Si Miao Ghost point (→ 8.1.15): –**
- **Other functional points: –**

Points according to region

- **Local points (→ 8.2.1):** ears – **T.B.-21** (*ermen*) 🟦■; shoulder – **T.B.-14** (*jianliao*) 🟦■, **T.B.-15** (*tianliao*) 🟦■
- **Adjacent points (→ 8.2.1):** temporal aspect of the head – **T.B.-17** (*yifeng*) 🟦■; eyes – **T.B.-23** (*sizhukong*) 🟦■; ears – **T.B.-17** (*yifeng*) 🟦■; jaw – **T.B.-17** (*yifeng*) 🟦■; shoulder – **T.B.-13** (*naohui*), **T.B.-15** (*tianliao*) 🟦■
- **Distal points (→ 8.2.1):** temporal aspect of the head – **T.B.-3** (*zhongzhu*) 🟦■, **T.B.-5** (*waiguan*) 🟦🟦; ears – especially **T.B.-3** (*zhongzhu*), **T.B.-5** (*waiguan*) 🟦🟦; hypochondrium – **T.B.-5** (*waiguan*) 🟦🟦, **T.B.-6** (*zhigou*); cervical spine – **T.B.-8** (*sanyangluo*); cervical spine and shoulder – **T.B.-5** (*waiguan*) 🟦🟦; shoulder – **T.B.-1** (*guanchong*)

Specific points according to the channel pathway (in numeric order)

- **T.B.-1** (*guanchong*): *jing*-well point (Metal) (→ 8.1.6); distal point for the shoulder (→ 8.2.1)
- **T.B.-2** (*yemen*): *ying*-spring point (Water) (→ 8.1.6)
- **T.B.-3** (*zhongzhu*): *shu*-stream point (Wood) (→ 8.1.6); tonification point; distal point for the temporal region and the ears (→ 8.2.1); local point for the fingers (numbness and pain) (→ 8.2.1)
- **T.B.-4** (*yangchi*): *yuan*-source point (→ 8.1.1); local point for the hand (→ 8.2.1)
- **T.B.-5** (*waiguan*) 🟦🟦: *luo*-connecting point (→ 8.1.2); Opening point (→ 8.1.8) of the *yang wei mai*; distal point for the temporal region, the ears, the cervical spine, the shoulder, the elbow and the hypochondrium (→ 8.2.1); regional point for the hand and fingers (→ 8.2.1)
- **T.B.-6** (*zhigou*): *jing*-river point (Fire) (→ 8.1.6); *ben* point (Five Phases); distal point for the hypochondrium (→ 8.2.1)
- **T.B.-7** (*huizong*): *xi*-cleft point (→ 8.1.3)
- **T.B.-8** (*sanyangliao*): distal point for the cervical spine (→ 8.2.1)
- **T.B.-10** (*tianjing*): *he*-sea point (Earth) (→ 8.1.6); sedation point; local point for the elbow (→ 8.2.1)
- **T.B.-13** (*naohui*): *jiaohui*-meeting point (→ 8.1.10) of the *yang wei mai** and the G.B. channel*; adjacent point for the shoulder (→ 8.2.1)
- **T.B.-14** (*jianliao*) 🟦■: local point for the shoulder (→ 8.2.1)
- **T.B.-15** (*tianliao*) 🟦■: *jiaohui*-meeting point of the *yang wei mai* and the G.B. channel; local point for the shoulder (→ 8.2.1)
- **T.B.-16** (*tianyou*): Window of Heaven point (→ 8.1.12)
- **T.B.-17** (*yifeng*) 🟦■: *jiaohui*-meeting point of the G.B. channel; adjacent point for the temporal region, the ears and the jaw (→ 8.2.1)
- **T.B.-20** (*jiaosun*): *jiaohui*-meeting point of the S.I.* and G.B. channels
- **T.B.-21** (*ermen*) 🟦■: local point for the ears (→ 8.2.1)
- **T.B.-22** (*erheliao*): *jiaohui*-meeting point with the S.I. and G.B. channels
- **T.B.-23** (*sizhukong*) 🟦■: adjacent point for the eyes (→ 8.2.1)

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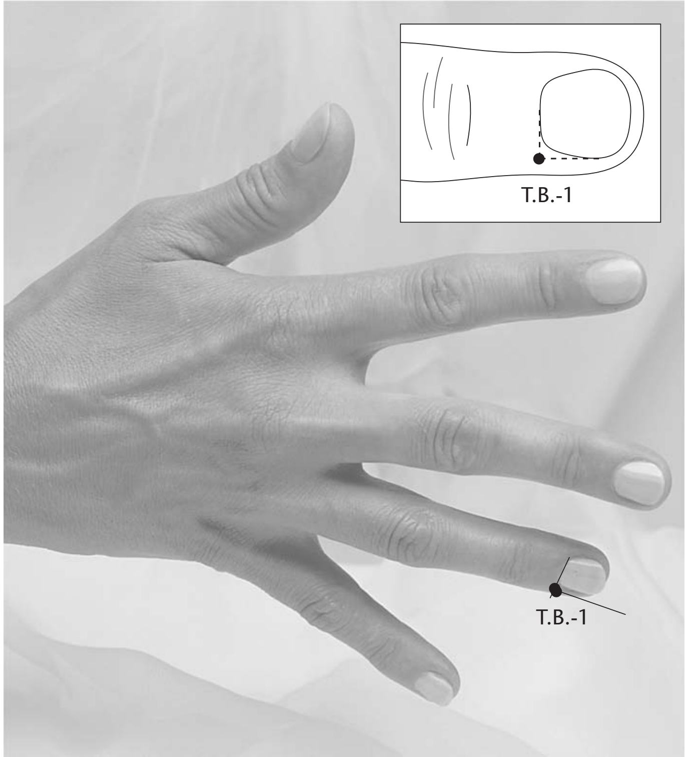
*Mentioned only by some authors

Rushing Pass GUANCHONG T.B.-1



Location

On the ring finger, 0.1 cun from the ulnar corner of the nail.

How to find

This point is located at the junction of two tangents bordering the ulnar and proximal margins of the nail, approximately 0.1 cun from the corner of the actual nail.

Needling

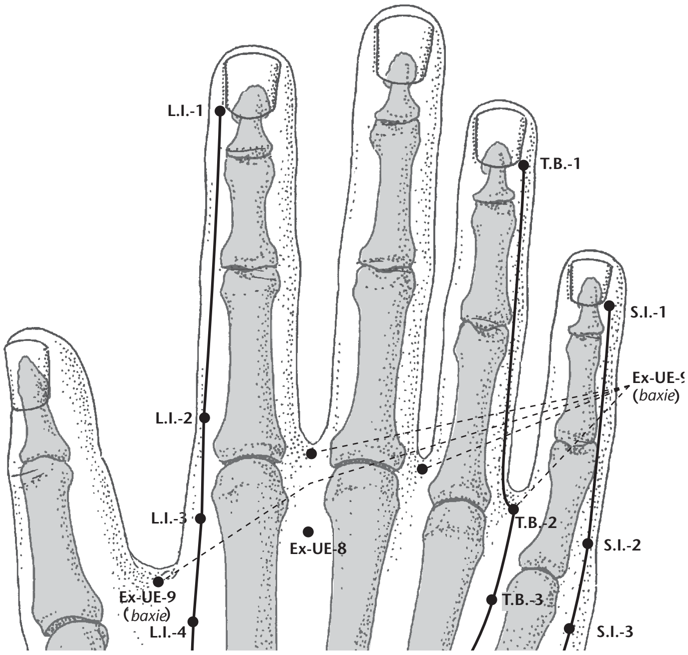
Approximately 0.2 cun vertically or obliquely in a proximal direction or prick to bleed. Caution: Avoid needling too close to the nail; painful point.

Actions/Indications

- Clears Heat from the Upper Burner
- Benefits the ears and tongue
- Opens the channel and alleviates pain

Special features

Jing-well point, Metal point, entry point. Especially indicated for acute disorders.



T.B.-2 *Fluid Gate* YEMEN

Location

Between the little finger and ring finger, proximal to the margin of the web.

How to find

This point is best located when making a loose fist. Locate the web between the little finger and ring finger (4th and 5th fingers) and locate **T.B.-2** proximal to its margin. **T.B.-2** is part of → **Ex-UE-9** (*baxie*: proximal to the webs between the fingers). Located in a comparable position on the foot is → **G.B.-43** (on the web between the 4th and 5th toes), which is also part of → **Ex-LE-10** (*bafeng*).

Needling

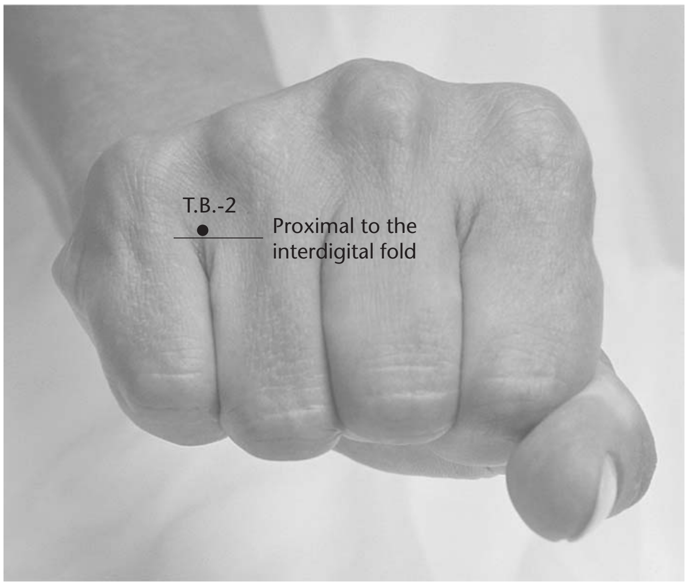
Vertically up to 0.5 cun

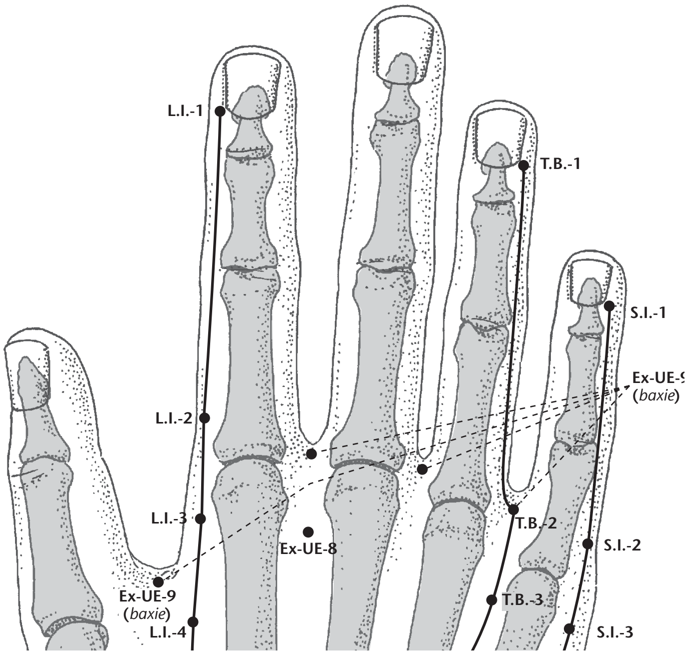
Actions/Indications

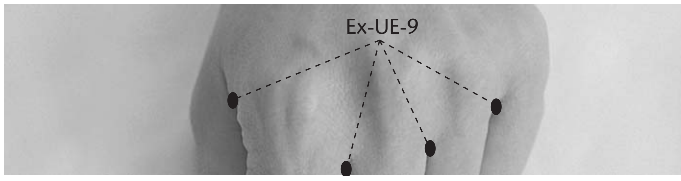
- Clears Heat from the Upper Burner
- Benefits the ears and calms the *shen*
- Opens the channel and alleviates pain

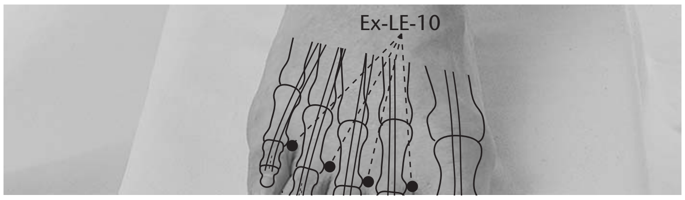
Special features

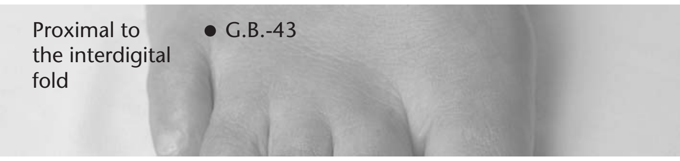
Ying-spring point, Water point. Especially indicated for psychoneurological disorders caused by Heat and local channel problems.


T.B.-2
Proximal to the interdigital fold

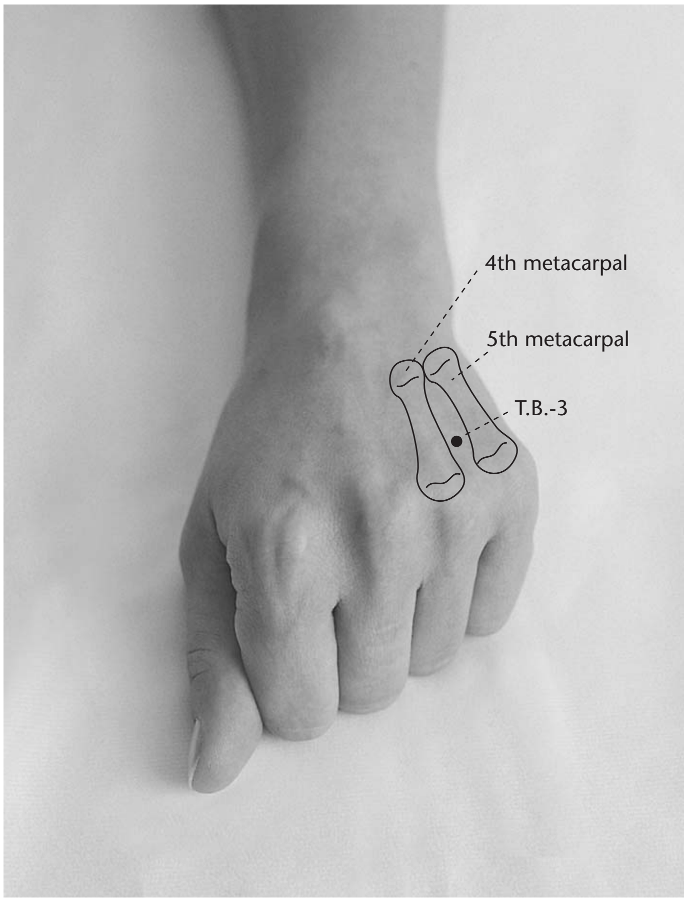

L.I.-1
T.B.-1
S.I.-1
Ex-UE-
(baxie)
L.I.-2
L.I.-3
T.B.-2
Ex-UE-8
S.I.-2
Ex-UE-9
(baxie)
T.B.-3
L.I.-4
S.I.-3






Proximal to the interdigital fold
G.B.-43

Central Islet ZHONGZHU **T.B.-3**



Location

On the dorsum of the hand, in a depression between the 4th and 5th metacarpal bones, proximal to the metacarpophalangeal joints. **T.B.-3** is located at the junction between the heads and shafts of the two metacarpal bones.

How to find

The hand should be relaxed or a loose fist should be made. Palpate from the metacarpophalangeal joints along the groove between the 4th and 5th metacarpal bones towards proximal. **T.B.-3** is located at the widest/deepest point of the groove, slightly distal to the carpometacarpal joints.

Located in comparable positions are → **Ex-UE-8** (*wailaogong*: between the 2nd and 3rd metacarpal bones), → **S.I.-3** (on the ulnar aspect of the 5th metacarpal bone) and → **L.I.-3** (on the radial aspect of the 2nd metacarpal bone).

Needling

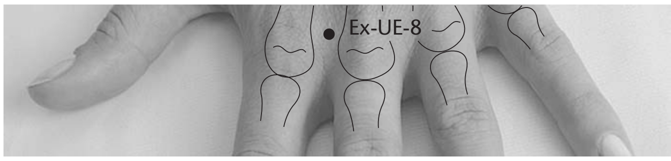
0.5–1 cun vertically or obliquely in a proximal direction.

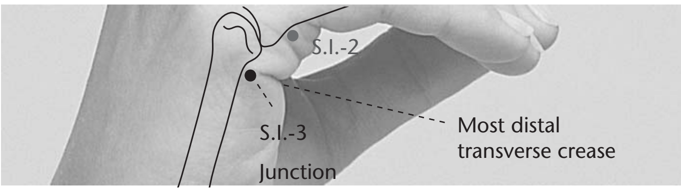
Actions/Indications

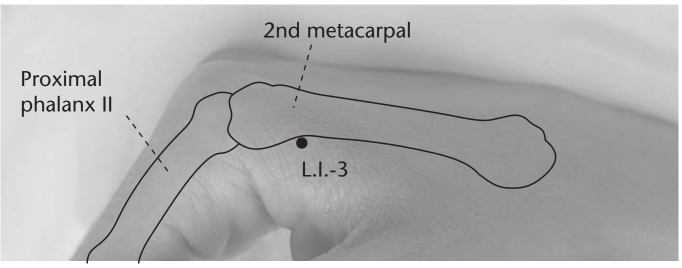
- Benefits the ears, clears Heat (and drains Fire), clears the head and the eyes
- Opens the channel and *luo*-connecting vessels, alleviates pain

Special features

Shu-stream point, Wood point, tonification point. One of the most important distal points for any disorder of the ears.



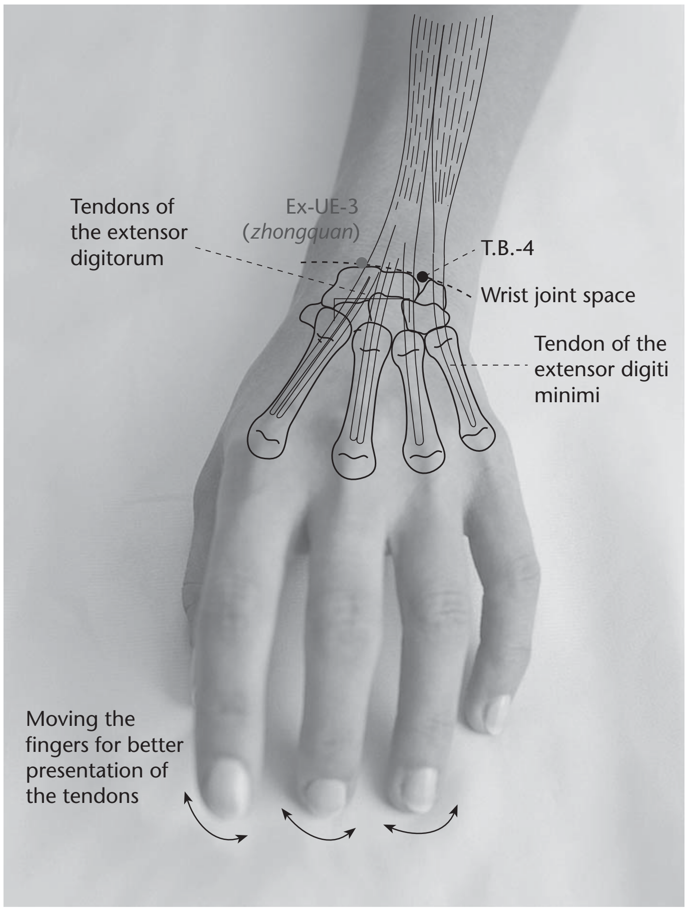




T.B.-4 *Yang Pool* YANGCHI

Location

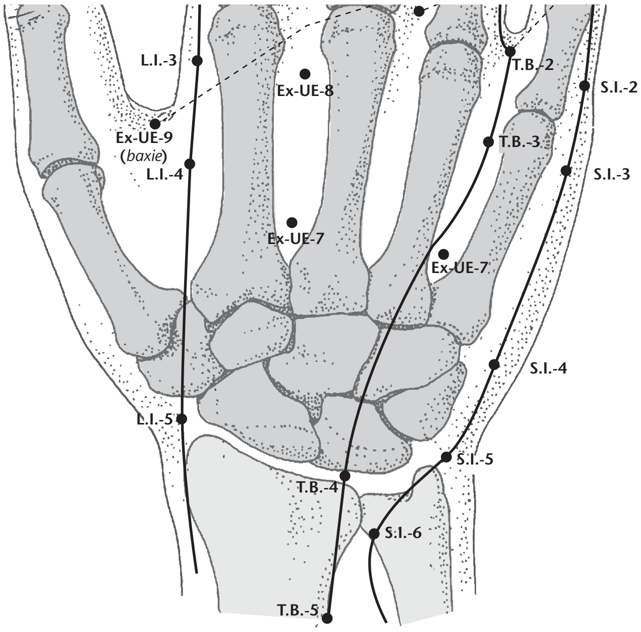
On the dorsum of the wrist (above the wrist joint space, ‘dorsal wrist crease’), in the gap between the tendons of the extensor digitorum (on the ulnar aspect) and the extensor digiti minimi muscles (on the radial aspect).


Tendons of the extensor digitorum
Ex-UE-3 (*zhongquan*)
T.B.-4
Wrist joint space
Tendon of the extensor digiti minimi
Moving the fingers for better presentation of the tendons

How to find

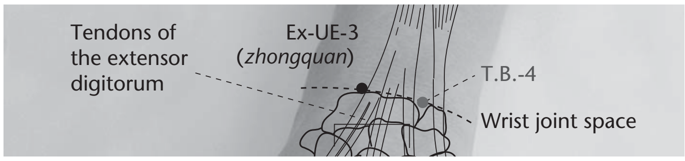
As the location of the dorsal wrist crease varies, the wrist joint space should be used for orientation instead (➞ 3.3.3). By moving the patient’s wrist in a relaxed way, the joint space becomes well defined. **T.B.-4** is located slightly laterally to the midpoint of the joint space, in the depression between the tendons of the extensor digiti minimi muscle (continuing to the little finger) on its radial aspect and the tendon of the extensor digitorum muscle on its ulnar aspect. The tendons of the extensor digitorum muscle will become more pronounced by moving the three middle fingers.

Located on the same level but radial to the tendons of the extensor digitorum muscle is ➞ **Ex-UE-3** (*zhongquan*).


L.I.-3
Ex-UE-8
T.B.-2
S.I.-2
Ex-UE-9
(*baxie*)
L.I.-4
T.B.-3
S.I.-3
Ex-UE-7
Ex-UE-7
S.I.-4
L.I.-5
S.I.-5
T.B.-4
S.I.-6
T.B.-5

Needling

0.3–0.5 cun vertically or slightly obliquely in a proximal direction or transversely (subcutaneously) deep to the tendons towards the radial aspect of the wrist.


Tendons of the extensor digitorum
Ex-UE-3 (*zhongquan*)
T.B.-4
Wrist joint space

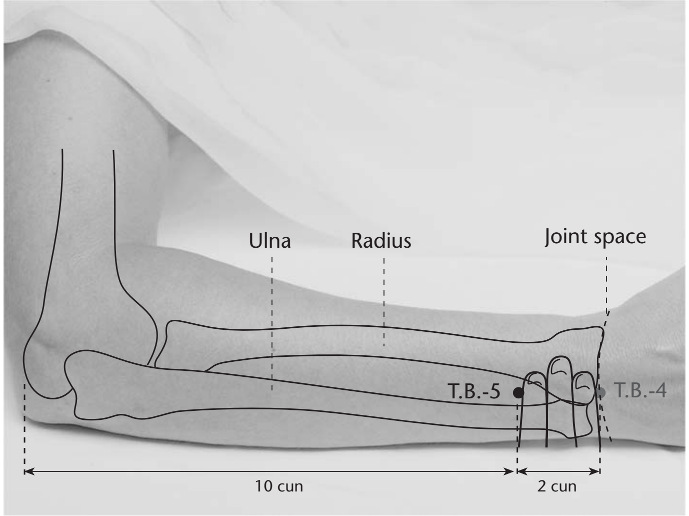
Actions/Indications

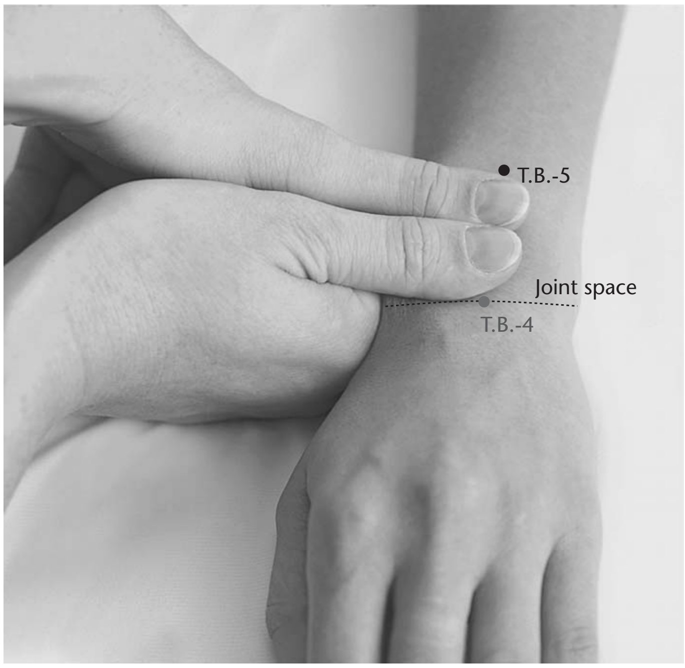
- Clears Heat, opens the channel, relaxes the tendons. In Japanese acupuncture tradition, **T.B.-4**, in its function as *yuan*-source point, is used for deficiency syndromes.

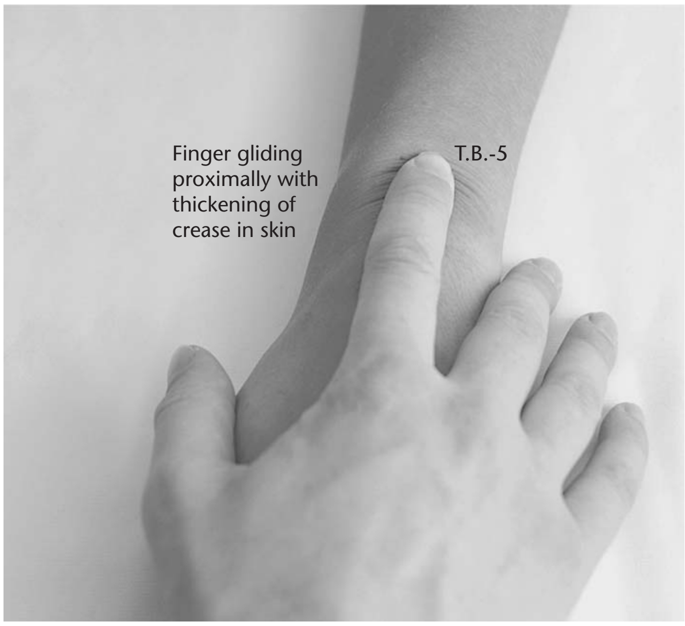
Special features

Yuan-source point

Outer Pass WAIGUAN T.B.-5







Location

2 cun proximal to the dorsal wrist joint space ('dorsal wrist crease'), between the radius and the ulna.

How to find

As the location of the dorsal wrist crease varies, the wrist joint space should be used for orientation instead (→ 3.3.3). By moving the patient's wrist in a relaxed way, the joint space becomes more easily palpable. **T.B.-5** is located 2 cun proximal to the midpoint of the joint space, in the depression midway between the radius and the ulna. **Or quick method:** With the palpating finger, slide with slight pressure from the dorsal aspect of the wrist joint in a proximal direction between the radius and the ulna, until the finger is brought to rest at **T.B.-5** by the increasing skin bulge building up in front of it.

→ **P-6** is located opposite **T.B.-5,** on the anterior aspect of the forearm.

Needling

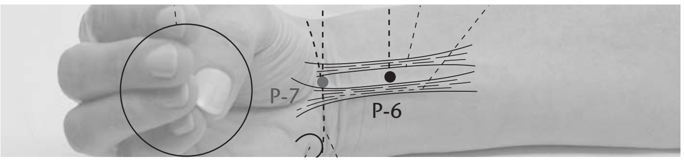
Vertically or obliquely 0.5–1.5 cun. Caution: Movement of the hand/arm during needle retention may cause bending of the needle.

Actions/Indications

- Expels Wind and benefits the head and ears, clears Heat, opens and regulates the *yang wei mai*
- Opens the channel and alleviates pain

Special features

Luo-connecting point, opening (master) point of the *yang wei mai*. Major point for expelling Wind-Heat, analgesic point for the upper extremity.



T.B.-6 *Branching Ditch* ZHIGOU

Location

3 cun proximal to the dorsal wrist joint space ('dorsal wrist crease'), in a depression between the radius and the ulna, radial to the tendon of the extensor digitorum communis muscle.

How to find

As the location of the dorsal wrist crease varies, the wrist joint space should be used for orientation instead (→ 3.3.3). By moving the patient's wrist in a relaxed way, the joint space becomes more easily palpable. From the joint space, measure 3 cun in a proximal direction. At this point, the extensor digitorum communis muscle will often lie midway between the ulna and the radius. **T.B.-6** is located in a depression close to the border of the radius, on the radial side of the muscle.
Located on the same level is → **T.B.-7,** in a depression between the ulna and the extensor digitorum communis muscle. → **P-5** is also located on this level, but on the anterior aspect of the forearm.

Needling

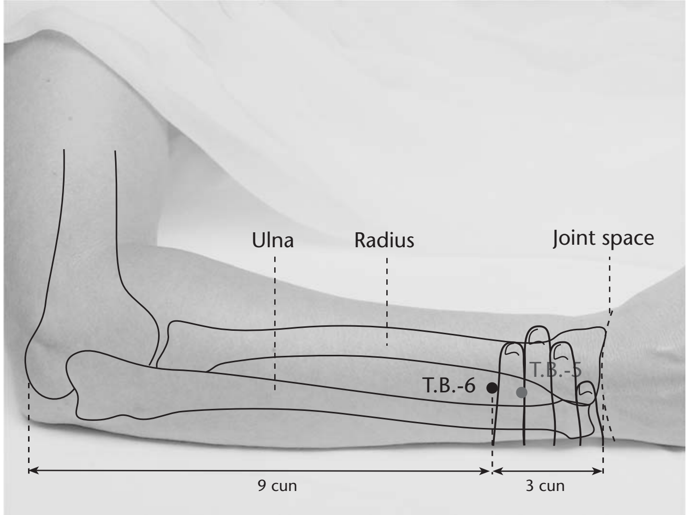
0.5–1.5 cun slightly obliquely towards the ulna or obliquely in a proximal (elbow) or distal (wrist) direction. Or through-needling to **P-5** (*jianshi*). Caution: Movement of the hand/arm during needle retention may cause bending of the needle.

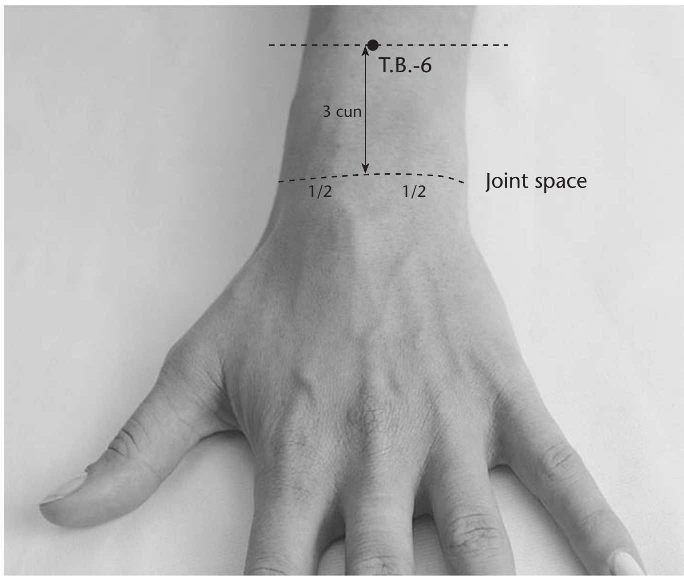
Actions/Indications

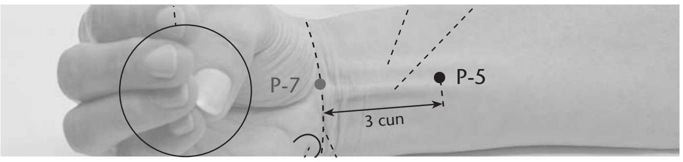
- Regulates the Qi, clears Heat in the Triple Burner, benefits the lateral costal region, promotes bowel movements
- Benefits the voice
- Opens the channel

Special features

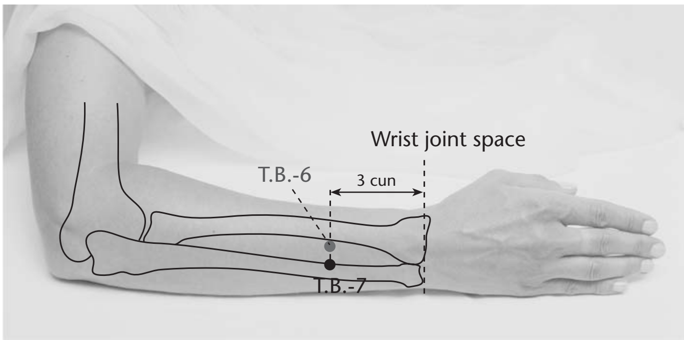
Jing-river point, Fire point, *ben* point (Five Phases).

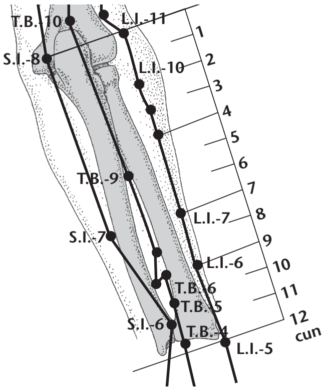






Ancestral Meeting HUIZONG T.B.-7





Location

3 cun proximal to the dorsal wrist joint space ('dorsal wrist crease') and 0.5 cun ulnar to the centre of the forearm.

How to find

As the location of the dorsal wrist crease varies, the wrist joint space should be used for orientation instead (→ 3.3.3). By moving the patient's wrist in a relaxed way, the joint space becomes more easily palpable. From the joint space, measure 3 cun in a proximal direction and locate **T.B.-7** in a depression between the ulna and the extensor digitorum communis muscle. **Or:** Spreading hands technique (→ 2.3.3): Place the little fingers on the elbow crease and the wrist joint space respectively (this distance corresponds to 12 cun). Divide this distance into quarters and locate **T.B.-7** one quarter of the distance from the wrist joint and 0.5 cun ulnar to the centre of the forearm (where → **T.B.-6** is located) on the border of the ulna.
Located on the same level is → **T.B.-6** (0.5 cun towards the radius).

Needling

Vertically or obliquely up to 1.5 cun

Actions/Indications

- Opens the channel and alleviates pain
- Benefits the ears

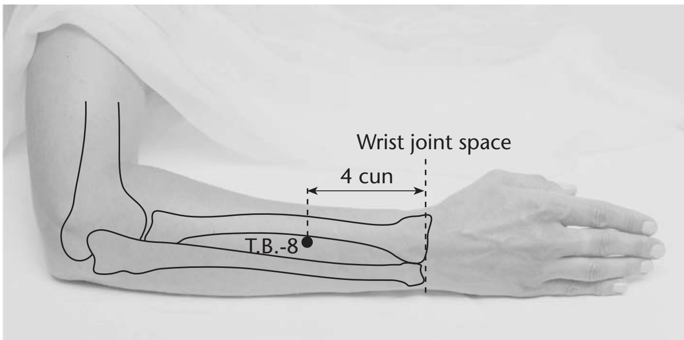
Special features

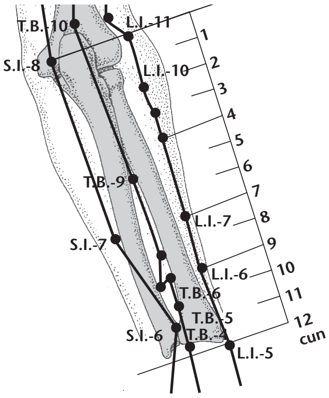
Xi-cleft point

T.B.-8 *Three Yang Connection* SANYANGLUO

Location

4 cun proximal to the dorsal wrist joint space (‘dorsal wrist crease’), between the radius and the ulna, radial to the tendon of the extensor digitorum communis muscle.





How to find

As the location of the dorsal wrist crease varies, the wrist joint space should be used for orientation instead (→ 3.3.3). By moving the patient’s wrist in a relaxed way, the joint space becomes more easily palpable. From the joint space, measure 4 cun in a proximal direction and locate **T.B.-8** in a depression between the ulna and radial to the extensor digitorum communis muscle. **Or:** Spreading hands technique (→ 2.3.3): Divide the distance between the elbow crease and the wrist joint space (=12 cun) into thirds and locate **T.B.-8** one third of the distance from the wrist joint between the radius and the ulna.

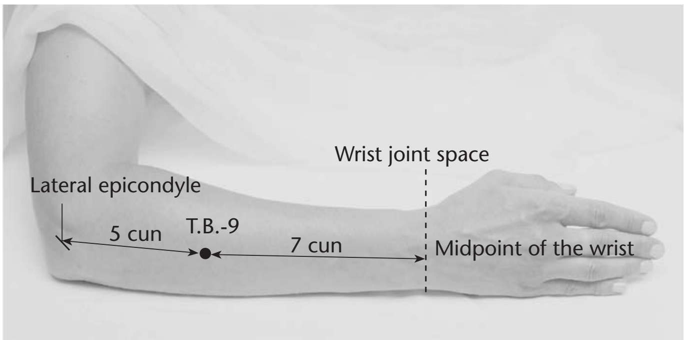
Needling

Vertically or obliquely up to 1.5 cun

Actions/Indications

- Benefits the ears and the voice
- Opens the channel and the *luo*-connecting vessels, alleviates pain

Four Rivers **SIDU** **T.B.-9**



Location

7 cun proximal to the dorsal wrist joint space (‘dorsal wrist crease’), between the radius and the ulna.

How to find

From the wrist joint space (➞ 3.3.3, more accurate reference point than the variable dorsal wrist crease), measure 7 cun in a proximal direction and locate **T.B.-9** in a depression between the extensor digitorum communis muscle and the extensor carpi ulnaris muscle. Alternatively, measure 5 cun distally from the lateral epicondyle of the humerus. **T.B.-9** is located on a line connecting the midpoint of the dorsal wrist joint space and the lateral epicondyle of the humerus. **Or:** Spreading hands technique (➞ 2.3.3): Place the little fingers on the cubital crease and the wrist joint space (➞ 2.2) respectively and join the thumbs at the midpoint of this distance (=12 cun). From the midpoint of this line, measure 1 cun in a proximal direction and there locate **T.B.-9** between the radius and the ulna.

Needling

Vertically or obliquely up to 2 cun

Actions/Indications

- Opens the channel and *luo*-connecting vessels
- Benefits the ears and throat

T.B.-10 Heavenly Well TIANJING

Location

On the lateral aspect of the upper arm, with the elbow flexed in a depression approximately 1 cun proximal to the olecranon.

How to find

This point is best located with the patient's elbow flexed to 90°, which will reveal an easily palpable depression 1 cun superior to the olecranon. **T.B.-10** is located in this depression, on the tendon of the triceps brachii muscle.

Needling

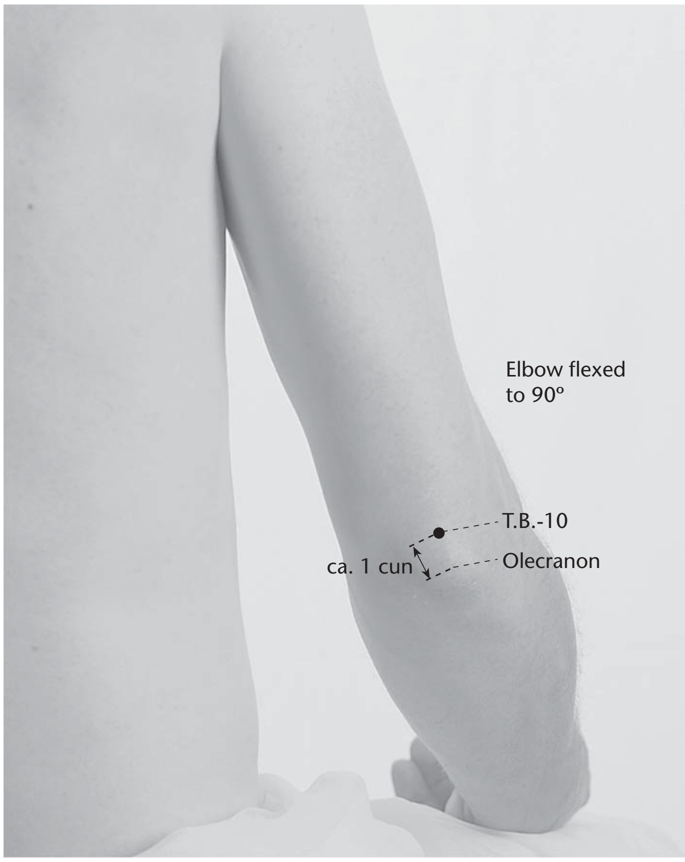
Up to 1 cun vertically or obliquely in a proximal direction.

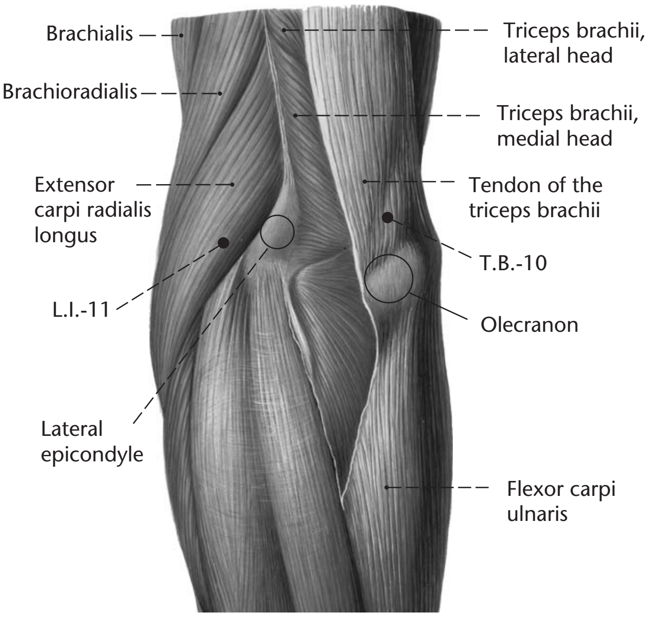
Actions/Indications

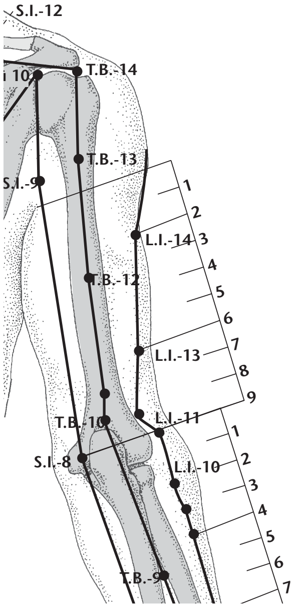
- Transforms Phlegm and disperses accumulations
- Regulates and descends the Qi
- Calms the *shen*
- Clears Heat from the channel
- Opens the channel and *luo*-connecting vessels, alleviates pain

Special features

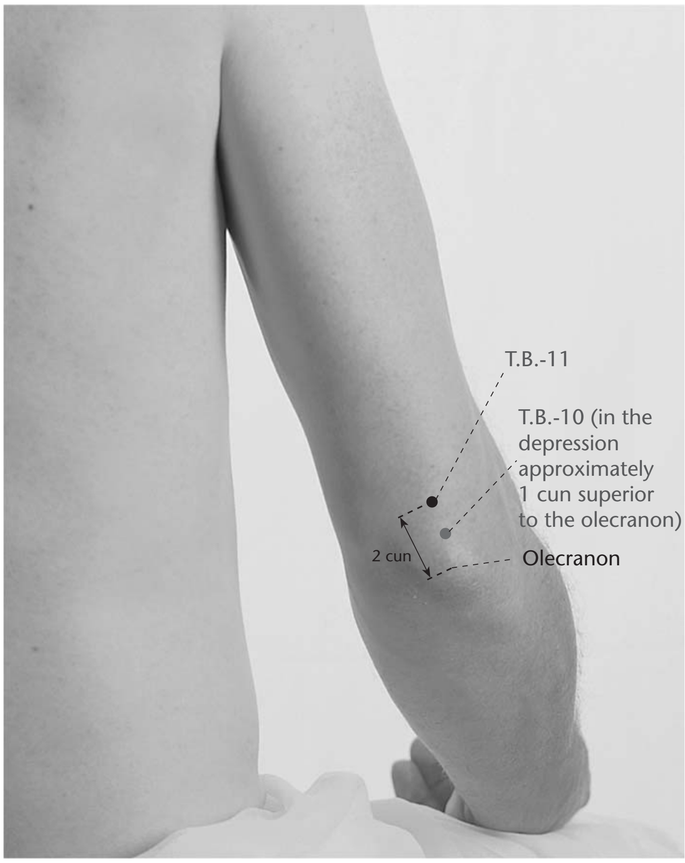
He-sea point, Earth point, sedation point.


Elbow flexed to 90°
T.B.-10
ca. 1 cun
Olecranon


Brachialis
Brachioradialis
Extensor carpi radialis longus
L.I.-11
Lateral epicondyle
Triceps brachii, lateral head
Triceps brachii, medial head
Tendon of the triceps brachii
T.B.-10
Olecranon
Flexor carpi ulnaris


S.I.-12
i 10
T.B.-14
T.B.-13
S.I.-9
L.I.-14
T.B.-12
L.I.-13
T.B.-10
L.I.-11
S.I.-8
L.I.-10
T.B.-9
1
2
3
4
5
6
7
8
9
1
2
3
4
5
6
7

Clear Cold Abyss QINGLENGYUAN **T.B.-11**


T.B.-11
T.B.-10 (in the depression approximately 1 cun superior to the olecranon)
2 cun
Olecranon

Location

On the lateral aspect of the upper arm, with the elbow flexed 1 cun proximal to → **T.B.-10** or 2 cun proximal to the olecranon, on the triceps brachii muscle.

How to find

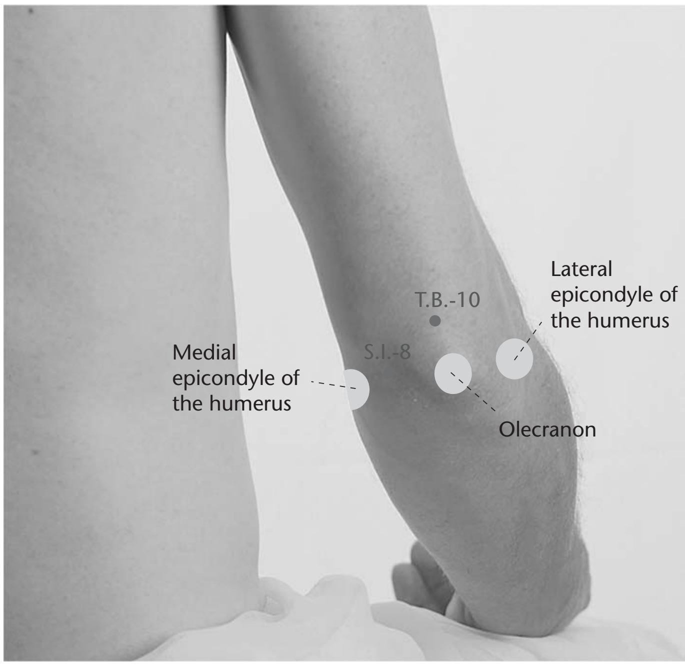
This point is best located with the patient's elbow flexed to 90°, using → **T.B.-10** as a reference point. This is located in an easily palpable depression 1 cun superior to the olecranon. From → **T.B.-10**, palpate approximately 1 cun in a proximal direction and locate **T.B.-11** in a depression on the triceps brachii muscle.

Needling

Vertically up to 1 cun

Actions/Indications

- Dispels Wind-Damp
- Opens the channel and the *luo*-connecting vessels
- Clears Damp-Heat


Lateral epicondyle of the humerus
T.B.-10
Medial epicondyle of the humerus
S.I.-8
Olecranon

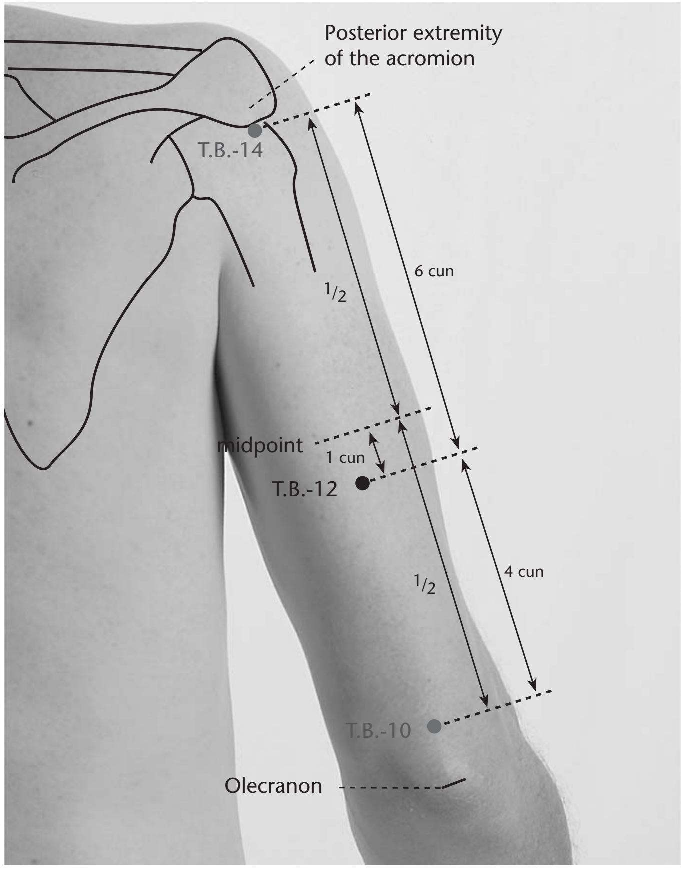
T.B.-12 *Dispersing Luo River* XIAOLUO

Location

4 cun proximal to → **T.B.-10** (with the elbow flexed in a depression superior to the olecranon) or 5 cun proximal to the olecranon on a line connecting the olecranon and the lateral extremity of the acromion (location of → **T.B.-14**).

How to find

First, locate the acromion (→ 3.3.1). When the patient's arm is in abduction, two depressions will form below the acromion, in the area of origin of the deltoid muscle. → **T.B.-14** is located in the posterior depression, below the posterior aspect of the lateral extremity of the acromion. Next, on a line connecting → **T.B.-14** and the olecranon, measure 4 cun from → **T.B.-10** (1 cun proximal to the olecranon, in the depression that forms when the elbow is flexed) in a proximal direction and there locate **T.B.-12**. **Or quick method:** Spreading hands technique (→ 2.3.3): Place the little fingers on → **T.B.-14** and → **T.B.-10** respectively and determine the midpoint of this distance with the thumbs. From the midpoint, measure 1 cun in a distal direction and there locate **T.B.-12. For orientation: T.B.-12** is midway between → **T.B.-11** (1 cun proximal to **T.B.-10** or 2 cun proximal to the olecranon) and → **T.B.-13** (3 cun distal to → **T.B.-14**, on the margin of the deltoid muscle).


Posterior extremity of the acromion
T.B.-14
6 cun
1/2
midpoint
1 cun
T.B.-12
1/2
4 cun
T.B.-10
Olecranon

Needling

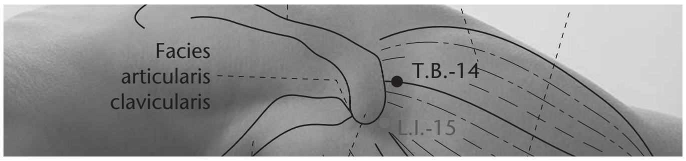
Vertically or obliquely up to 2 cun

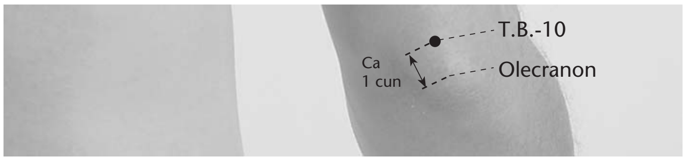
Actions/Indications

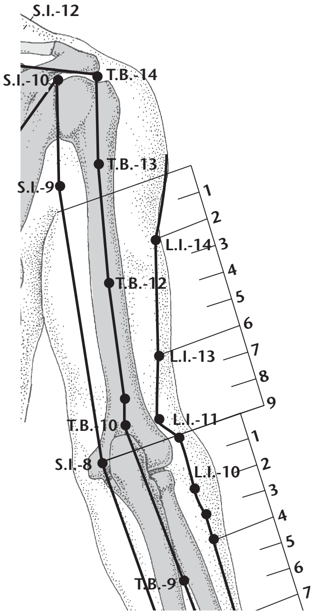
- Opens the channel and alleviates pain

Special features

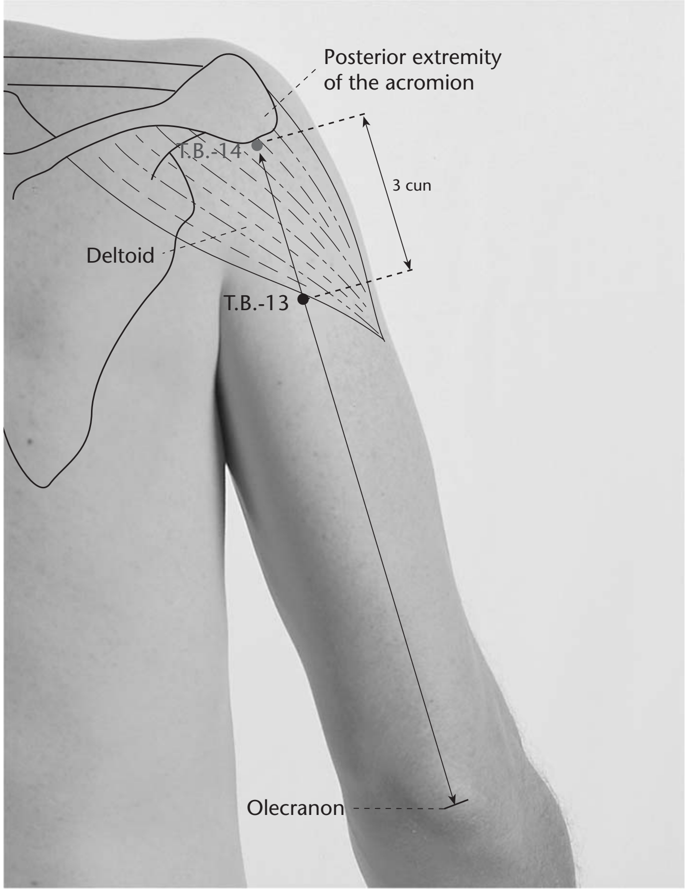
T.B.-12 represents an area extending from 5–7 cun proximal to the tip of the elbow rather than a discrete acupuncture point. Determine the exact location by tenderness.

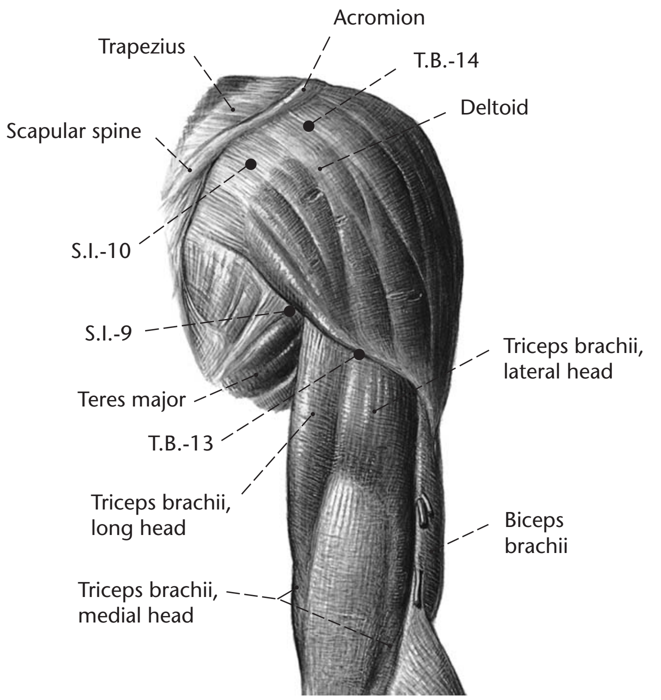

Facies articularis clavicularis
T.B.-14
L.I.-15

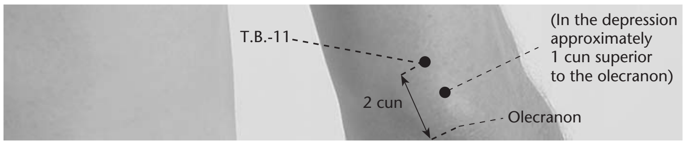

T.B.-10
Ca 1 cun
Olecranon


S.I.-12
S.I.-10
T.B.-14
T.B.-13
S.I.-9
1
2
L.I.-14
3
4
T.B.-12
5
6
L.I.-13
7
8
9
T.B.-10
L.I.-11
S.I.-8
1
L.I.-10
2
3
4
5
6
T.B.-9
7

Upper Arm Meeting NAOHUI T.B.-13


Posterior extremity of the acromion
T.B.-14
3 cun
Deltoid
T.B.-13
Olecranon


Acromion
Trapezius
T.B.-14
Deltoid
Scapular spine
S.I.-10
S.I.-9
Triceps brachii, lateral head
Teres major
T.B.-13
Triceps brachii, long head
Biceps brachii
Triceps brachii, medial head


T.B.-11
(In the depression approximately 1 cun superior to the olecranon)
2 cun
Olecranon

Location

3 cun distal to the lateral extremity of the acromion (location of → **T.B.-14**), on a line connecting → **T.B.-14** and the olecranon, at the junction of this line with the margin of the deltoid muscle.

How to find

First, locate the acromion (→ 3.3.1). When the patient's arm is in abduction, two depressions will form inferior to the acromion, in the area of origin of the deltoid muscle. → **T.B.-14** is located in the posterior depression, below the dorsal aspect of the lateral extremity of the acromion. Next, locate **T.B.-13** 3 cun distal to → **T.B.-14**, on a line connecting → **T.B.-14** and the olecranon. **T.B.-13** is located at the junction of this line with the margin of the deltoid muscle, approximately on the level of the end of the posterior axillary fold.

Needling

Vertically or obliquely up to 2 cun

Actions/Indications

- Opens the channel and the *luo*-connecting vessels, alleviates pain
- Regulates the Qi flow and transforms Phlegm

Special features

According to some authors, meeting point with the *yang wei mai* and the G.B. channel

T.B.-14 *Shoulder Crevice* JIANLIAO

Location

Inferior to the lateral extremity of the acromion between the acromial and spinal portions of the deltoid muscle or, with the arm abducted, in the posterior of the two depressions on the shoulder joint.

How to find

Ask the patient to abduct their arm to a 90° angle, which will reveal two depressions anterior and posterior to the acromion. **T.B.-14** is located in the posterior depression, directly below the dorsal aspect of the lateral extremity of the acromion, between the acromial and spinal fibres of the deltoid muscle. The dorsal aspect of the lateral extremity of the acromion becomes more easily palpable when the upper arm is gently pulled (extension of the upper arm), allowing the head of the humerus to glide anteriorly.

→ **L.I.-15** is located in the depression anterior to **T.B.-14.**

Needling

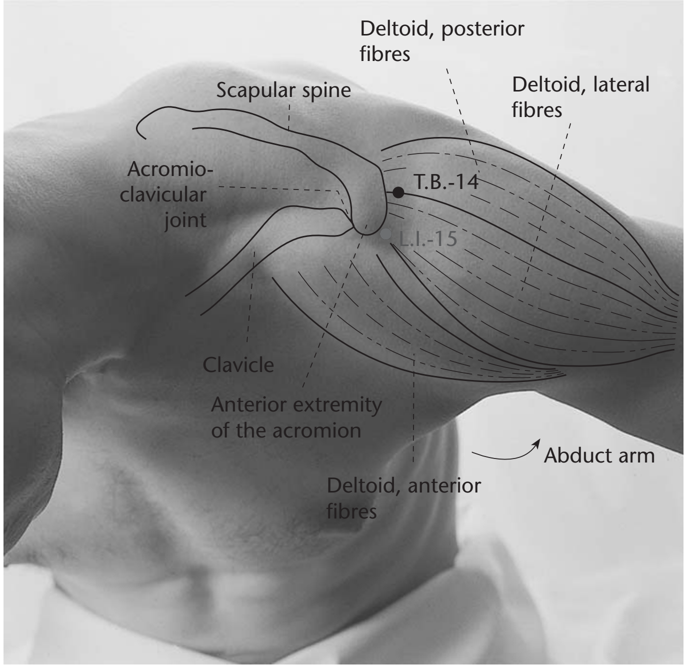
With the arm adducted, 0.5–1 cun perpendicularly towards the centre of the axilla or 1–2 cun transversally to obliquely towards the elbow.

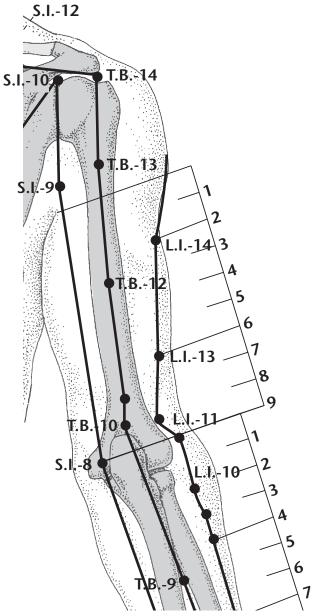
Actions/Indications

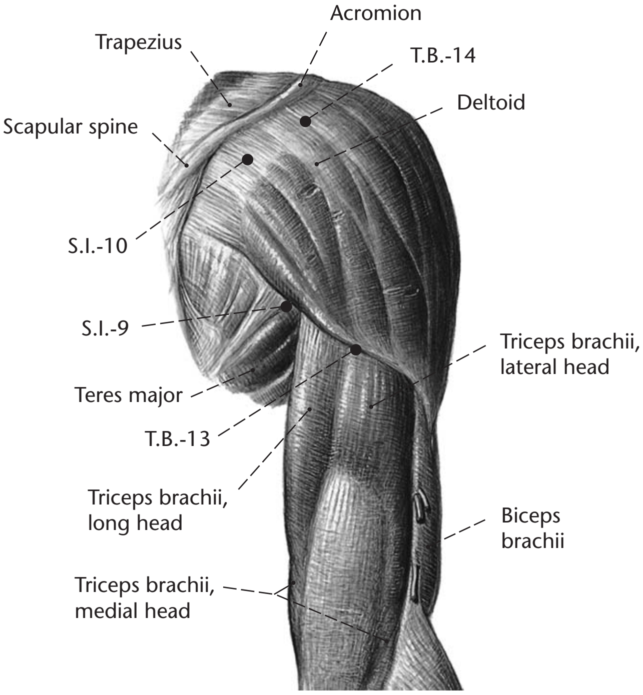
- Disperses Wind and Dampness, benefits the shoulder joint, opens the channel and the *luo*-connecting vessels, alleviates pain

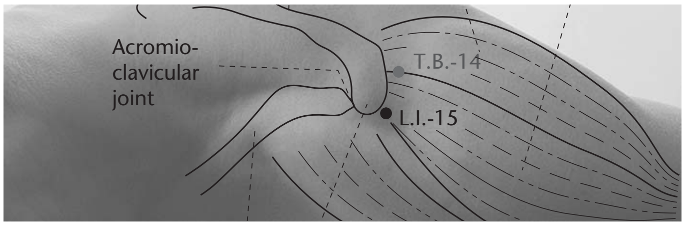
Special features

Important local point for shoulder pain, especially for the dorsal aspect of the shouler

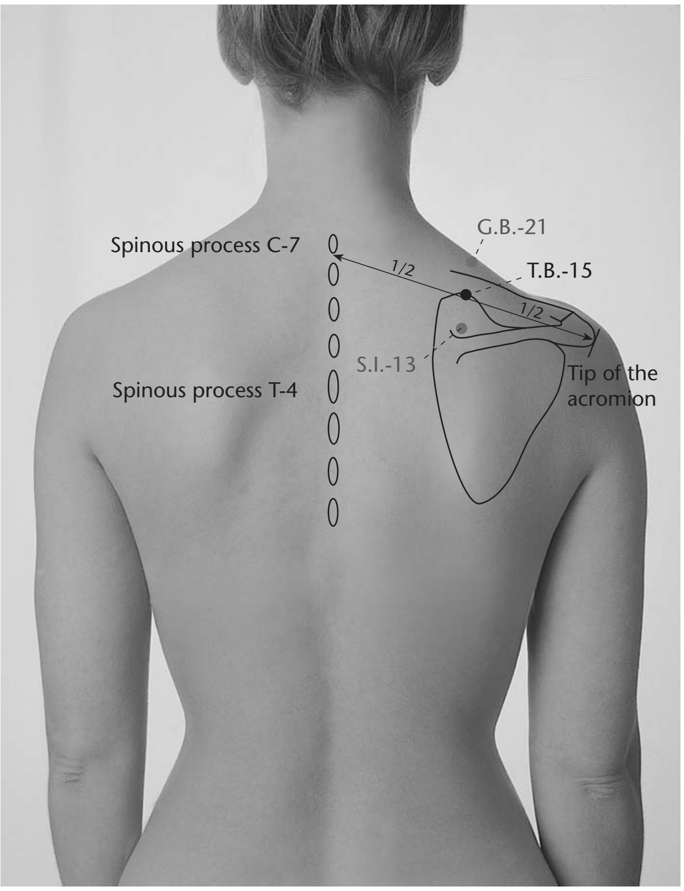

Deltoid, posterior fibres
Scapular spine
Deltoid, lateral fibres
Acromio-clavicular joint
T.B.-14
L.I.-15
Clavicle
Anterior extremity of the acromion
Abduct arm
Deltoid, anterior fibres


S.I.-12
T.B.-14
S.I.-10
T.B.-13
S.I.-9
1
2
L.I.-14
3
4
T.B.-12
5
6
L.I.-13
7
8
9
L.I.-11
T.B.-10
1
S.I.-8
L.I.-10
2
3
4
5
6
T.B.-9
7


Acromion
Trapezius
T.B.-14
Deltoid
Scapular spine
S.I.-10
S.I.-9
Triceps brachii, lateral head
Teres major
T.B.-13
Triceps brachii, long head
Biceps brachii
Triceps brachii, medial head


Acromio-clavicular joint
T.B.-14
L.I.-15

Heavenly Crevice TIANLIAO **T.B.-15**


Spinous process C-7
G.B.-21
1/2
T.B.-15
1/2
S.I.-13
Spinous process T-4
Tip of the acromion

Location

At the midpoint of an imaginary line between the spinous process of the 7th cervical vertebra (C7) and the tip of the acromion (lateral extremity of the acromion).

How to find

First, locate C7 (→ 3.4.1) and the acromion (→ 3.3.1), which represents the lateral extension of the scapular spine (→ 3.3.1) and, at its most lateral end, forms a flat surface superior to the head of the humerus (acromial angle). Using, for example, the spreading hands technique (→ 2.3.3), determine the midpoint between C7 and the acromial angle. Located at the highest point of the shoulder is → **G.B.-21. T.B.-15** is located approximately 1 cun inferior to → **G.B.-21**, on the superior angle of the scapula.
→ **S.I.-13** is located inferior to **T.B.-15**, directly superior to the medial end of the scapular spine.

Needling

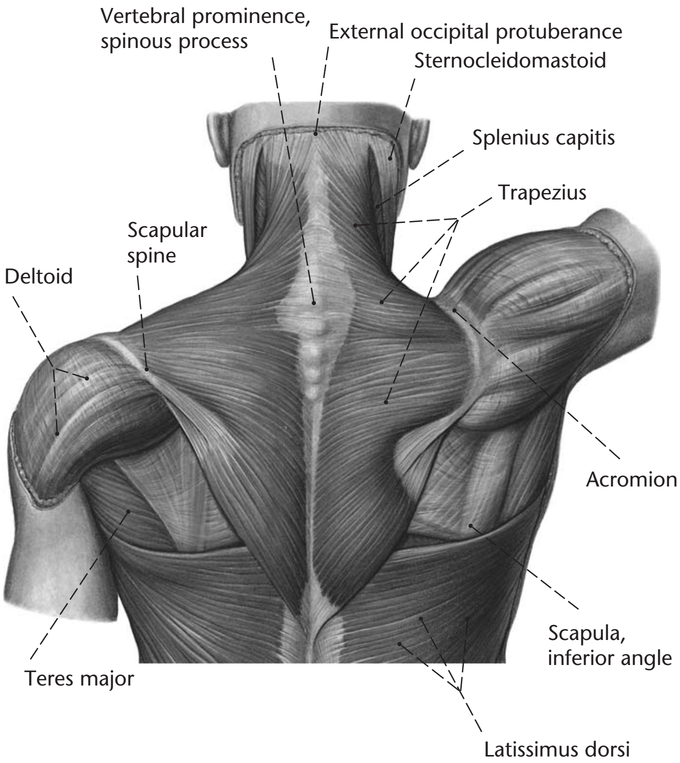
0.5–1 cun vertically or obliquely towards the neck or shoulder. Caution: Pneumothorax.

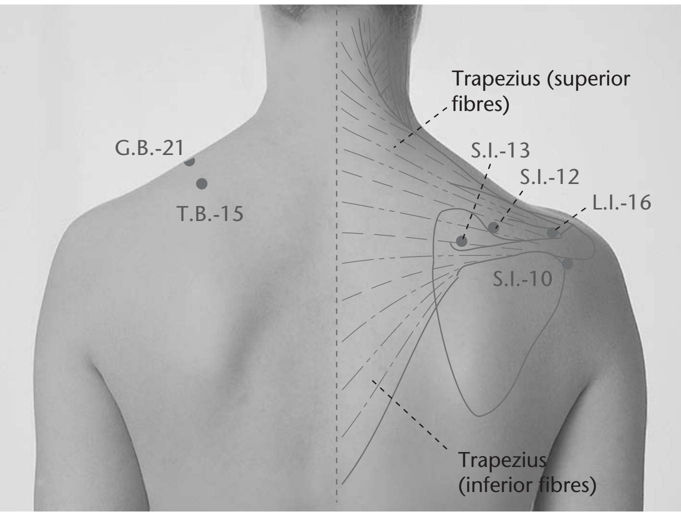
Actions/Indications

- Opens the channel and alleviates pain
- Dispels especially Wind-Damp, unbinds the chest

Special features

Meeting point with the *yang wei mai* and the G.B. channel


Vertebral prominence, spinous process
External occipital protuberance
Sternocleidomastoid
Splenius capitis
Trapezius
Scapular spine
Deltoid
Acromion
Scapula, inferior angle
Teres major
Latissimus dorsi


G.B.-21
T.B.-15
Trapezius (superior fibres)
S.I.-13
S.I.-12
L.I.-16
S.I.-10
Trapezius (inferior fibres)

T.B.-16 *Window of Heaven* TIANYOU

Location

At the posterior border of the sternocleidomastoid muscle, directly inferior to the mastoid process, on the level of the mandibular angle.

How to find

For a better definition of the sternocleidomastoid muscle, ask the patient to rotate their head against resistance towards the side to be needled. **T.B.-16** is located on the level of the mandibular angle, on the dorsal aspect of the sternocleidomastoid muscle. This point is located inferior to the posterior border of the mastoid (→ 3.1.4). → **G.B.-12** is located directly posterior and inferior to the mastoid; → **S.I.-17** is also located on the level of the mandibular angle, but on the anterior border of the sternocleidomastoid muscle.

Needling

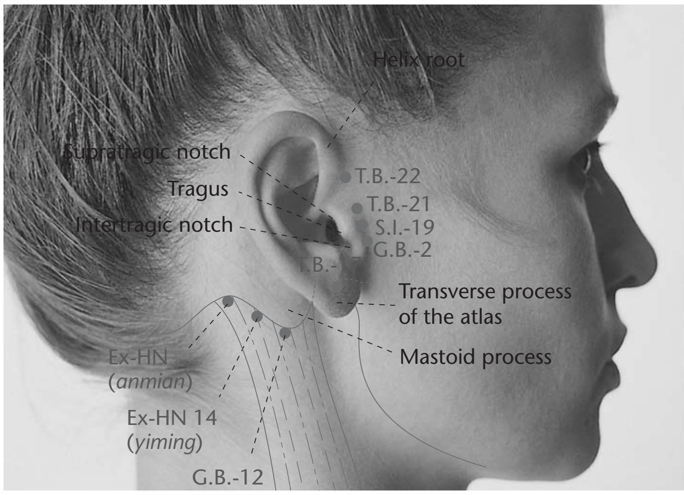
Vertically 0.5–1 cun. Caution: Carotid artery.

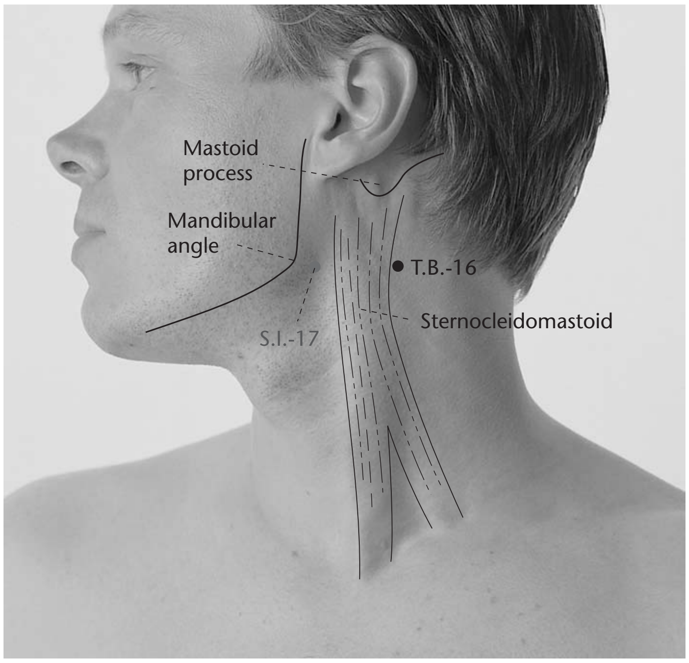
Actions/Indications

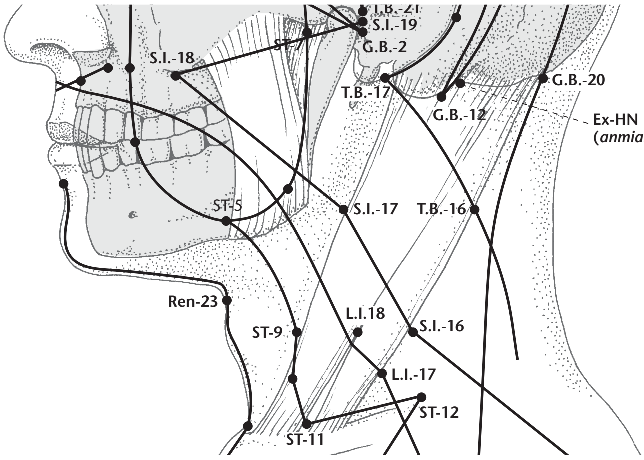
- Benefits the head and sensory organs
- Descends the Qi, expels Wind
- Opens the channel and alleviates pain

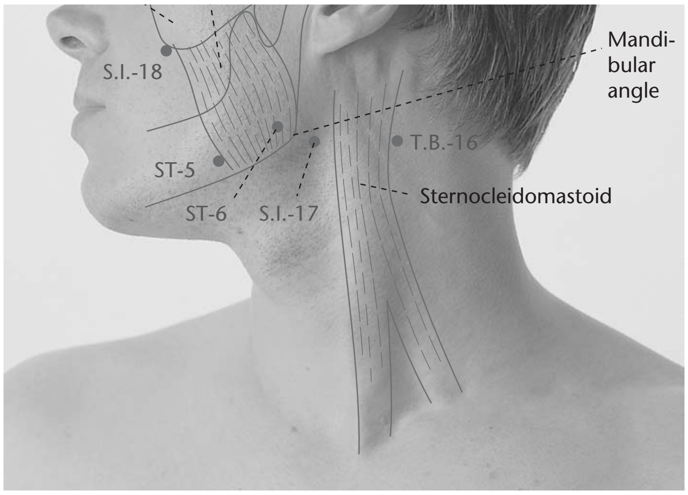
Special features

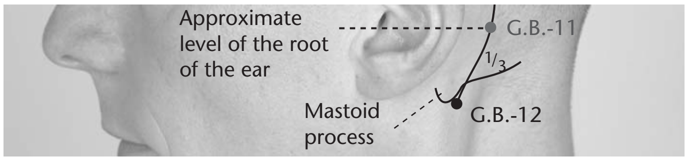
Window of Heaven point


Helix root
Supratragic notch
Tragus
Intertragic notch
T.B.-22
T.B.-21
S.I.-19
G.B.-2
Transverse process of the atlas
Mastoid process
Ex-HN (*anmian*)
Ex-HN 14 (*yiming*)
G.B.-12

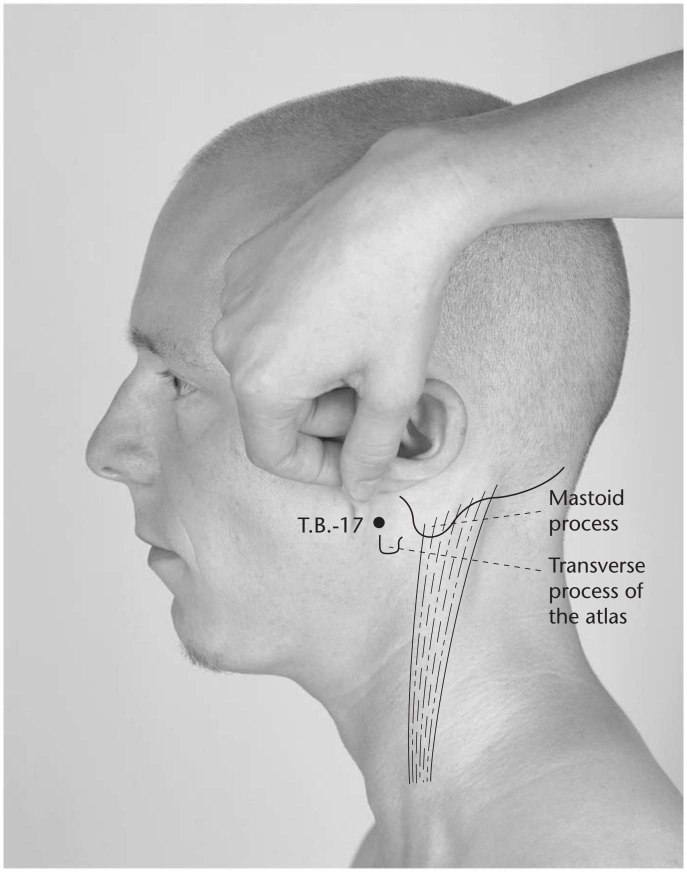

Mastoid process
Mandibular angle
T.B.-16
Sternocleidomastoid
S.I.-17


T.B.-21
S.I.-19
G.B.-2
S.I.-18
ST-7
T.B.-17
G.B.-20
G.B.-12
Ex-HN (*anmian*)
ST-5
S.I.-17
T.B.-16
Ren-23
L.I.18
ST-9
S.I.-16
L.I.-17
ST-12
ST-11


Mandi-bular angle
S.I.-18
T.B.-16
ST-5
Sternocleidomastoid
ST-6
S.I.-17


Approximate level of the root of the ear
G.B.-11
1/3
Mastoid process
G.B.-12

Wind Screen YIFENG **T.B.-17**


T.B.-17
Mastoid process
Transverse process of the atlas

Location

With the patient's mouth open, in the depression behind the earlobe, between the mastoid process and the mandible.

How to find

This point should be located with the patient's mouth open. **Quick method:** When pressing onto the ear lobe, it will touch **T.B.-17**. **Or:** Gently fold the earlobe anteriorly. **T.B.-17** is located posterior to the lobe, in a pressure-sensitive depression which can be palpated between the mandible and the mastoid process. The tip of the needle will get close to the transverse process of the 1st cervical vertebra (transverse process of the atlas, → 3.1.4), which, below the earlobe, can be palpated as a deep bony structure often sensitive to pressure.

Needling

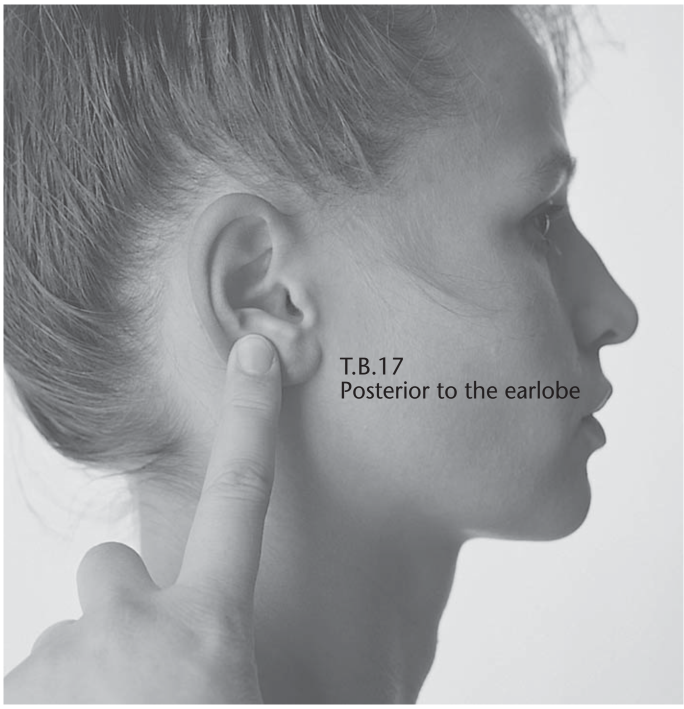
This point should be needled with the patient's mouth slightly open. Caution: This point is close to the facial nerve, therefore no deep needling. Superior to the transverse process, the vertebral artery curves round posteriorly, therefore strictly needle 0.5–1 cun in an anterior direction.

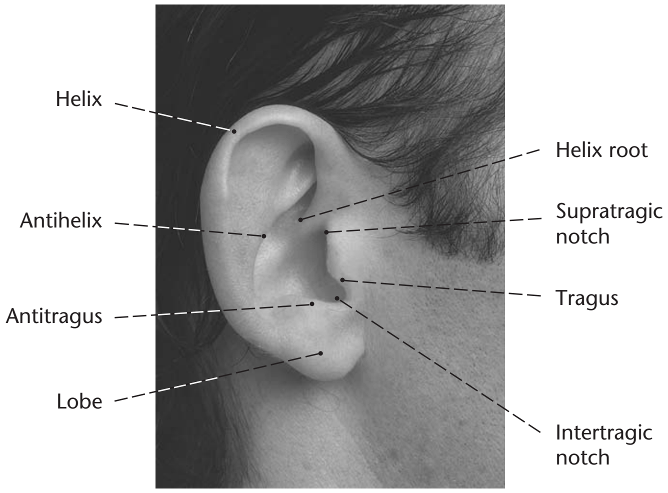
Actions/Indications

- Expels (external) Wind, benefits the ears, clears Heat, opens the channel and *luo*-connecting vessels, alleviates pain

Special features

Meeting point with the G.B. channel. Important local point for disorders of the ears and the temporomandibular joint.


T.B.17
Posterior to the earlobe


Helix
Antihelix
Antitragus
Lobe
Helix root
Supratragic notch
Tragus
Intertragic notch

T.B.-18 *Spasm Vessel* QIMAI

Location

Posterior to the ear, in a well-defined depression in the centre of the mastoid.

How to find

On an imaginary clock face superimposed over the auricle (12 o'clock = apex of the ear, 6 o'clock = earlobe), you can find an easily palpable depression at 8 o'clock (on the right side) and at 4 o'clock (on the left side). It is located directly behind the margin of the auricle and is the location of **T.B.-18**.

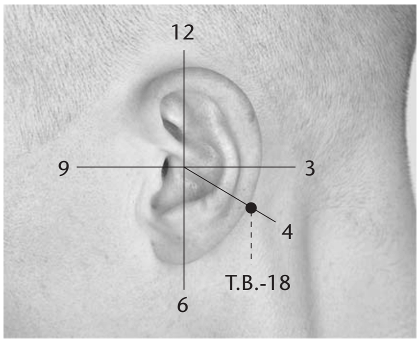
→ **G.B.-11** is located slightly superior to **T.B.-18** and approximately 0.3 cun from the ear; → **G.B.-12** is located inferior to **T.B.-18**, directly posterior to the mastoid.

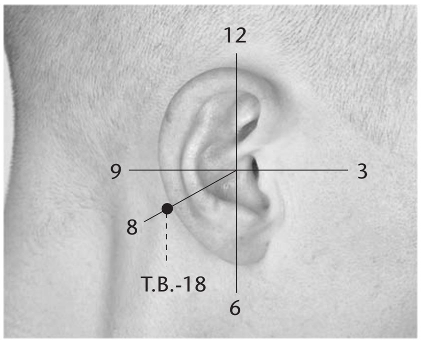
Needling

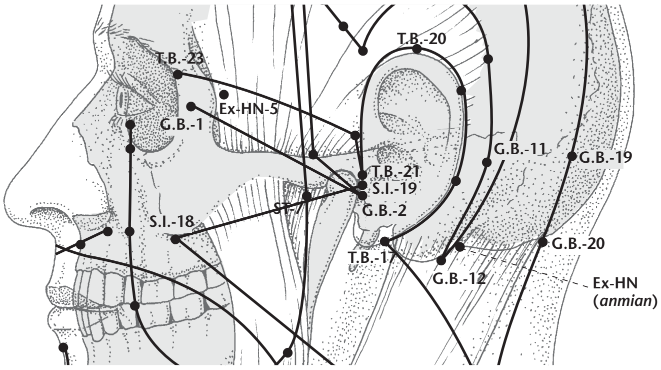
0.5 cun transversely (subcutaneously) in an inferior direction or prick to bleed.

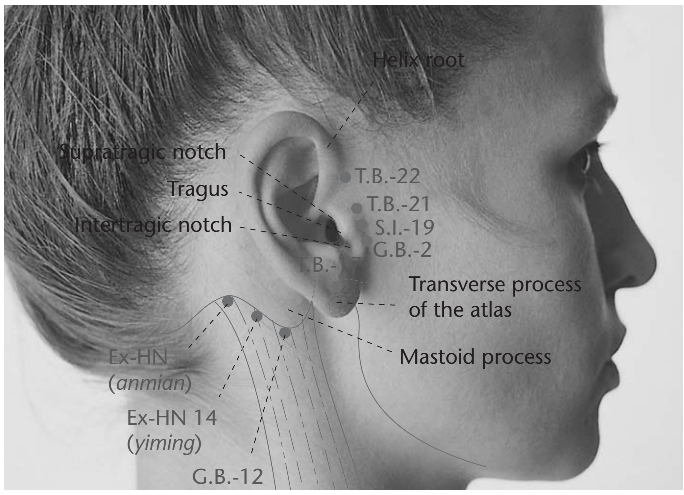
Actions/Indications

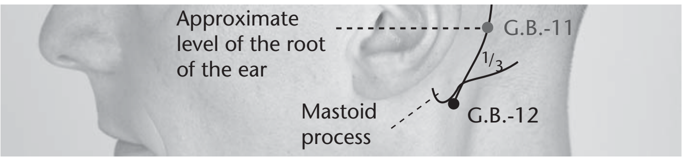
- Dispels Wind
- Opens the channel, alleviates pain
- Benefits the ears


12
9
3
4
T.B.-18
6

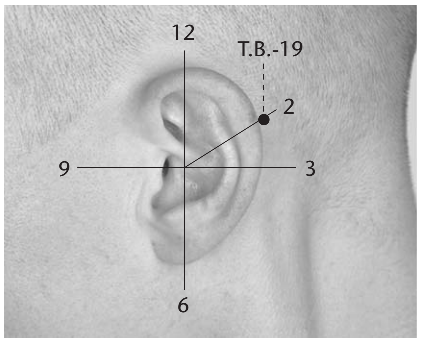

12
9
3
8
T.B.-18
6

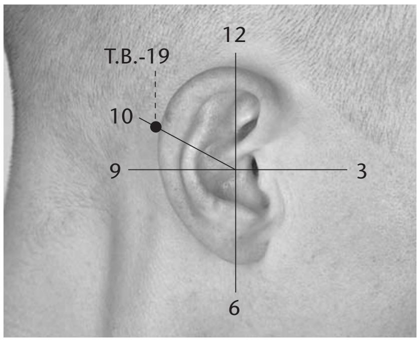

T.B.-20
T.B.-23
Ex-HN-5
G.B.-1
G.B.-11
G.B.-19
T.B.-21
S.I.-19
G.B.-2
S.I.-18
ST-7
T.B.-17
G.B.-20
G.B.-12
Ex-HN
(*anmian*)

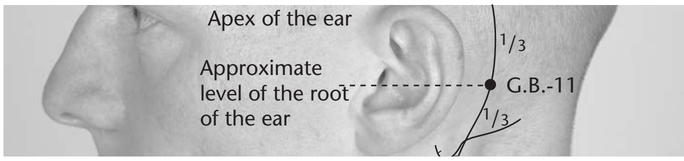

Helix root
Supratragic notch
Tragus
Intertragic notch
T.B.-22
T.B.-21
S.I.-19
G.B.-2
T.B.-
Transverse process
of the atlas
Mastoid process
Ex-HN
(*anmian*)
Ex-HN 14
(*yiming*)
G.B.-12


Approximate
level of the root
of the ear
G.B.-11
1/3
Mastoid
process
G.B.-12

Skull's Rest LUXI T.B.-19


12
T.B.-19
2
9
3
6


T.B.-19
12
10
9
3
6


Apex of the ear
1/3
Approximate level of the root of the ear
G.B.-11
1/3

Location

Posterior to the ear, in a well-defined depression superior to the centre of the ear.

How to find

On an imaginary clock face superimposed over the auricle (12 o'clock = apex of the ear, 6 o'clock = earlobe), you can find an easily palpable depression at approximately 10 o'clock (on the right side) and at 2 o'clock (on the left side). It is located directly behind the margin of the auricle and is the location of **T.B.-19**.
→ **G.B.-11** is located slightly inferior to **T.B.-19** and approximately 0.3 cun from the margin of the ear.

Needling

Up to 0.5 cun transversely (subcutaneously) in an inferior direction or prick to bleed.

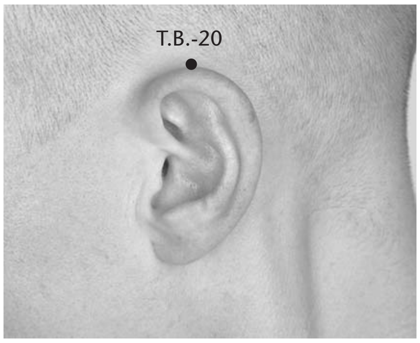
Actions/Indications

- Dispels Wind
- Opens the channel
- Benefits the ear, clears Heat

T.B.-20 *Minute Angle* JIAOSUN

Location

Directly superior to the apex of the ear.

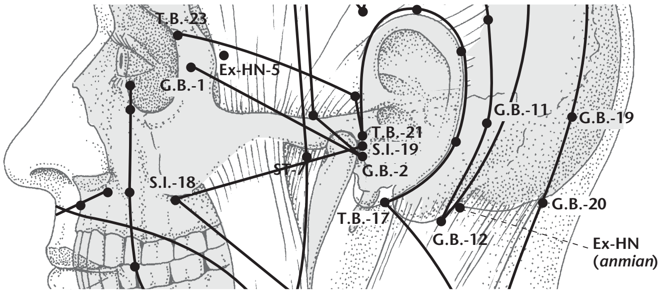


How to find

Directly superior to the apex of the ear. → **G.B.-7** is also located on the apex of the ear, but anterior to it, within the circumauricular hairline. → **G.B.-8** is located 1.5 cun superior to the apex of the ear.

Needling

Up to 1.5 cun transversely (subcutaneously) in the direction of the disorder.

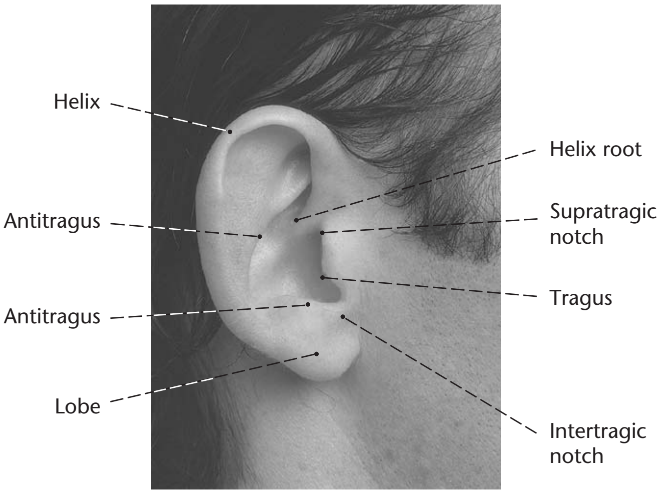

T.B.-23
Ex-HN-5
G.B.-1
T.B.-21
S.I.-19
G.B.-2
G.B.-11
G.B.-19
S.I.-18
ST-7
T.B.-17
G.B.-12
G.B.-20
Ex-HN
(*anmian*)

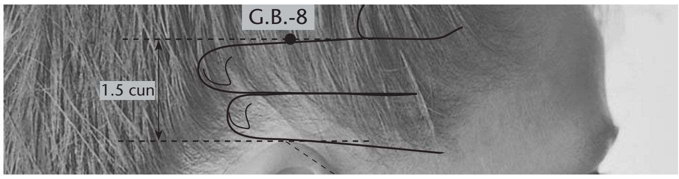
Actions/Indications

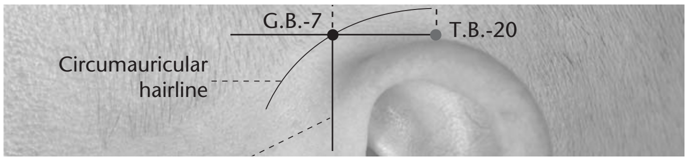
- Benefits the ears and the eyes
- Clears Heat, especially from the mouth

Special features

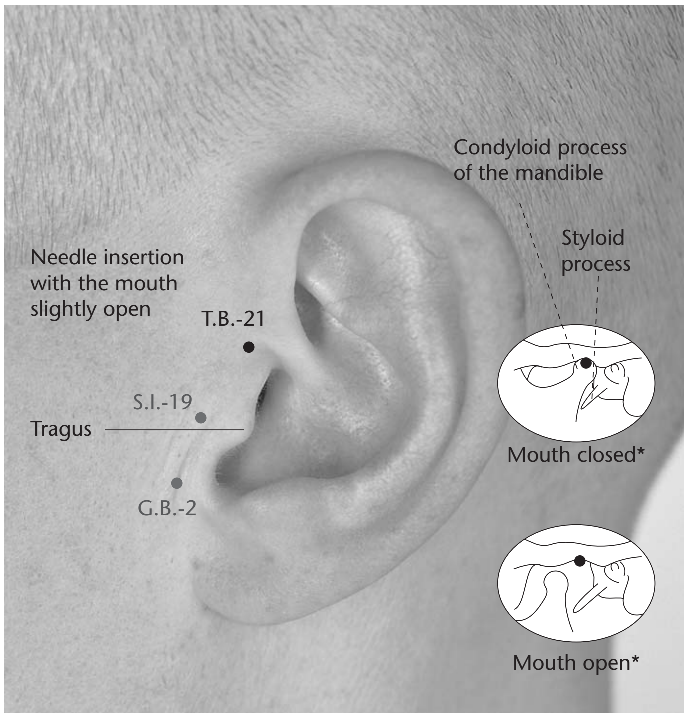
Meeting point with the G.B. channel, also with the S.I. channel according to some authors.

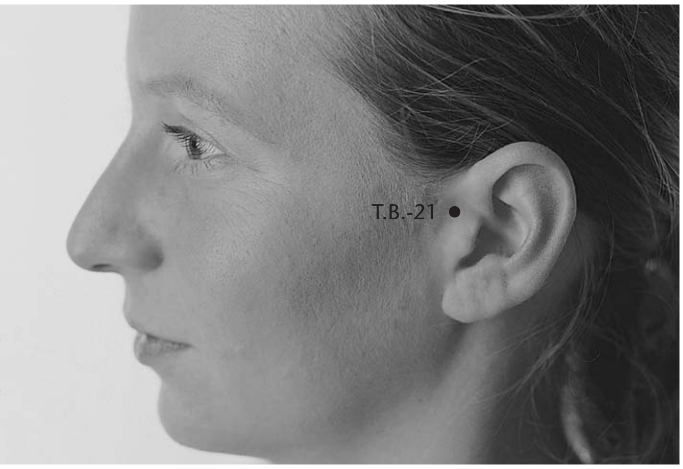

Helix
Helix root
Antitragus
Supratragic notch
Tragus
Antitragus
Lobe
Intertragic notch

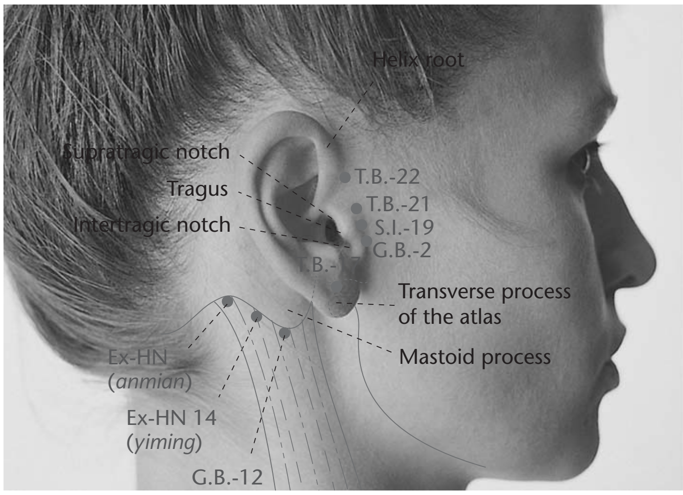



G.B.-7
T.B.-20
Circumauricular hairline

Ear Gate ERMEN T.B.-21


Condyloid process
of the mandible
Styloid
process
Needle insertion
with the mouth
slightly open
T.B.-21
S.I.-19
Tragus
G.B.-2
Mouth closed*
Mouth open*




Helix root
Supratragic notch
Tragus
Intertragic notch
T.B.-22
T.B.-21
S.I.-19
G.B.-2
T.B.-
Transverse process
of the atlas
Mastoid process
Ex-HN
(*anmian*)
Ex-HN 14
(*yiming*)
G.B.-12

Location

Anterior to the ear, with the patient's mouth open in the depression on the level of the supratragic notch and slightly superior to the condyloid process of the mandible.

How to find

This point should be both located and needled with the patient's mouth open. This allows the condyloid process of the mandible to slide anteriorly to reveal the depression where **T.B.-21** is located. Locate the sulcus between the auricle and the cheek anterior to the tragus (this can be more or less well defined). Then locate **T.B.-21** on the level of the supratragic notch on the sulcus. If the latter cannot be clearly identified (it becomes more pronounced with increasing age), the depression can be located with an (ear) point locator when the patient's mouth is opened. **T.B.-21** is the most superior of three points located anterior to the ear (→ **S.I.-19** and → **G.B.-2** are located more distally).

Needling

0.5–1 cun vertically or slightly obliquely in an inferior direction. Needle with the patient's mouth open (to avoid intra-articular insertion). After insertion, patients can close their mouth again. Caution: Like S.I.-19 and G.B.-2, this point is close to the superficial temporal artery and the auriculotemporal nerve.

Actions/Indications

- Clears Heat, benefits the ears

Special features

Important local point for disorders of the ears

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* Accoring to Deadman et al 1998.

T.B.-22 *Ear Harmony Crevice* ERHELIAO

Location

In a depression at the border of the circumauricular temporal hairline, anterior to and on the level of the root of the auricle.

How to find

First, locate the anterior aspect of the root of the ear. From there, palpate approximately the breadth of the little finger in the direction of the eye. There, **T.B.-22** is located superior to the zygomatic arch (→ 3.1.2), which forms a bony ridge when sliding inferiorly from **T.B.-22**.
Located inferior to the zygomatic arch is → **T.B.-21**.

Needling

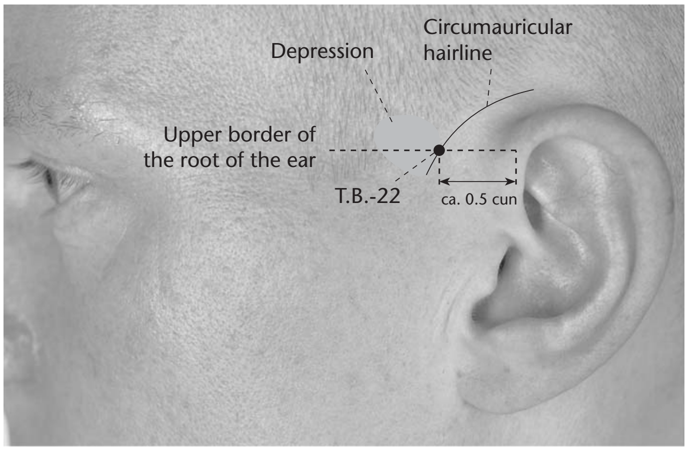
Transversely (subcutaneously) 0.5 cun. Caution: Superficial temporal artery.

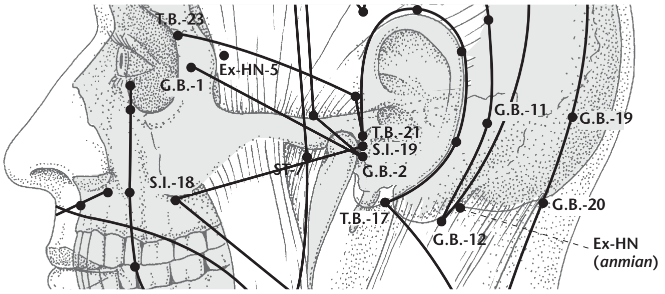
Actions/Indications

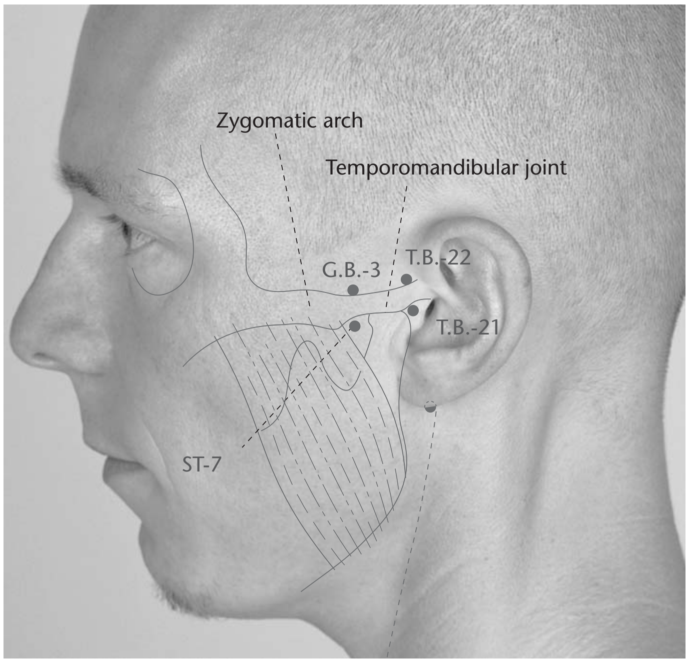
- Dispels Wind
- Opens the channel and the *luo*-connecting vessels

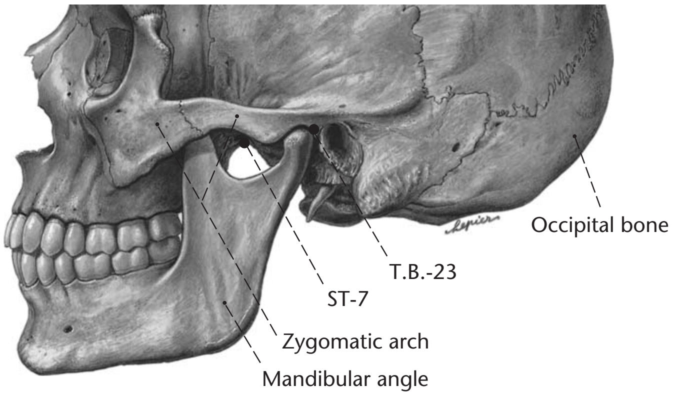
Special features

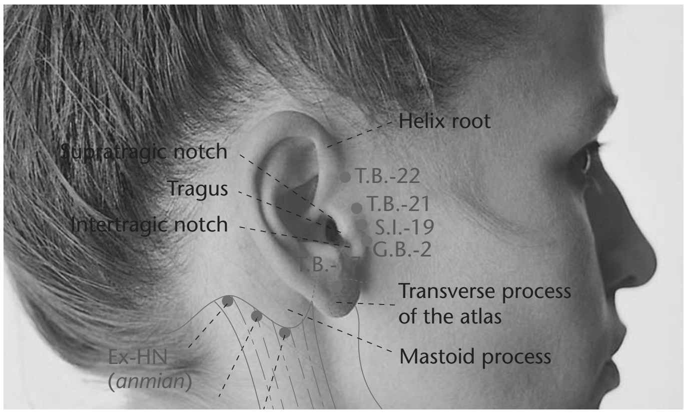
Meeting point with the S.I. and G.B. channels, exit point according to some authors.


Depression
Circumauricular hairline
Upper border of the root of the ear
T.B.-22
ca. 0.5 cun

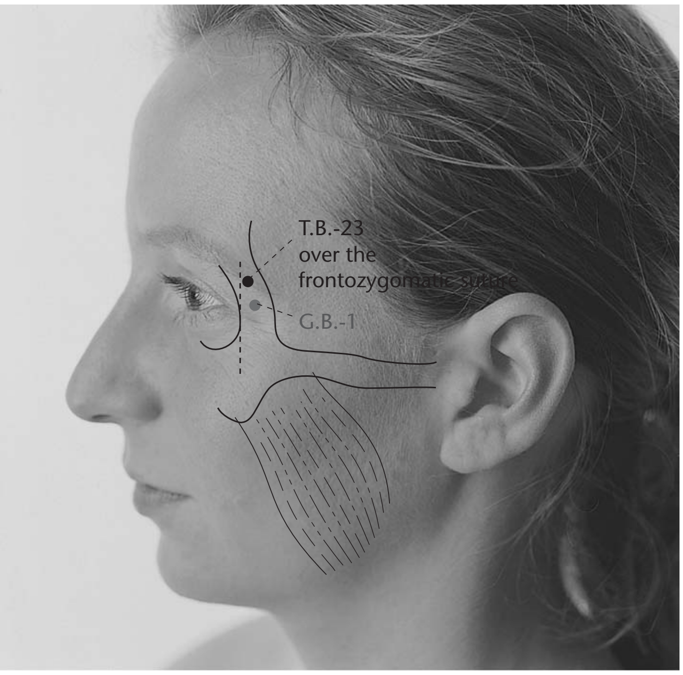

T.B.-23
Ex-HN-5
G.B.-1
G.B.-11
G.B.-19
T.B.-21
S.I.-19
G.B.-2
ST-7
S.I.-18
T.B.-17
G.B.-20
G.B.-12
Ex-HN (anmian)


Zygomatic arch
Temporomandibular joint
G.B.-3
T.B.-22
T.B.-21
ST-7


Occipital bone
T.B.-23
ST-7
Zygomatic arch
Mandibular angle


Helix root
Supratragic notch
Tragus
Intertragic notch
T.B.-22
T.B.-21
S.I.-19
G.B.-2
Transverse process of the atlas
Mastoid process
Ex-HN (anmian)

Silken Bamboo Hollow SIZHUKONG T.B.-23


T.B.-23
over the
frontozygomatic suture
G.B.-1

Location

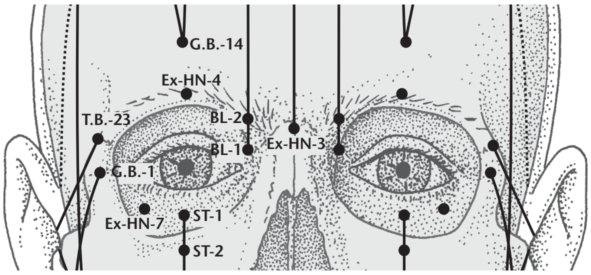
On the lateral end of the eyebrow, in the bony depression of the frontozygomatic suture, between the frontal and zygomatic bones.

How to find

The frontozygomatic suture (between the zygoma and the frontal bone) is generally located at the lateral end of the eyebrow. As the position of the latter can vary considerably, the suture is a more suitable reference point. In order to locate it, palpate from the outer canthus of the eye superiorly along the orbital margin, from its zygomatic to the frontal section, until you can feel a bony depression in the area of the suture. Locate **T.B.-23** in this mainly pressure-sensitive depression.

Needling

0.5–1 cun obliquely or transversely (subcutaneously) in a posterior direction towards **Ex-HN-5** (*taiyang*). In China, this point is also needled along the eyebrow to **Ex-HN-4** (*yuyao*: in the centre of the eyebrow). Moxibustion is contraindicated according to some classic texts.

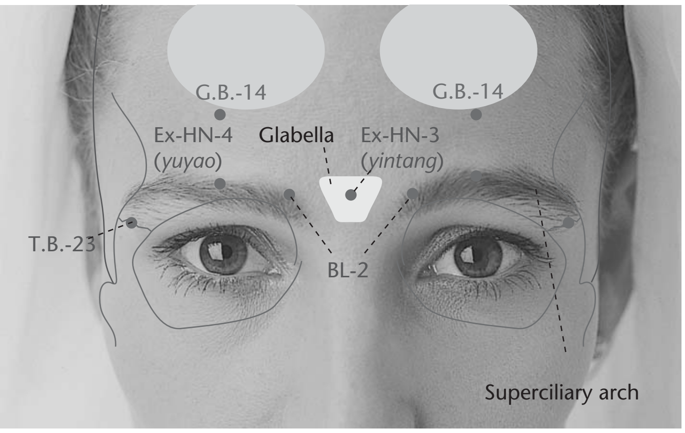

G.B.-14
Ex-HN-4
T.B.-23
BL-2
BL-1
Ex-HN-3
G.B.-1
Ex-HN-7
ST-1
ST-2

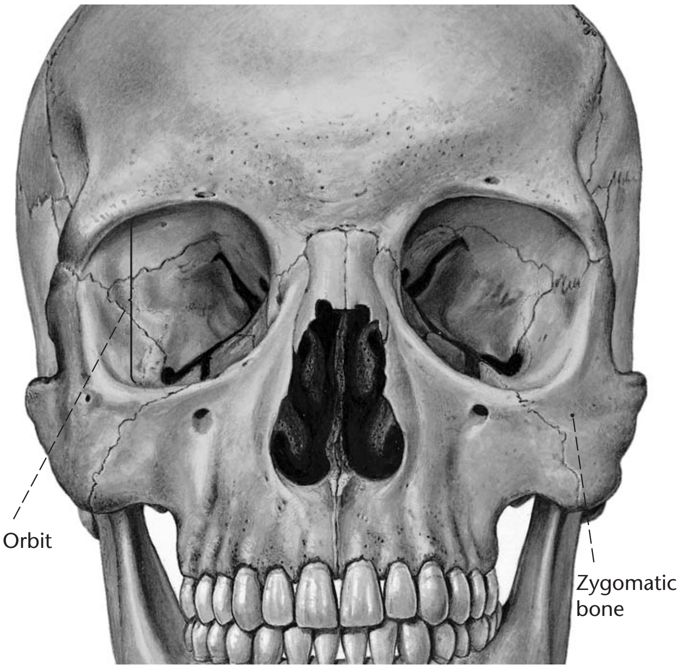
Actions/Indications

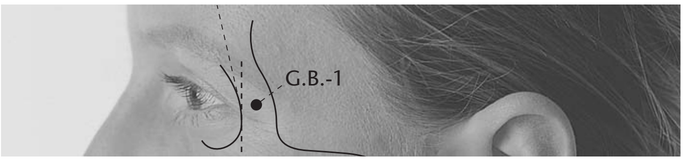
- Benefits the eyes, alleviates pain, eliminates Wind

Special features

Important local point for headaches and disorders of the eyes

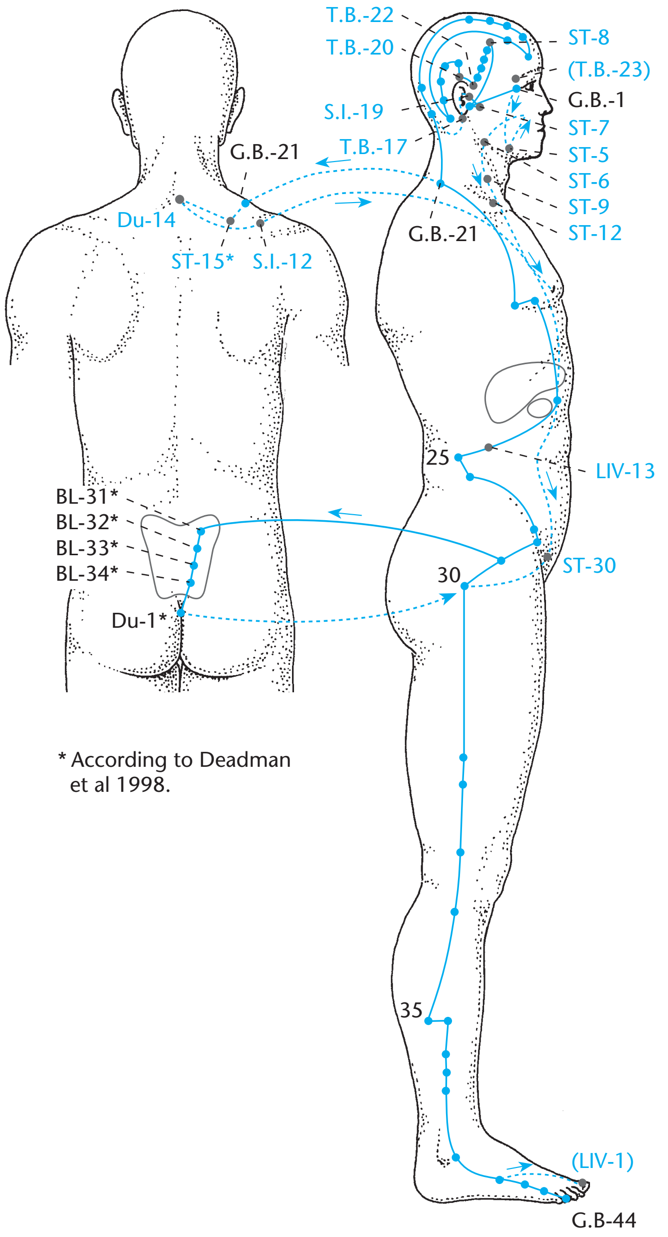

G.B.-14
G.B.-14
Ex-HN-4
(*yuyao*)
Glabella
Ex-HN-3
(*yintang*)
T.B.-23
BL-2
Superciliary arch


Orbit
Zygomatic
bone



4.11 Gall Bladder Channel System – Foot *shaoyang* (*zu shao yang jing luo*)

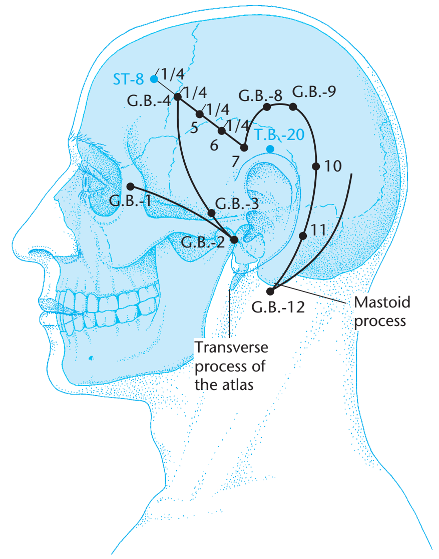
4.11.1 The Gall Bladder Primary Channel (*zu shao yang jing*)

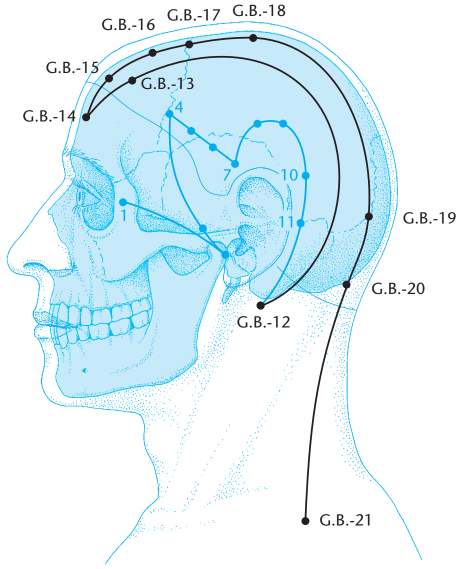

T.B.-22
T.B.-20
S.I.-19
T.B.-17
G.B.-21
Du-14
ST-15*
S.I.-12
G.B.-21
ST-8
(T.B.-23)
G.B.-1
ST-7
ST-5
ST-6
ST-9
ST-12
25
LIV-13
BL-31*
BL-32*
BL-33*
BL-34*
Du-1*
30
ST-30
35
(LIV-1)
G.B-44

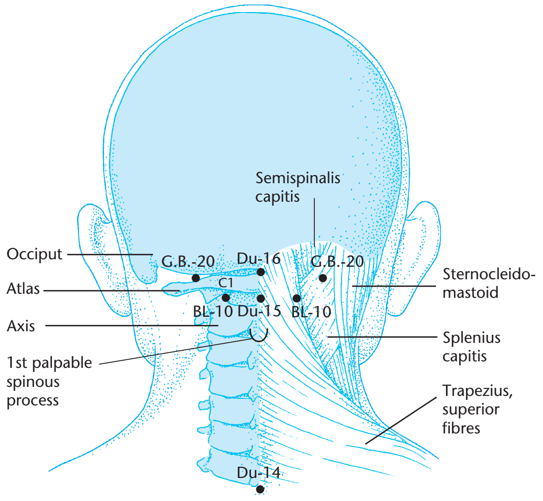
* According to Deadman et al 1998.

Pathway

The Gall Bladder primary channel begins at **G.B.-1** (*tongziliao*) at the outer canthus of the eye. This point is reached by a **small branch** which separates from the Triple Burner primary channel at ➞ **T.B.-23** (*sizhukong*) on the frontozygomatic suture, according to some authors at ➞ **T.B.-22** (hand–foot pairing of the third great circuit, Yang axes: *shaoyang*).


ST-8
1/4
G.B.-4
1/4
1/4
1/4
5
6
7
G.B.-8
G.B.-9
T.B.-20
10
G.B.-1
G.B.-3
G.B.-2
11
G.B.-12
Mastoid process
Transverse process of the atlas

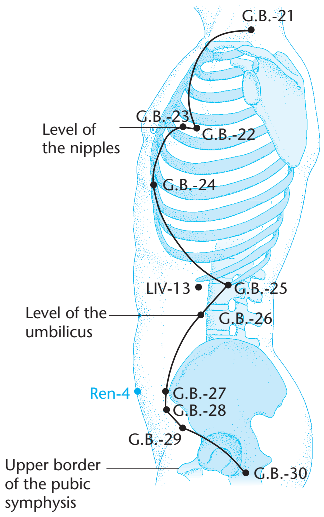

G.B.-16
G.B.-17
G.B.-18
G.B.-15
G.B.-13
G.B.-14
4
7
10
1
11
G.B.-19
G.B.-20
G.B.-12
G.B.-21

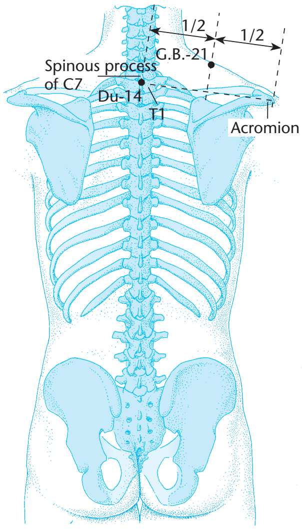

Semispinalis capitis
Occiput
Atlas
Axis
1st palpable spinous process
G.B.-20
Du-16
G.B.-20
C1
BL-10
Du-15
BL-10
Sternocleido-mastoid
Splenius capitis
Trapezius, superior fibres
Du-14

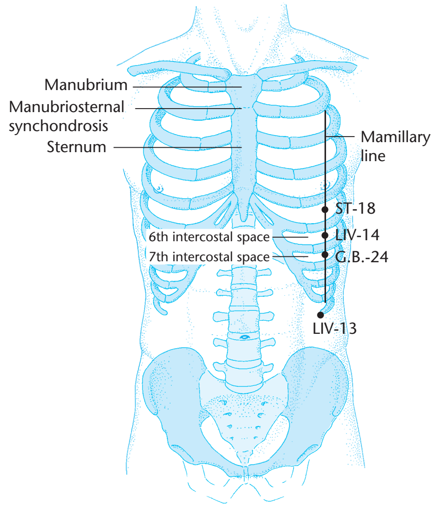
From **G.B.-1**, the **external pathway** runs to **G.B.-2** (*tinghui*) in front of the ear

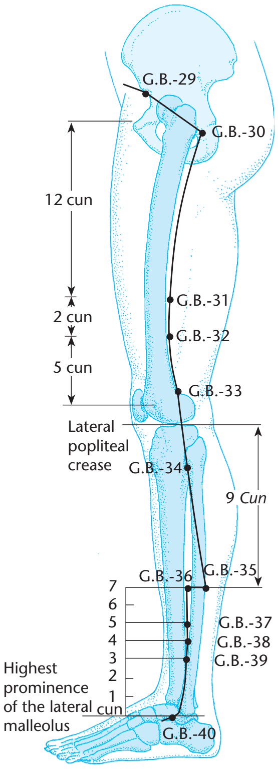
➡ ascends to the forehead and **ST-8** (*touwei*)

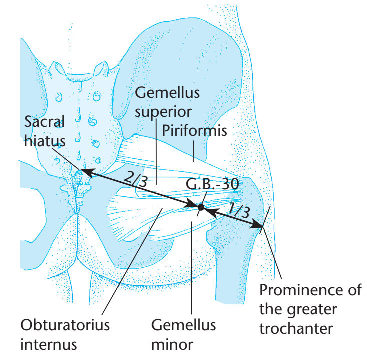
➡ traverses the temporal region in a slight curve, passing

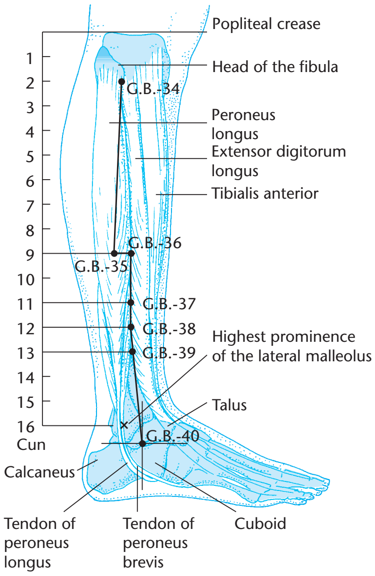

G.B.-21
G.B.-23
G.B.-22
Level of
the nipples
G.B.-24
LIV-13
G.B.-25
Level of the
umbilicus
G.B.-26
Ren-4
G.B.-27
G.B.-28
G.B.-29
Upper border
of the pubic
symphysis
G.B.-30

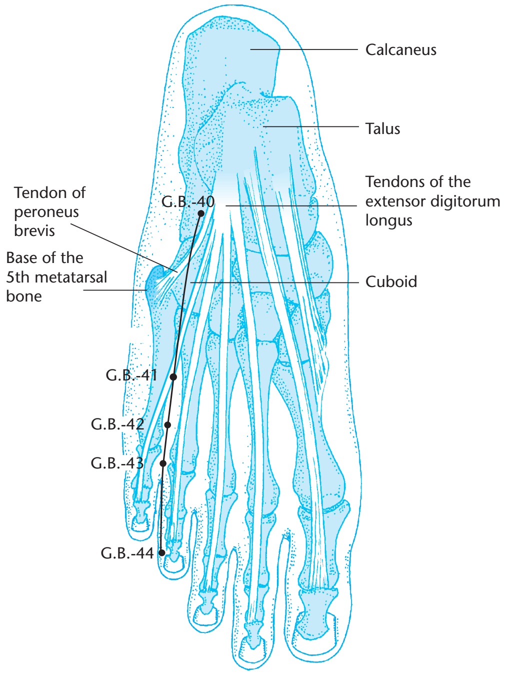

1/2
1/2
G.B.-21
Spinous process
of C7
Du-14
T1
Acromion


Manubrium
Manubriosternal
synchondrosis
Sternum
Mamillary
line
ST-18
6th intercostal space
LIV-14
7th intercostal space
G.B.-24
LIV-13


G.B.-29
G.B.-30
12 cun
G.B.-31
2 cun
G.B.-32
5 cun
G.B.-33
Lateral
popliteal
crease
G.B.-34
9 Cun
G.B.-36
G.B.-35
7
6
5
4
3
2
1
cun
G.B.-37
G.B.-38
G.B.-39
Highest
prominence
of the lateral
malleolus
G.B.-40


Gemellus
superior
Sacral
hiatus
Piriformis
2/3
G.B.-30
1/3
Prominence of
the greater
trochanter
Obturatorius
internus
Gemellus
minor


Popliteal crease
Head of the fibula
1
2
G.B.-34
3
4
Peroneus
longus
5
Extensor digitorum
longus
6
7
Tibialis anterior
8
9
G.B.-36
G.B.-35
10
11
G.B.-37
12
G.B.-38
Highest prominence
of the lateral malleolus
13
G.B.-39
14
15
Talus
16
Cun
G.B.-40
Calcaneus
Tendon of
peroneus
longus
Tendon of
peroneus
brevis
Cuboid


Calcaneus
Talus
Tendons of the
extensor digitorum
longus
Tendon of
peroneus
brevis
G.B.-40
Base of the
5th metatarsal
bone
Cuboid
G.B.-41
G.B.-42
G.B.-43
G.B.-44

G.B.-4 to **G.B.-7**, and continues to → **T.B.-22** (*erheliao*) anterior to the root of the ear

- passes → **T.B.-20** (*jiaosun*) superior to the apex of the ear and curves posterior to the ear from **G.B.-8** to **G.B.-12**
- traverses the lateral aspect of the head to **G.B.-13** (*benshen*) and **G.B.-14** (*yangbai*) on the forehead
- again traverses the side of the head to **G.B.-20** (*fengchi*)
- crosses the superior aspect of the shoulder and passes **G.B.-21** (*jianjing*) and → **T.B.-15** (*tianliao*) to reach → **Du-14** (*dazhu*), where it meets the other Yang primary channels
- continues to **S.I.-12** (*bingfeng*), according to some authors (Deadman et al 1998) previously passing → **BL-11** (*dashu*) and **ST-12** (*quepen*) in the supraclavicular fossa.

One branch runs from **G.B.-20** to → **T.B.-17** (*yifeng*), enters the ear and travels to → **S.I.-19** (*tinggong*), passes → **ST-7** (*xiaguan*) and continues to **G.B.-1** (*tongziliao*) at the lateral canthus of the eye, descends to → **ST-5** (*daying*), again ascends to the infraorbital region, where it meets the Triple Burner primary channel; then descends to → **ST-6** (*jiache*) on the lower jaw, traverses the lateral aspect of the neck, passing → **ST-9** (*renying*) at the sternocleidomastoid, and meets the main branch again at

→ **ST-12** (*quepen*) in the supraclavicular fossa, where the latter divides into **2 branches**:

- **The inner branch** enters the thorax, meets the Pericardium primary channel at → **P-1** (*tianchi*), runs across the diaphragm, connects with the Liver (*gan*) and the Gall Bladder (*dan*), traverses the hypochondrium and continues to the lower abdomen, enters the lumbar region near the femoral artery, according to Solinas et al (1998) via → **ST-30** (*qichong*), and continues along the pubic hairline to the hip.
- **The outer branch** descends superficially from the supraclavicular fossa, crosses the midaxillary line and continues along the lateral thoracic wall, passing → **LIV-13** (*zhangmen*) at the free end of the 11th rib and continuing to the hip to **G.B.-29** (*juliao*). It then traverses the sacral region, passing → **BL-31** (*shangliao*), → **BL-32** (*ciliao*), → **BL-33** (*zhongliao*) and → **BL-34** (*xialiao*) over the sacral foramina and continues to → **Du-1** (*changqiang*). From there, it travels laterally to **G.B.-30** (*huantiao*), where it reconnects with the main branch (→ see comment below*).

The **external pathway** descends along the lateral aspect of the thigh to the knee and further along the anterior/posterior border of the fibula, passing the anterior aspect of the lateral malleolus and ending at the ulnar corner of the nail of the fourth toe.

A further branch originates at **G.B.-41** (*zulinqi*) on the dorsum of the foot and travels between the 1st and 2nd metatarsal bones to the tip of the big toe and **LIV-1** (*dadun*), where it joins the LIV channel.

Clinical importance (→ 1.2)

Exterior (*biao*) signs and symptoms: Alternating fevers and chills, headaches, eye pain, pain in the cheek and on the chin, subaxillary swellings, deafness, lateral knee and leg pain

Interior (*li*) or *zangfu*-Organ signs and symptoms: Pain in the lateral costal region, vomiting, bitter taste in the mouth, thoracic pain

Connections of the Gall Bladder primary channel (→ 1.2)

Connections with other channels (→ 1.2)

Liver primary channel (*zu jue yin jing*)

Connection: Foot Yin–Yang pair of the third great circuit
Location: G.B.-41 → LIV-1 (on the foot)
Circulation: Circadian (according to the Organ clock)
Importance: Exterior–Interior relationship

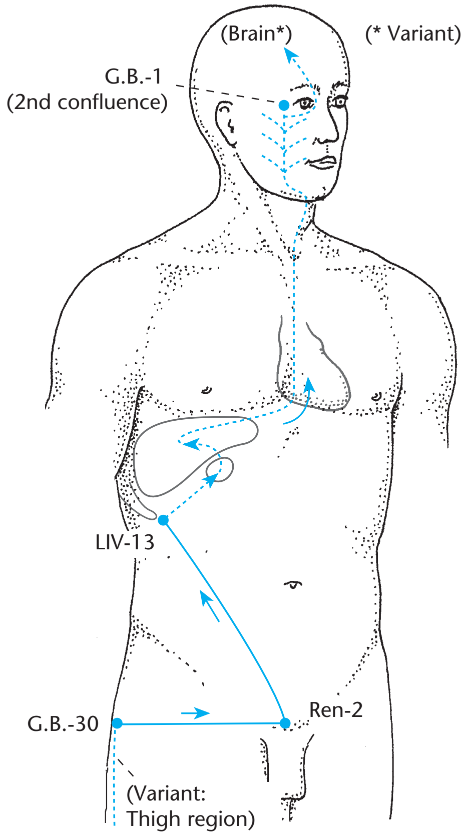
Triple Burner primary channel (*shou shao yang jing*)

Connection: Hand–foot pairing of the third great circuit: *shaoyang* (Yang axes)
Location: T.B.-23 (or **T.B.-22**, according to some authors) → **G.B.-1** (on the head)
Circulation: Circadian (according to the Organ clock)
Importance: Above–below relationship

Connections with *zangfu*-Organ systems

Liver (*gan*), Gall Bladder (*dan*)

4.11.2 The Gall Bladder Divergent Channel (*zu shao yang jing bie*)



Pathway

The Gall Bladder Divergent channel separates from the Gall Bladder primary channel near **G.B.-30** (*huantiao*); according to some authors, it separates on the thigh (→ variant in the illustration)

- traverses the hip region to the anterior aspect of the body
- reaches the inguinal region and crosses the Liver divergent channel at → **Ren-2** (*qugu*)
- ascends the abdomen to **LIV-13** (*zhangmen*) below the free end of the 11th rib
- continues internally along the thoracic wall
- connects with the Gall Bladder (*dan*) and the Liver (*gan*) and passes the Heart (*xin*)
- ascends to the neck
- emerges on the lower jaw

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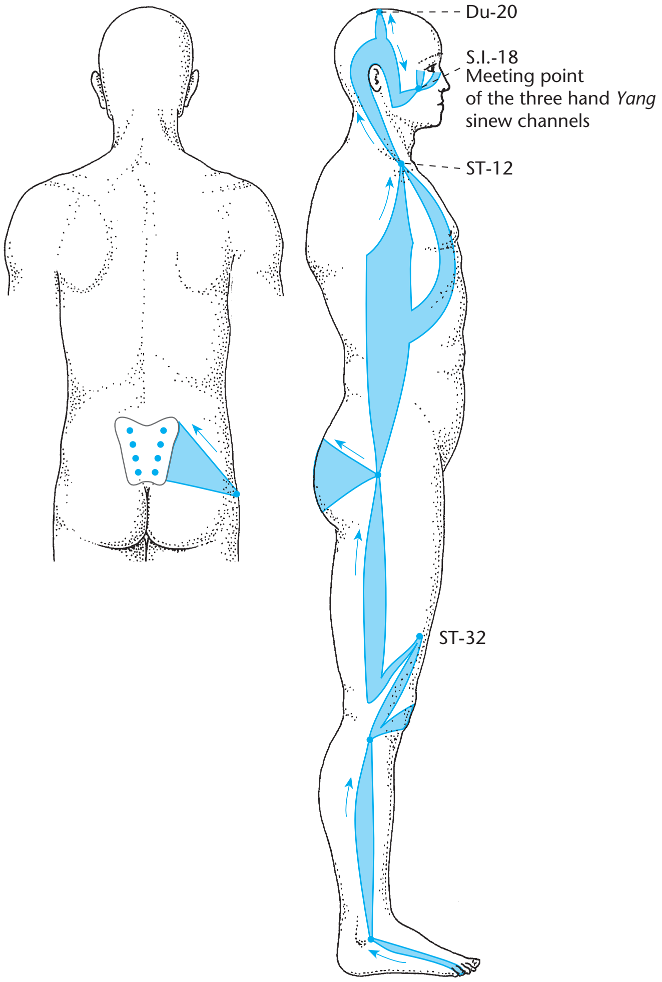
* Not all authors describe the pathway of the G.B. channel as passing the points **BL-31** to **BL-34** and **Du-1** (see figure for variant pathway).

➡ disperses on the face
➡ connects with the Gall Bladder primary channel and the Liver divergent channel to form one of the six *he*-confluences (here: G.B./LIV as 2nd confluence → 1.3)
➡ continues to the eye system and ends in the Brain.

Clinical importance

- Strengthens the relationship between the Gall Bladder and the Liver (*zangfu*-Organ systems). Points on the Gall Bladder primary channel can therefore be used to treat disorders of the Liver and vice versa.
- Supports the relationship between the oesophagus and the Heart.
- The Gall Bladder Divergent channel covers the area around the eyes, thus supporting the action of some G.B. points for disorders of the eyes.

4.11.3 The Gall Bladder Sinew Channel (*zu shao yang jing jin*)



Pathway

The Gall Bladder sinew channel begins at the 4th toe, binds (*jie*) anterior and inferior to the lateral malleolus in the area of **G.B.-40** (*qiuxu*), follows the lateral aspect of the leg, binds (*jie*) at the fibula and the lateral aspect of the knee.

From the fibula, it continues to ascend the lateral aspect of the thigh

➡ while a **branch** runs obliquely to → **ST-32** (*futu*), where it binds (*jie*).

The main branch further ascends the leg to bind (*jie*) at the greater trochanter. Here, a **branch** separates and disperses over the gluteal and sacral regions.

From the hip, the channel continues to ascend the flanks to the lower costal region, where it divides into **two branches**:

➡ **one branch** traverses the lateral aspect of the thorax and ascends to bind (*jie*) at → **ST-12** (*quepen*)
➡ **the other branch** follows the midaxillary line to the thorax, meeting the other branch in the supraclavicular fossa.

From **ST-12**, the channel ascends the lateral aspect of the neck

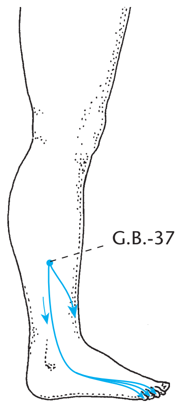
➡ curves around the ear
➡ a branch continues to the apex of the ear and to → **Du-20** (*baihui*)
➡ from the temporal region, **a branch** descends and traverses the cheek to the lower jaw
➡ crosses the zygomatic arch to reach **S.I.-18** (*quanliao*), where it meets the other foot Yang sinew channels and divides into **two branches**. One branch travels laterally to the root of the nose, the other to the outer canthus of the eye.

Clinical importance

Pathology: Stiffness and distending sensations in the area of the 4th toe as well as on the lateral aspect of the knee. Limited range of motion of the knee joint. Pain, tension and distending sensations in the popliteal crease radiating to the thigh and the sacral region and vice versa. Pain and distending sensations in the sacral region radiating to the hypochondrium and vice versa. Pain and tension in the supraclavicular fossa, thorax, breast and neck region. Pain along the left side of the channel and inability to open the right eye and vice versa.

Indication: Predominantly for pain, muscle tension, stiff joints and distending sensations on the lateral aspect of the body. Used for disorders of the anterior, lateral and posterior aspects of the legs, especially those affecting the knees and the thighs. The Gall Bladder Sinew channel spreads in the thorax and the breasts so that points on the G.B. channel can be used for disorders in those areas. Also for headaches on the vertex and temporal regions. The channel also reaches the lateral aspect of the nose, which supports the relationship with the nose. Therefore, G.B. points can be used for chronic nasal disorders, chronic sinusitis, etc.

4.11.4 The Gall Bladder *luo*-Connecting Channel (*zu shao yang luo mai*)



Pathway

The Gall Bladder *luo*-connecting channel separates from the Gall Bladder primary channel at its *luo*-connecting point **G.B.-37** (*guangming*) (→ 8.1.2). It forms a three-dimensional reticulate network, dividing into multiple branches and sub-branches (*sun luo, fu luo, xue luo* → 1.5) within the surrounding tissue.

- Horizontal divisions run to the Interiorly–Exteriorly paired Liver primary channel; according to some schools of thought (for example, Ngyen Van Nghi → Appendix), they travel as a **transverse** G.B. *luo* vessel to the *yuan*-source point **LIV-3** (*taichong*).
- A **longitudinal** division descends to the dorsum of the foot and spreads to the 3rd, 4th and 5th toes.

Clinical importance (→ 8.1.2)

Pathology

Excess (*shi*): Cold sensations in the feet

Deficiency (*xu*): Weakness, weak musculature of the foot, including difficulty in standing, paralysis of the lower extremity

4.11.5 Cutaneous Region (*shao yang pi bu*)

See description and figures → 1.6.

4.11.6 Points of the Gall Bladder Primary Channel (Overview)

Specific points according to their function

- ***Yuan*-source point (→ 8.1.1): G.B.-40** (*qiuxu*) 🟦■
- ***Luo*-connecting point (→ 8.1.2.): G.B.-37** (*guangming*) 🟦■
- ***Xi*-cleft point (→ 8.1.3): G.B.-36** (*waiqiu*)
- **Associated Back-*shu* point (→ 8.1.4): BL-19** (*danshu*) 🟦■
- **Associated Front-*mu* point (→ 8.1.5): G.B.-24** (*riyue*) 🟦■
- **Five *shu*-transporting points (→ 8.1.6):**
  jing-well point (Metal): **G.B.-44** (*zuqiaoyin*) 🟦■
  ying-spring point (Water), tonification point: **G.B.-43** (*xiaxi*)
  shu-stream point (Wood), *ben* point (Five Phases): **G.B.-41** (*zulinqi*) 🟦■
  jing-river point (Fire), sedation point: **G.B.-38** (*yangfu*)
  he-sea point (Earth): **G.B.-34** (*yanglingquan*) 🟦🟦
- ***Hui*-meeting point (→ 8.1.7)**
  - with the sinews: **G.B.-34** (*yanglingquan*) 🟦🟦
  - with the Marrow: **G.B.-39** (*xuanzhong*) 🟦■
- **Opening point (→ 8.1.8) of the *dai mai:* G.B.-41** (*zulinqi*) 🟦■
- **Lower *he*-sea point (→ 8.1.9) of the Gall Bladder: G.B.-34** (*yanglingquan*) 🟦🟦
- ***Jiaohui*-meeting points (→ 8.1.10):**
  - with the S.I. and T.B. channels: **G.B.-1** (*tongziliao*)
  - with the T.B. and ST channels: **G.B.-3** (*shangguan*), **G.B.-4** (*hanyan*)
  - with the T.B., L.I. and ST channels: **G.B.-5** (*xuanlu*), **G.B.-6** (*xuanli*)
  - with the BL channel: **G.B.-7** (*qubin*); **G.B.-8** (*shuaigu*) 🟦■, **G.B.-9** (*tianchong*), **G.B.-10** (*fubai*)
  - with the BL, (S.I., T.B.*) channels: **G.B.-11** (*touqiaoyin*)
  - with the BL channel: **G.B.-12** (*wangu*) 🟦■
  - with the *yang wei mai*: **G.B.-13** (*benshen*) 🟦■
  - with the *yang wei mai*, (T.B., ST, L.I. channels*): **G.B.-14** (*yangbai*) 🟦■
  - with the *yang wei mai* and the BL channel: **G.B.-15** (*toulinqi*)
  - with the *yang wei mai*: **G.B.-16** (*muchuang*). **G.B.-17** (*zhengying*), **G.B.-18** (*chengling*), **G.B.-19** (*naokong*)
  - with the *yang wei mai, yang qiao mai* and (T.B. channel*): **G.B.-20** (*fengchi*) 🟦🟦
  - with the *yang wei mai*, T.B. and (ST*) channels: **G.B.-21** (*jianjing*) 🟦■
  - with the BL channel*: **G.B.-23** (*zhejin*)
  - with the SP channel and (*yang wei mai**): **G.B.-24** (*riyue*) 🟦■
  - with the *dai mai*: **G.B.-26** (*daimai*), **G.B.-27** (*wushu*), **G.B.-28** (*weidao*)
  - with the *yang qiao mai* and (*dai mai**): **G.B.-29** (*juliao*)
  - with the BL channel: **G.B.-30** (*huantiao*) 🟦■
  - with the *yang wei mai**: **G.B.-35** (*yangjiao*)
  - of other channels with the G.B. channel: **ST-7, ST-8, ST-9, ST-12, S.I.12, S.I.-19, (BL-1, BL-11*), BL-31–34, P-1, (T.B.-15*), T.B-17, T.B.-20, T.B.-22, LIV-13, Du-1, Du-14, (Du-20, ST-5, ST-6, ST-30*)**
- **Gao Wu command point (→ 8.1.11): –**
- **Window of Heaven point (→ 8.1.12): G.B.-9** (*tianchong*)
- **Points of the Four Seas (→ 8.1.13): –**
- **Ma Dan Yang Heavenly Star points (→ 8.1.14): G.B.-30** (*huantiao*) 🟦■, **G.B.-34** (*yanglingquan*) 🟦🟦

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* Mentioned by only some authors.

- **Sun Si Miao Ghost point (→ 8.1.15): –**
- **Other functional points:**
  - – main point for all disorders of the head, sensory organs, Brain: **G.B.-20** (*fengchi*) 🟦🟦
  - – front-*mu* point of the Kidneys (→ 8.1.5): **G.B.-25** (*jingmen*) 🟦■
  - – *xi*-cleft point (→ 8.1.3) of the *yang wei mai:* **G.B.-35** (*yangjiao*)

Points according to region

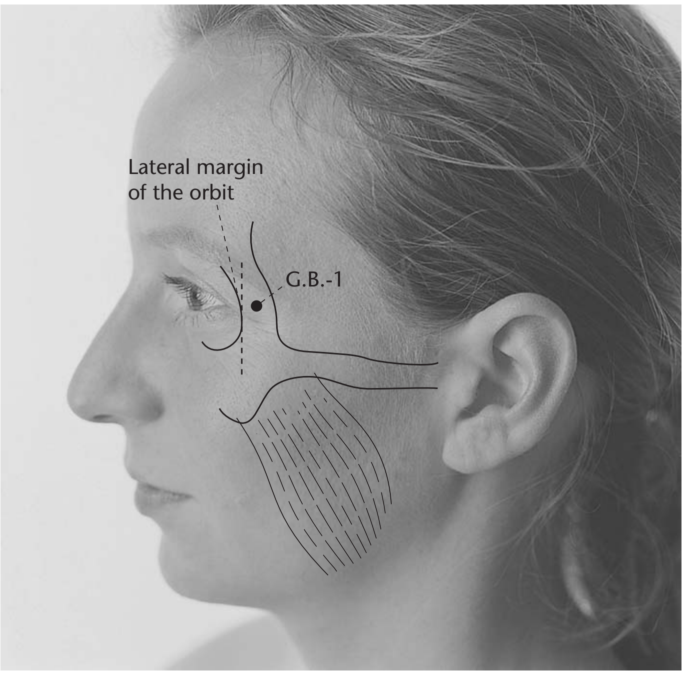
- **Local points (→ 8.2.1):** forehead – **G.B.-14** (*yangbai*) 🟦■; head, temporal region – **G.B.-8** (*shuaigu*) 🟦■; head, occipital region – **G.B.-20** (*fengchi*) 🟦🟦; ears – **G.B.-2** (*tingshui*) 🟦■; cervical spine – **G.B.-20** (*fengchi*) 🟦🟦; neck and shoulder region – **G.B.-20** (*fengchi*) 🟦■, **G.B.-21** (*jianjing*) 🟦■; Gall Bladder – **G.B.-24** (*riyue*) 🟦■; hypochondrium – **G.B.-25** (*jingmen*) 🟦■, **G.B.-26** (*daimai*), **G.B.-27** (*wushu*); hip – **G.B.-29** (*juliao*), **G.B.-30** (*huantiao*) 🟦■; knee – **G.B.-34** (*yanglingquan*) 🟦🟦, **G.B.-35** (*yangjiao*); foot – **G.B.-40** (*qiuxu*) 🟦■
- **Adjacent points (→ 8.2.1):** head, temporal region – **G.B.-20** (*fengchi*) 🟦🟦; ears – **G.B.-8** (*shuaigu*) 🟦■, **G.B.-20** (*fengchi*) 🟦🟦; cervical spine and shoulders – **G.B.-21** (*jianjing*) 🟦■; lumbar region – **G.B.-25** (*jingmen*) 🟦■, **G.B.-30** (*huantiao*) 🟦■; hip – **G.B.-31** (*fengshi*); knee – **G.B.-33** (*xiyangguan*); foot – **G.B.-34** (*yanglingquan*) 🟦🟦; toes – **G.B.-38** (*yangfu*)
- **Distal points (→ 8.2.1):** head, temporal region – **G.B.-43** (*xiaxi*), **G.B.-41** (*zulinqi*) 🟦■; eyes – **G.B.-37** (*guangming*) 🟦■; ears – **G.B.-41** (*zulinqi*) 🟦■; Liver – **G.B.-34** (*yanglingquan*) 🟦🟦; Gall Bladder – **G.B.-34** (*yanglingquan*) 🟦🟦, **G.B.-40** (*qiuxu*) 🟦■; hypochondrium – **G.B.-38** (*yangfu*), **G.B.-34** (*yanglingquan*) 🟦🟦, **G.B.-43** (*xiaxi*); cervical spine and hip – **G.B.-39** (*xuanzhong*) 🟦■; hip – **G.B.-41** (*zulinqi*) 🟦■

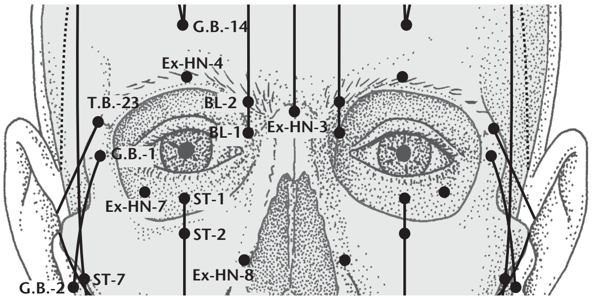
Specific points according to the channel pathway (in numeric order)

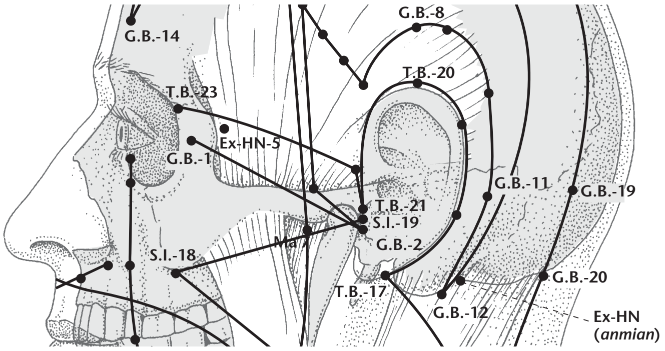
- **G.B.-1** (*tongziliao*): *jiaohui*-meeting point with the S.I. and T.B. channels (→ 8.1.10)
- **G.B.-2** (*tinghui*) 🟦■: local point for the ears (→ 8.2.1)
- **G.B.-3** (*shangguan*): *jiaohui*-meeting point with the T.B. and ST channels (→ 8.1.10)
- **G.B.-4** (*hanyan*): *jiaohui*-meeting point with the T.B. and ST channels (→ 8.1.10)
- **G.B.-5** (*xuanlu*): *jiaohui*-meeting point with the T.B., L.I. and ST channels (→ 8.1.10)
- **G.B.-6** (*xuanli*):): *jiaohui*-meeting point with the T.B., L.I. and ST channels (→ 8.1.10)
- **G.B.-7** (*qubin*):): *jiaohui*-meeting point with the BL channel (→ 8.1.10)
- **G.B.-8** (*shuaigu*) 🟦■: *jiaohui*-meeting point with the BL channel (→ 8.1.10); local point for the lateral aspect of the head (→ 8.2.1); adjacent point for the ears (→ 8.2.1)
- **G.B.-9** (*tianchong*): *jiaohui*-meeting point with the BL channel (→ 8.1.10)*; Window of Heaven point (→ 8.1.12)*
- **G.B.-10** (*fubai*): *jiaohui*-meeting point with the BL channel (→ 8.1.10)
- **G.B.-11** (*touqiaoyin*): *jiaohui*-meeting point with the BL, (S.I., T.B.)* channels (→ 8.1.10)
- **G.B.-12** (*wangu*): *jiaohui*-meeting point with the BL channel (→ 8.1.10)
- **G.B.-13** (*benshen*) 🟦■: *jiaohui*-meeting point with the *yang wei mai* (→ 8.1.10)
- **G.B.-14** (*yangbai*) 🟦■: *jiaohui*-meeting point with the *yang wei mai* and (T.B., ST, L.I.*) channels (→ 8.1.10); local point for the forehead (→ 8.2.1)
- **G.B.-15** (*toulinqi*): *jiaohui*-meeting point with the *yang wei mai* and BL channel (→ 8.1.10)
- **G.B.-16** (*muchuang*): *jiaohui*-meeting point with the *yang wei mai* (→ 8.1.10)
- **G.B.-17** (*zhengying*): *jiaohui*-meeting point with the *yang wei mai* (→ 8.1.10)
- **G.B.-18** (*chengling*): *jiaohui*-meeting point with the *yang wei mai* (→ 8.1.10)
- **G.B.-19** (*naokong*): *jiaohui*-meeting point with the *yang wei mai* (→ 8.1.10)
- **G.B.-20** (*fengchi*) 🟦🟦: *jiaohui*-meeting point with the *yang wei mai, yang qiao mai* and (T.B. channel*) (→ 8.1.10); local point for the occiput (→ 8.2.1); local point for the neck and shoulders (→ 8.2.1); local point for all disorders of the head, sensory organs, Brain; adjacent point for the lateral aspect of the head and the ears (→ 8.2.1)
- **G.B.-21** (*jianjing*) 🟦■: *jiaohui*-meeting point with the *yang wei mai*, T.B. and (ST*) channels (→ 8.1.10); adjacent point for the neck and shoulders (→ 8.2.1)
- **G.B.-23** (*zhejin*): *jiaohui*-meeting point with the BL channel (→ 8.1.10)
- **G.B.-24** (*riyue*) 🟦■: associated Front-*mu* point (→ 8.1.5); *jiaohui*-meeting point with the SP channel and (*yang wei mai**) (→ 8.1.10); local point for the Gall Bladder (→ 8.2.1)
- **G.B.-25** (*jingmen*) 🟦■: Front-*mu* point of the Kidneys (→ 8.1.5); local point for the hypochondrium (→ 8.2.1); adjacent point for the lumbar region (→ 8.2.1)
- **G.B.-26** (*daimai*): *jiaohui*-meeting point with the *dai mai* (→ 8.1.10); local point for the hypochondrium (→ 8.2.1)
- **G.B.-27** (*wushu*): *jiaohui*-meeting point with the *dai mai* (→ 8.1.10); local point for the hypochondrium (→ 8.2.1)
- **G.B.-28** (*weidao*): *jiaohui*-meeting point with the *dai mai* (→ 8.1.10);
- **G.B.-29** (*juliao*): *jiaohui*-meeting point with the *yang qiao mai* and (*dai mai**) (→ 8.1.10); local point for the hip (→ 8.2.1)
- **G.B.-30** (*huantiao*) 🟦■: *jiaohui*-meeting point with the BL channel (→ 8.1.10); Ma Dan Yang Heavenly Star point (→ 8.1.14); adjacent point for the lumbar region and the hip (→ 8.2.1); local point for the hip (→ 8.2.1)
- **G.B.-31** (*fengshi*): adjacent point for the hip (→ 8.2.1)
- **G.B.-33** (*xiyangguan*): adjacent point for the knee (→ 8.2.1)

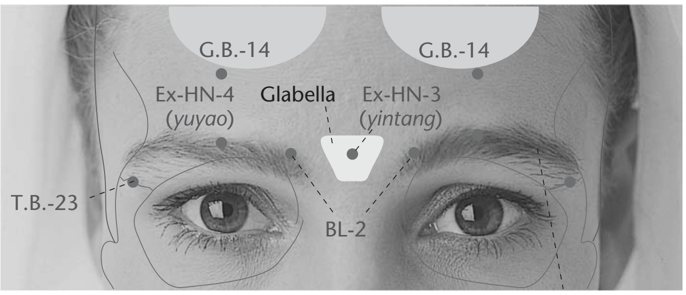
- **G.B.-34** (*yanglingquan*) 🟦🟦: *he*-sea point (Earth) (→ 8.1.6); *hui*-meeting point with the sinews (→ 8.1.7); lower *he*-sea point of the Gall Bladder (→ 8.1.9); Ma Dan Yang Heavenly Star point (→ 8.1.14); distal point for the Liver, Gall Bladder and hypochondrium (→ 8.2.1); local point for the knee (→ 8.2.1); adjacent point for the foot (→ 8.2.1)
- **G.B.-35** (*yangjiao*): *xi*-cleft point of the *yang wei mai* (→ 8.1.3); *jiaohui*-meeting point with the *yang wei mai** (→ 8.1.10); local point for the knee (→ 8.2.1)
- **G.B.-36** (*waiqiu*): *xi*-cleft point (→ 8.1.3)
- **G.B.-37** (*guangming*) 🟦⬛: *luo*-connecting point (→ 8.1.2); distal point for the eyes (→ 8.2.1)
- **G.B.-38** (*yangfu*): *jing*-river point (Fire) (→ 8.1.6); sedation point; distal point for the hypochondrium (→ 8.2.1)
- **G.B.-39** (*xuanzhong*) 🟦⬛: *hui*-meeting point with the Marrow (→ 8.1.7); distal point for the cervical spine and the hip (→ 8.2.1)
- **G.B.-40** (*qiuxu*) 🟦⬛: *yuan*-source point (→ 8.1.1); local point for the foot (→ 8.2.1); distal point for the Gall Bladder (→ 8.2.1)
- **G.B.-41** (*zulinqi*) 🟦⬛: *shu*-stream point (Wood); *ben* point (Five phases) (→ 8.1.6); Opening point (→ 8.1.8) of the *dai mai*; distal point for the temporal region and the ears (→ 8.2.1); distal point for the hip (→ 8.2.1)
- **G.B.-43** (*xiaxi*): *ying*-spring point (Water) (→ 8.1.6); tonification point; distal point for the lateral aspect of the head and the hypochondrium (→ 8.2.1)
- **G.B.-44** (*zuqiaoyin*) 🟦⬛: *jing*-well point (Metal) (→ 8.1.6)

Pupil Crevice TONGZILIAO **G.B.-1**


Lateral margin of the orbit
G.B.-1


G.B.-14
Ex-HN-4
T.B.-23
BL-2
BL-1
Ex-HN-3
G.B.-1
Ex-HN-7
ST-1
ST-2
Ex-HN-8
G.B.-2
ST-7


G.B.-14
G.B.-8
T.B.-20
T.B.-23
Ex-HN-5
G.B.-1
G.B.-11
G.B.-19
T.B.-21
S.I.-19
G.B.-2
S.I.-18
Ma
T.B.-17
G.B.-20
G.B.-12
Ex-HN
(*anmian*)


G.B.-14
G.B.-14
Ex-HN-4
(*yuyao*)
Glabella
Ex-HN-3
(*yintang*)
T.B.-23
BL-2

Location

In a bony depression on the lateral aspect of the orbital margin, on the level of the outer canthus of the eye.

How to find

From the outer canthus of the eye, palpate in a lateral direction. Locate **G.B.-1** on the outer aspect of the orbit (diagonally inferior to the temple), where a bony depression can be palpated. → **T.B.-23** is located more superiorly on the lateral end of the eyebrow, in a depression on the frontozygomatic suture. → **BL-1** is located at the inner canthus of the eye.

Needling

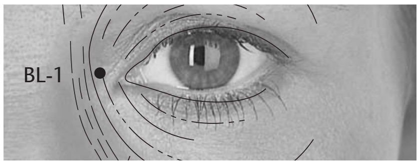
0.2–0.3 cun obliquely in a posterior direction or up to 1 cun transversely (subcutaneously) towards → **Ex-HN-5** (*taiyang*). According to some texts, moxibustion is contraindicated.

Actions/Indications

- Expels Wind and Heat from the eyes

Special features

Meeting point with the S.I. and T.B. channels, entry point.



G.B.-2 *Meeting of Hearing* TINGHUI

Location

Anterior to the ear, with the patient's mouth open in the depression on the level of the intertragic notch, on the lower border of the condyloid process of the mandible.

How to find

Locate and needle with the patient's mouth open as this allows the condyloid process of the mandible to slide towards the anterior, revealing the depression where **G.B.-2** is located. Find the vertical sulcus anterior to the ear (at the ear/cheek junction), which may be more or less pronounced. Then locate **G.B.-2** on the sulcus, on the level of the intertragic notch. If the sulcus is not clearly defined (it becomes more clearly visible with increasing age), the depression can be located by using an (ear) point locator. **G.B.-2** is the most distal of three points located anterior to the ear (→ **S.I.-19** and → **T.B.-21** are both located more superiorly).

Needling

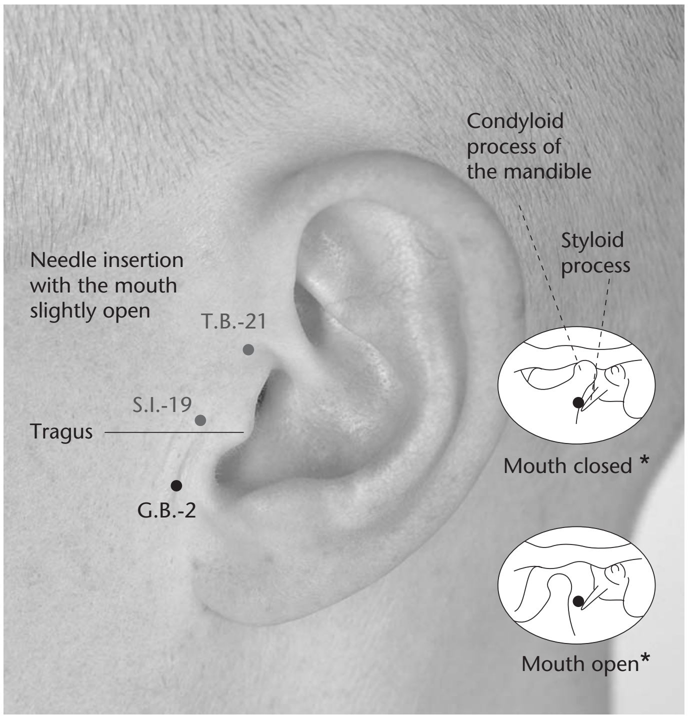
0.5–1 cun vertically or slightly obliquely in an inferior direction. Needle with the patient's mouth open to avoid intra-articular insertion. Caution: Like **T.B.-21** and **S.I.-19**, this point is located close to the superficial temporal artery and the auriculotemporal nerve.

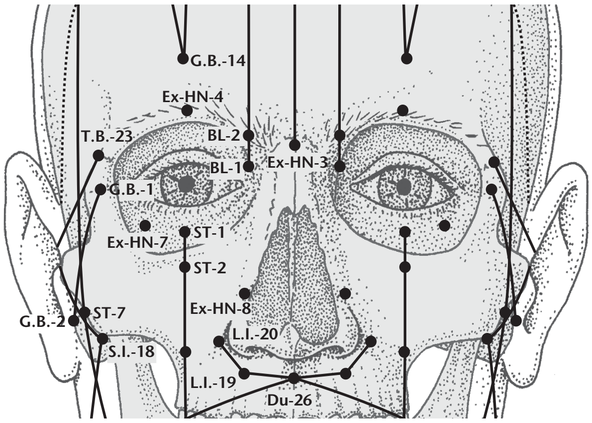
Actions/Indications

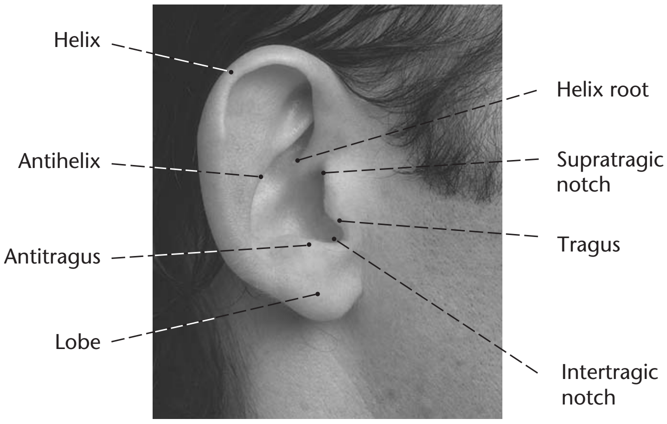
- Eliminates Wind, clears Heat, benefits the ears and the temporomandibular joint
- Opens the channel and the *luo*-connecting vessel, alleviates pain

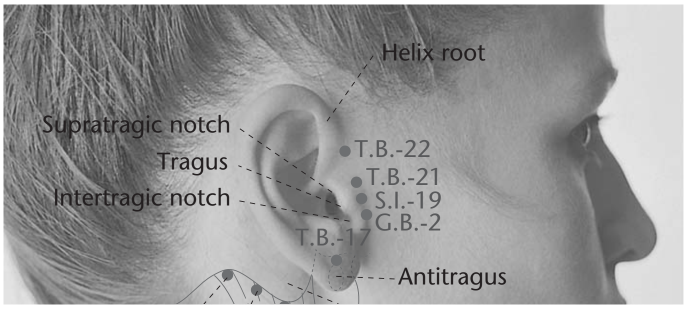
Special features

Important local point for disorders of the ears and the jaw. This point is often used alternately with **T.B.-21** and **S.I.-19**.


Condyloid
process of
the mandible
Styloid
process
Needle insertion
with the mouth
slightly open
T.B.-21
S.I.-19
Tragus
G.B.-2
Mouth closed *
Mouth open*


G.B.-14
Ex-HN-4
T.B.-23
BL-2
BL-1
Ex-HN-3
G.B.-1
Ex-HN-7
ST-1
ST-2
G.B.-2
ST-7
Ex-HN-8
L.I.-20
S.I.-18
L.I.-19
Du-26


Helix
Antihelix
Antitragus
Lobe
Helix root
Supratragic
notch
Tragus
Intertragic
notch


Helix root
Supratragic notch
Tragus
Intertragic notch
T.B.-22
T.B.-21
S.I.-19
G.B.-2
T.B.-17
Antitragus

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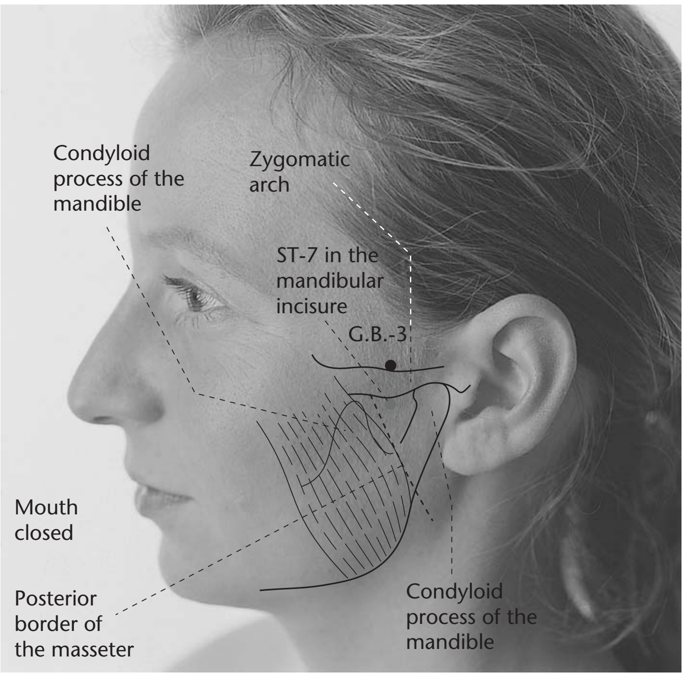
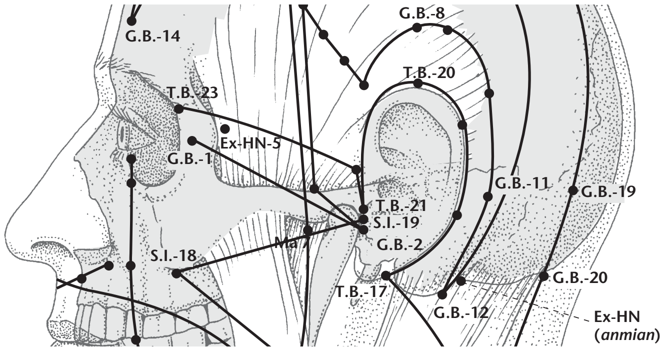
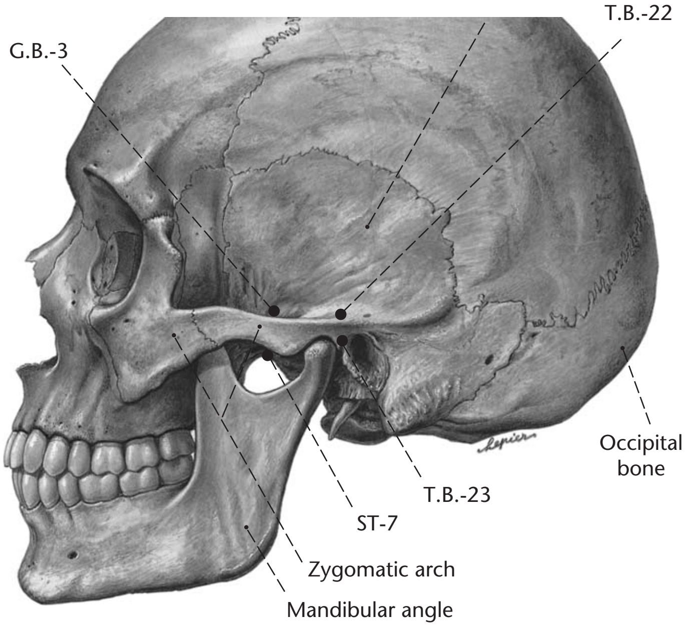
* According to Deadman et al 1998.

Above the Joint SHANGGUAN G.B.-3


Condyloid process of the mandible
Zygomatic arch
ST-7 in the mandibular incisure
G.B.-3
Mouth closed
Posterior border of the masseter
Condyloid process of the mandible


G.B.-14
G.B.-8
T.B.-20
T.B.-23
Ex-HN-5
G.B.-1
G.B.-11
G.B.-19
T.B.-21
S.I.-19
G.B.-2
S.I.-18
T.B.-17
G.B.-12
G.B.-20
Ex-HN (*anmian*)


T.B.-22
G.B.-3
Occipital bone
T.B.-23
ST-7
Zygomatic arch
Mandibular angle

Location

In a depression on the upper border of the zygomatic arch, approximately 1 cun anterior to the root of the ear, superior to → **ST-7**.

How to find

Locate the zygomatic arch (→ 3.1.2) by palpating from the root of the ear (root of the helix) approximately 1 cun towards the orbit. Follow its course by placing one finger above and the other finger below the arch. As soon as the lower finger has reached a clearly palpable depression anterior to the temporomandibular joint and posterior to the masseter muscle (→ **ST-7**), the upper finger will be resting on **G.B.-3**, which is located directly superior to → **ST-7** in a shallow depression on the superior border of the zygomatic arch.

Needling

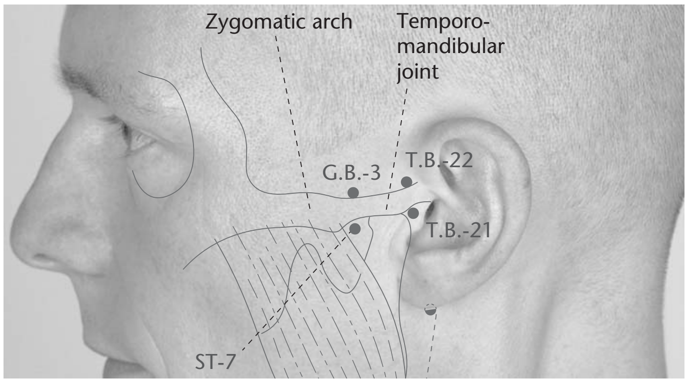
Vertically 0.3–0.5 cun, no strong stimulation. Caution: Branches of the temporal, transverse facial and masseteric arteries! Traditionally, deep needling is prohibited.

Actions/Indications

- Opens the channel, alleviates pain
- Eliminates Wind
- Benefits the ears

Special features

Meeting point with the T.B. and ST channels


Zygomatic arch
Temporo-mandibular joint
G.B.-3
T.B.-22
T.B.-21
ST-7

G.B.-4 *Jaw Serenity* HANYAN

Location

At the junction of the upper quarter and the second quarter of a line connecting → **ST-8** and → **G.B.-7**.

How to find

First, locate the two reference points: → **ST-8** (4.5 cun lateral to the midline and 0.5 cun within the anterior hairline, at the corner of the forehead) and → **G.B.-7** (in the depression on the level of the apex of the ear, within the circumauricular temporal hairline). Then divide the slightly curved line between these two points into quarters and locate **G.B.-4** at the junction of the upper quarter with the lower three quarters. Generally, **G.B.-4** is located on the temporal hairline and the anterior portion of the temporalis muscle, which can be felt when chewing.

Needling

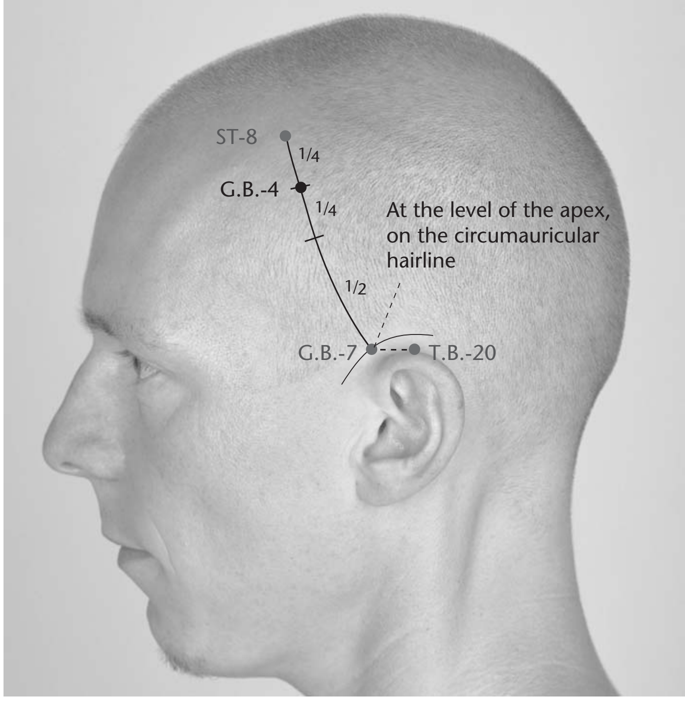
0.3–1.5 cun transversely (subcutaneously), tangentially along the skull, in the direction of the occiput or towards the disorder/pain.

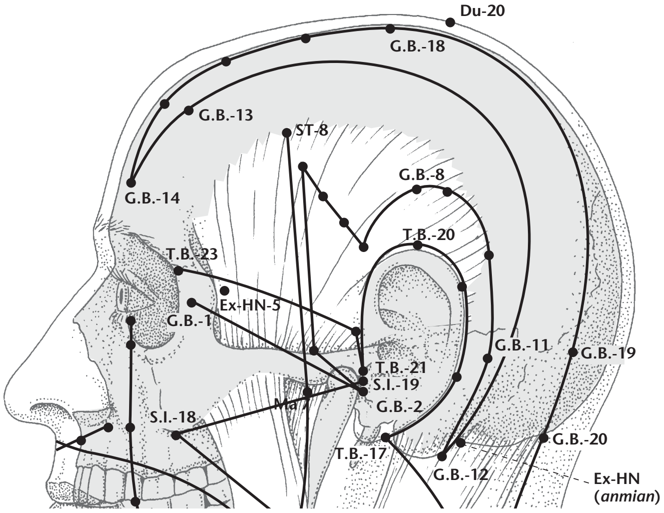
Actions/Indications

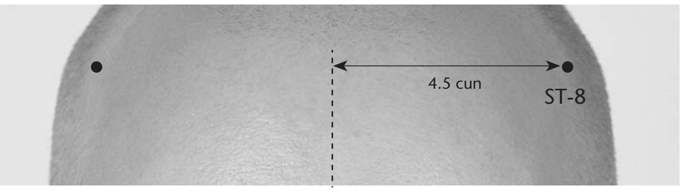
- Eliminates Wind and Heat
- Opens the channel

Special features

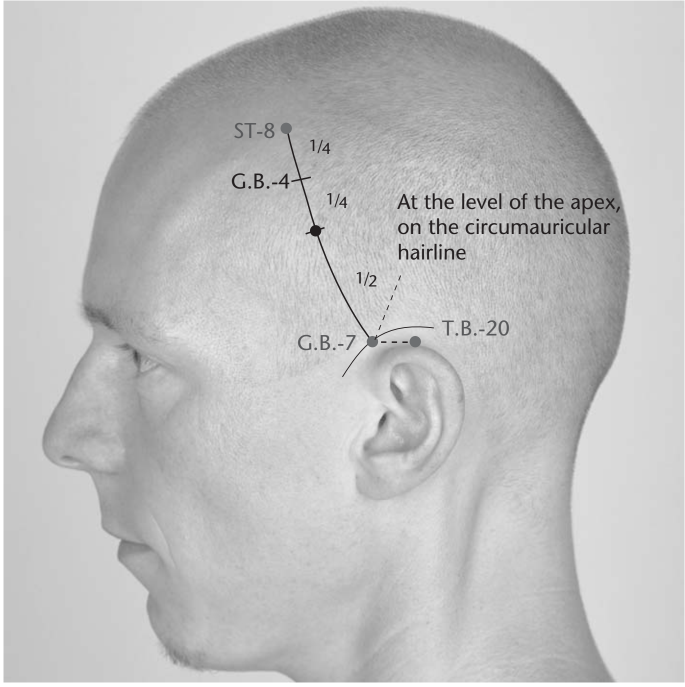
Meeting point with the T.B. and ST channel

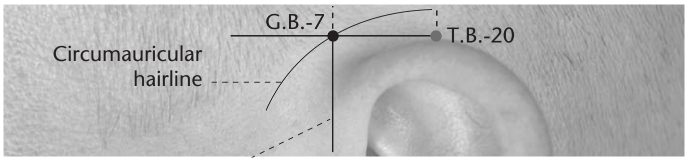

ST-8
1/4
G.B.-4
1/4
At the level of the apex, on the circumauricular hairline
1/2
G.B.-7
T.B.-20

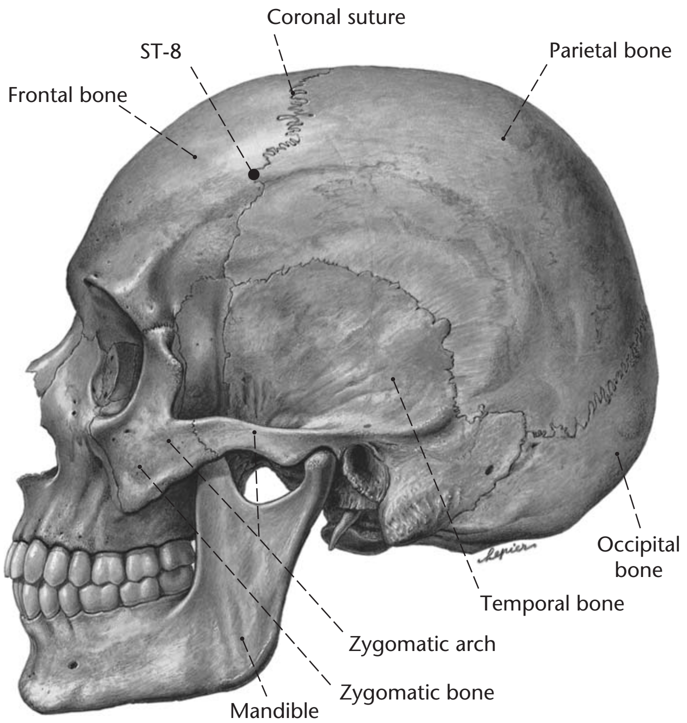

Du-20
G.B.-18
G.B.-13
ST-8
G.B.-8
G.B.-14
T.B.-20
T.B.-23
Ex-HN-5
G.B.-1
G.B.-11
G.B.-19
T.B.-21
S.I.-19
S.I.-18
Ma
G.B.-2
G.B.-20
T.B.-17
G.B.-12
Ex-HN (anmian)



Suspended Skull XUANLU G.B.-5


ST-8
1/4
G.B.-4
1/4
At the level of the apex, on the circumauricular hairline
1/2
G.B.-7
T.B.-20


G.B.-7
T.B.-20
Circumauricular hairline


Coronal suture
ST-8
Parietal bone
Frontal bone
Occipital bone
Temporal bone
Zygomatic arch
Zygomatic bone
Mandible

Location

At the junction of the 2nd and 3rd quarter of an imaginary line connecting → **ST-8** and → **G.B.-7**.

How to find

First, locate the two reference points: → **ST-8** (4.5 cun lateral to the midline and 0.5 cun within the anterior hairline, at the corner of the forehead) and → **G.B.-7** (in the depression on the level of the apex of the ear, within the circumauricular temporal hairline). Then divide the slightly curved line between these two points into quarters and locate **G.B.-5** at the junction of the upper two quarters with the lower two quarters. Generally, this point is located on the level of the parietal suture, just within the hairline.

Needling

0.3–1.5 cun transversely (subcutaneously), tangentially along the skull, in the direction of the occiput or towards the disorder/pain.

Actions/Indications

- Expels Wind and Heat
- Opens the channel

Special features

Meeting point with the T.B., L.I. and ST channels

G.B.-6 *Suspended Hair* XUANLI

Location

At the junction of the lower quarter and the upper three quarters of a line connecting → **ST-8** and → **G.B.-7**.

How to find

First, locate the two reference points: → **ST-8** (4.5 cun lateral to the midline and 0.5 cun within the anterior hairline, at the corner of the forehead) and → **G.B.-7** (in the depression on the level of the apex of the ear, within the circumauricular temporal hairline). Then divide the slightly curved line between these two points into quarters and locate **G.B.-6** at the junction of the upper three quarters with the lower quarter.

Needling

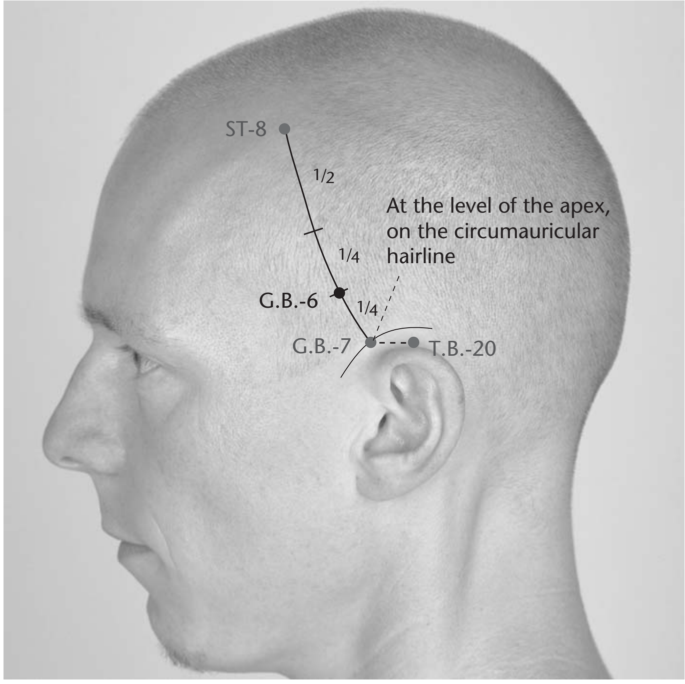
0.3–1.5 cun transversely (subcutaneously) in the direction of the occiput or towards the disorder/pain.

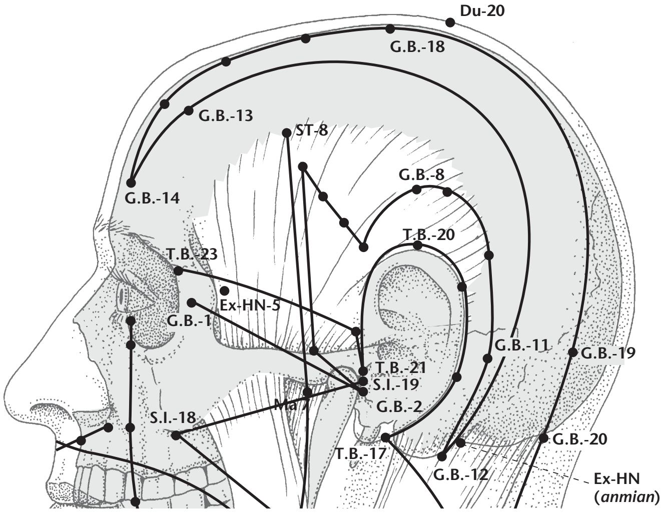
Actions/Indications

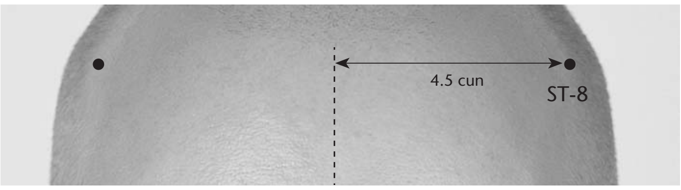
- Expels Wind and Heat
- Opens the channel

Special features

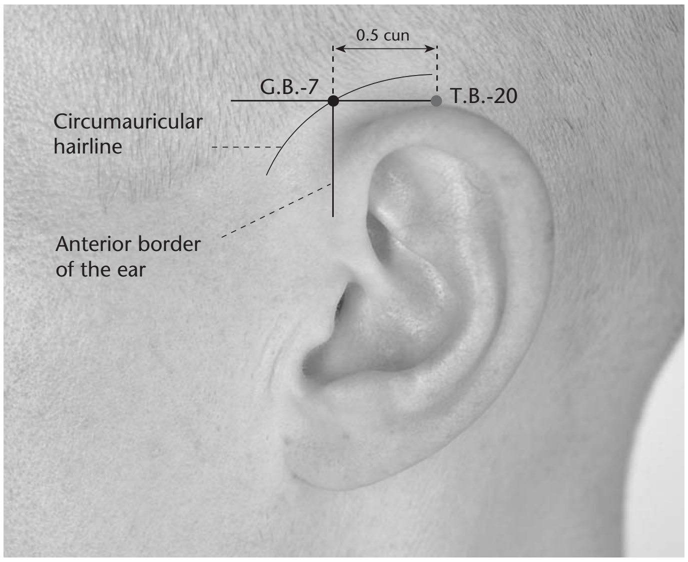
Meeting point with the L.I., ST and T.B. channels

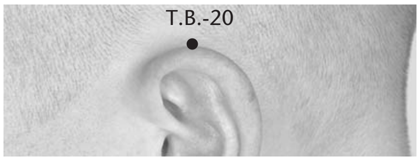

ST-8
1/2
At the level of the apex, on the circumauricular hairline
1/4
G.B.-6
1/4
G.B.-7
T.B.-20


Du-20
G.B.-18
G.B.-13
ST-8
G.B.-8
G.B.-14
T.B.-20
T.B.-23
Ex-HN-5
G.B.-1
G.B.-11
G.B.-19
T.B.-21
S.I.-19
Ma 7
G.B.-2
S.I.-18
G.B.-20
T.B.-17
G.B.-12
Ex-HN (*anmian*)



Crook of the Temple QUBIN G.B.-7





Location

In a depression on the level of the apex of the ear, within the circumauricular temporal hairline, approximately at the junction of a horizontal line through the apex of the ear and a vertical line along the posterior border of the temple anterior to the ear.

How to find

Locate **G.B.-7** by palpating for a small depression anterior to the apex of the ear at the circumauricular temporal hairline. The point is located approximately at a junction between a horizontal line through the apex of the ear and a vertical line along the posterior border of the temple anterior to the ear.
For orientation: → **T.B.-20** is located directly superior to the apex of the ear.

Needling

0.3–1.5 cun transversely (subcutaneously) in the direction of the occiput or towards the site of the disorder/pain.

Actions/Indications

- Expels Wind
- Benefits the mouth and jaw

Special features

Meeting point with the BL channel

G.B.-8 *Leading Valley* SHUAIGU

Location

1.5 cun directly superior to the apex of the ear, in a depression on the upper border of the temporalis muscle.

How to find

Locate the apex of the ear, which becomes more clearly defined by folding the auricle towards the anterior so that the posterior part of the upper helix covers its anterior part. From the apex of the ear, measure 1.5 cun (2 fingerbreadths) in a superior direction. There, the palpating finger will glide into a bony depression (**G.B.-8**) which is often sensitive to pressure. For orientation: When a chewing movement is made, this can just about be felt at this point.
→ **G.B.-9** is located on the same level, 0.5 cun dorsal to **G.B.-8**.

Needling

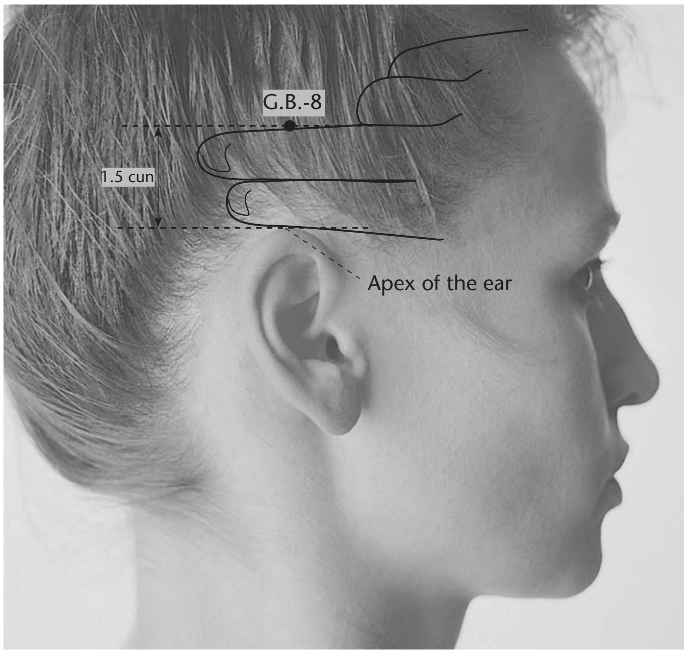
0.3–1.5 cun transversely (subcutaneously), mostly from anterior to posterior or towards the site of the pain.

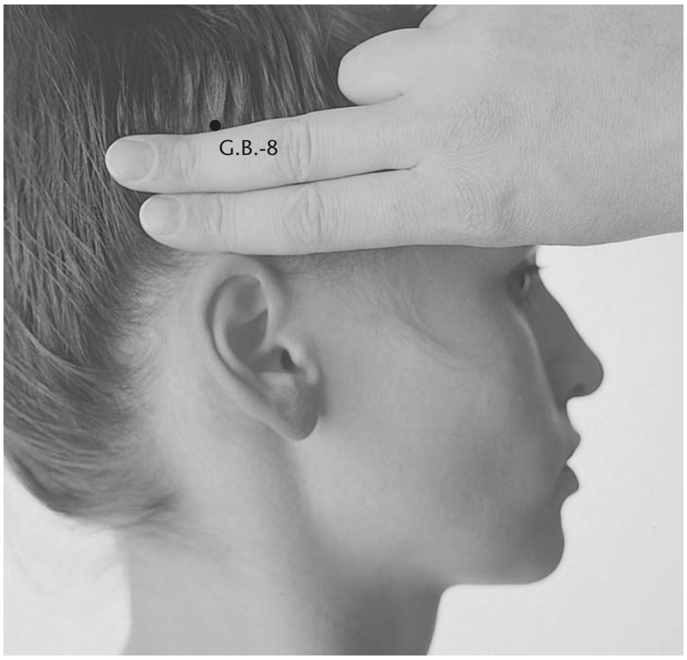
Actions/Indications

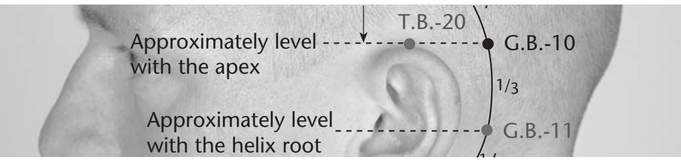
- Expels Wind, benefits the head and ears, alleviates pain, harmonises the diaphragm and Stomach

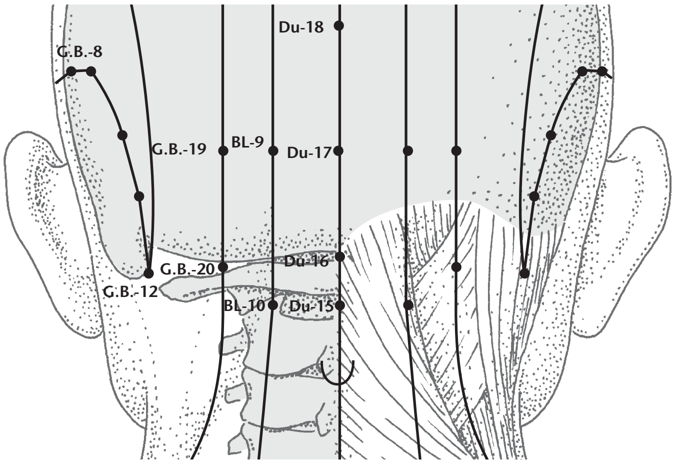
Special features

Meeting point with the BL channel. Important local point for parietal and temporal headaches.

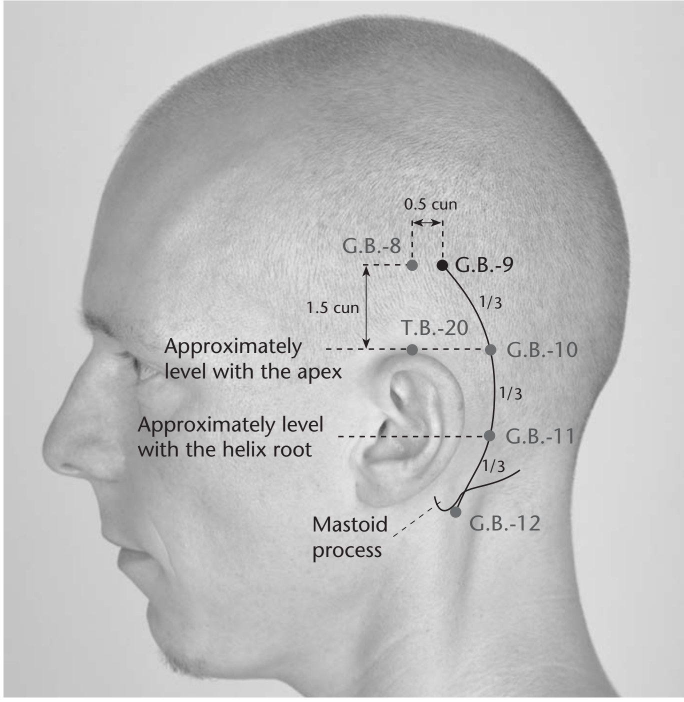

G.B.-8
1.5 cun
Apex of the ear

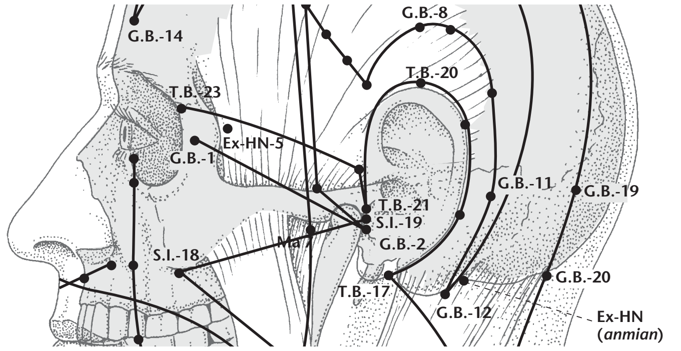


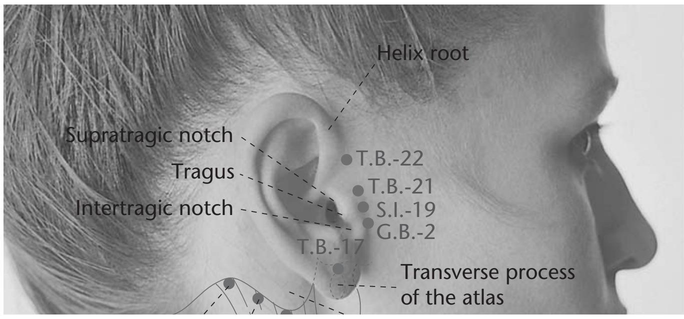

T.B.-20
Approximately level with the apex
G.B.-10
1/3
Approximately level with the helix root
G.B.-11

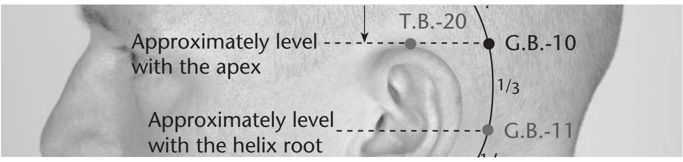

Du-18
G.B.-8
G.B.-19
BL-9
Du-17
G.B.-20
Du-16
G.B.-12
BL-10
Du-15

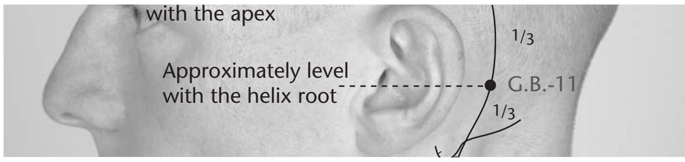
Heavenly Rushing TIANCHONG G.B.-9


0.5 cun
G.B.-8
G.B.-9
1.5 cun
1/3
T.B.-20
Approximately level with the apex
G.B.-10
1/3
Approximately level with the helix root
G.B.-11
1/3
Mastoid process
G.B.-12


G.B.-8
G.B.-14
T.B.-20
T.B.-23
Ex-HN-5
G.B.-1
G.B.-11
G.B.-19
T.B.-21
S.I.-19
G.B.-2
Ma
S.I.-18
G.B.-20
T.B.-17
G.B.-12
Ex-HN (anmian)


Helix root
Supratragic notch
Tragus
Intertragic notch
T.B.-22
T.B.-21
S.I.-19
G.B.-2
T.B.-17
Transverse process of the atlas


T.B.-20
Approximately level with the apex
G.B.-10
1/3
Approximately level with the helix root
G.B.-11


with the apex
1/3
Approximately level with the helix root
G.B.-11
1/3

Location

1.5 cun directly superior to the apex of the ear (→ **T.B.-20**) and 0.5 cun posterior to → **G.B.-8**. The point is approximately superior to the posterior margin of the ear.

How to find

First, locate → **G.B.-8** 1.5 cun superior to the apex of the ear. The latter becomes more clearly defined by folding the auricle towards the anterior so that the posterior part of the upper helix covers its anterior part. From → **G.B.-8**, measure 0.5 cun in a posterior direction and there locate **G.B.-9**. Similar to → **G.B.-8**, **G.B.-9** is located in a slight 'dip' in the bone.
Both **G.B.-9** and → **G.B.-12** (in the depression posterior and inferior to the mastoid process) are reference points for a curved line that runs approximately parallel to the posterior margin of the ear within the hairline. When dividing this line into thirds, → **G.B.-10** and → **G.B.-11** are located at the junctions of the thirds.

Needling

0.5–1.5 cun transversely (subcutaneously) towards the occiput or the site of the pain.

Actions/Indications

- Expels Wind and Heat
- Opens the *luo*-connecting vessels
- Calms the *shen*

Special features

Meeting point with the BL channel; Window of Heaven point according to some authors.

G.B.-10 *Floating White* FUBAI

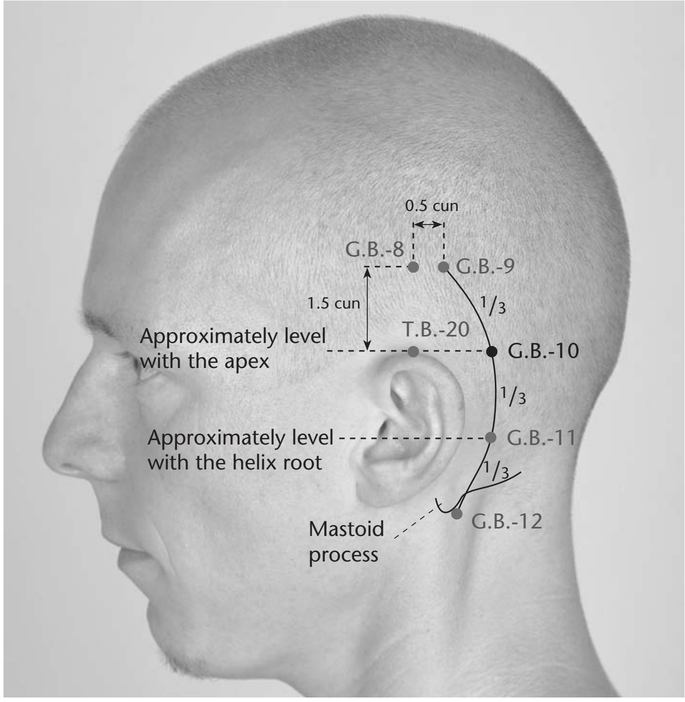
Location

Posterior to the ear, at the junction of the upper third with the two lower thirds of the curved line connecting → **G.B.-9** and → **G.B.-12**.

How to find

First, locate → **G.B.-9** (1.5 cun superior to the apex of the ear and 0.5 cun in a posterior direction). Then locate → **G.B.-12** in a depression posterior and inferior to the mastoid process (→ 3.1.4). These two points are the endpoints of a curved line that runs approximately parallel to the posterior margin of the ear within the hairline. Divide this line into thirds and locate **G.B.-10** at the junction of the upper and the middle third, where often a small 'dip' can be felt on the bone. **G.B.-10** tends to be on the level of the apex of the ear.

→ **T.B.-20** is located directly above the apex of the ear.


0.5 cun
G.B.-8
G.B.-9
1.5 cun
1/3
T.B.-20
Approximately level with the apex
G.B.-10
1/3
Approximately level with the helix root
G.B.-11
1/3
Mastoid process
G.B.-12

Needling

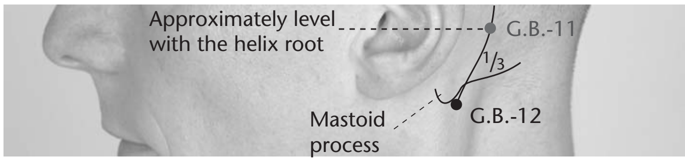
Transversely (subcutaneously) 0.5–0.8 cun

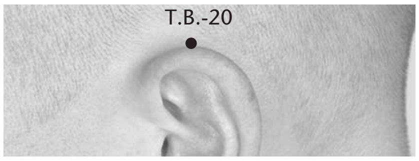
Actions/Indications

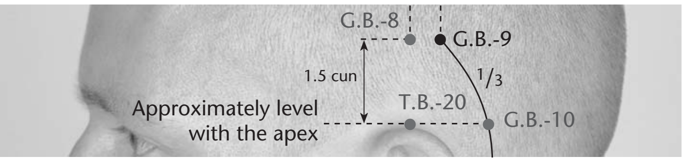
- Expels Wind
- Opens the *luo*-connecting vessels

Special features

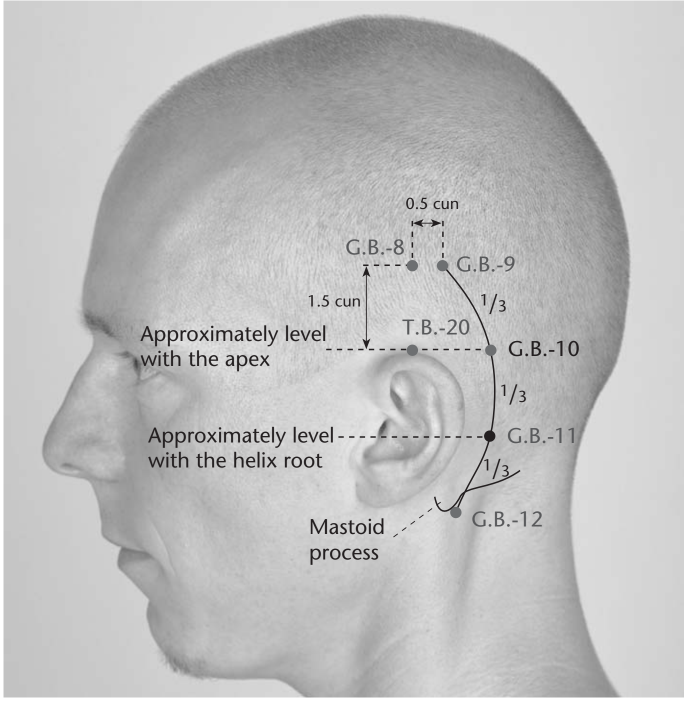
Meeting point with the BL channel

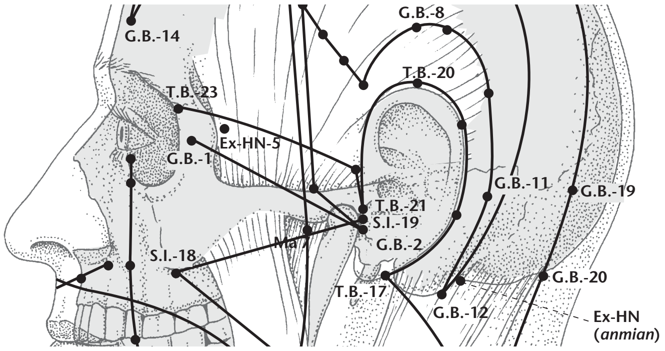

Approximately level with the helix root
G.B.-11
1/3
Mastoid process
G.B.-12

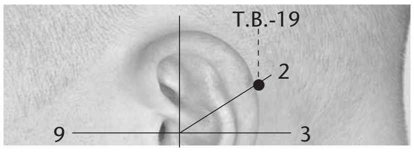



G.B.-8
G.B.-9
1.5 cun
1/3
T.B.-20
Approximately level with the apex
G.B.-10

Head Portal Yin TOUQIAOYIN G.B.-11


0.5 cun
G.B.-8
G.B.-9
1.5 cun
1/3
Approximately level with the apex
T.B.-20
G.B.-10
1/3
Approximately level with the helix root
G.B.-11
1/3
Mastoid process
G.B.-12


G.B.-8
G.B.-14
T.B.-20
T.B.-23
Ex-HN-5
G.B.-1
G.B.-11
G.B.-19
T.B.-21
S.I.-19
G.B.-2
S.I.-18
Ma 7
G.B.-20
T.B.-17
G.B.-12
Ex-HN
(*anmian*)



Location

Posterior to the ear, at the junction of the lower third with the two upper thirds of the curved line connecting → **G.B.-9** and → **G.B.-12**.

How to find

First, locate → **G.B.-9** (1.5 cun superior to the apex of the ear and 0.5 cun in a posterior direction). Then locate → **G.B.-12** in a depression posterior and inferior to the mastoid process (→ 3.1.4). These two points are the endpoints of a curved line that runs approximately parallel to the posterior margin of the ear within the hairline. Divide this line into thirds and locate **G.B.-11** at the junction of the middle and the lower third. At this point, a small 'dip' often can be felt in the bone. For reference: **G.B.-11** is located at the midpoint between a line connecting → **G.B.-10** and → **G.B.-12** and is generally on the level of the root of the helix.

→ **T.B.-19** is located on the same level, directly posterior to the helix.

Needling

Transversely (subcutaneously) 0.5–0.8 cun

Actions/Indications

- Expels Wind and Damp-Heat
- Opens the ears and the eyes
- Moves the (Liver) Qi and Blood

Special features

Meeting point with the BL channel, also with the S.I. and T.B. channels according to some authors.

G.B.-12 *Mastoid Process* WANGU

Location

In a depression directly posterior and inferior to the mastoid process.

How to find

First, locate the mastoid process posterior to the ear (→ 3.1.4). This can be palpated at the junction of the cranium and the neck as a cone-shaped, bony structure. With the palpating finger, find the inferior aspect of the mastoid process and locate **G.B.-12** on its lower border posterior to the tip of the process.

→ **T.B.-17** is located more anteriorly, in the depression posterior to the earlobe, between the mastoid process and the mandible.

Needling

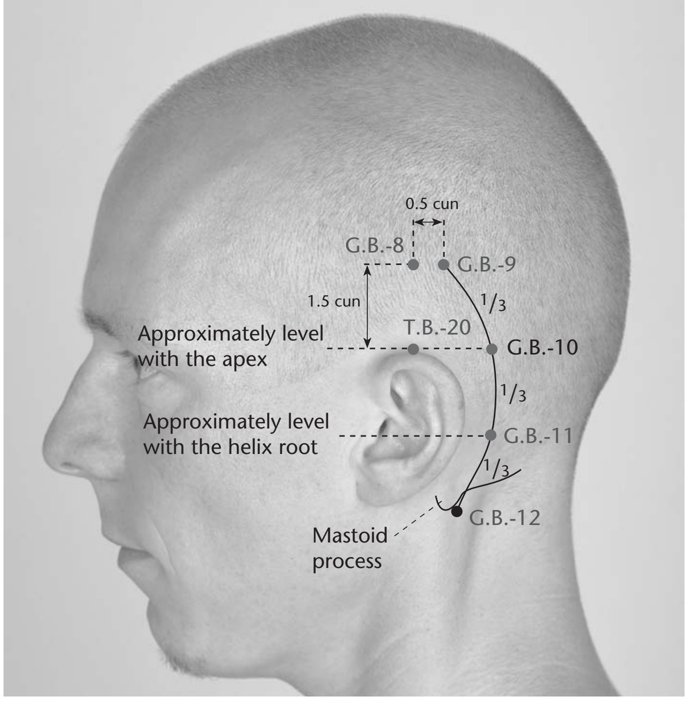
0.5–1 cun obliquely in an inferior direction.

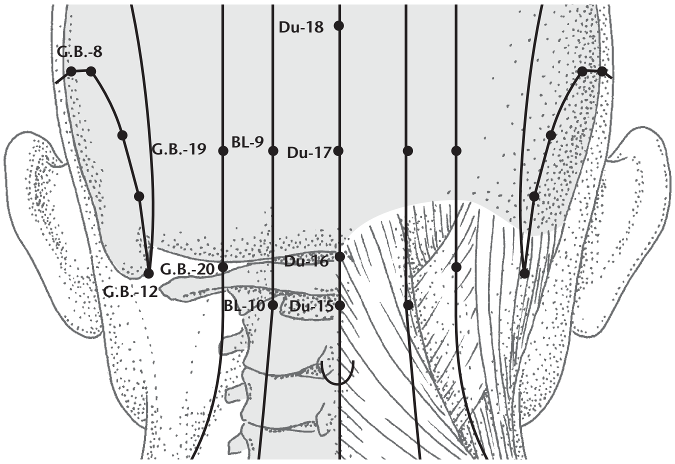
Actions/Indications

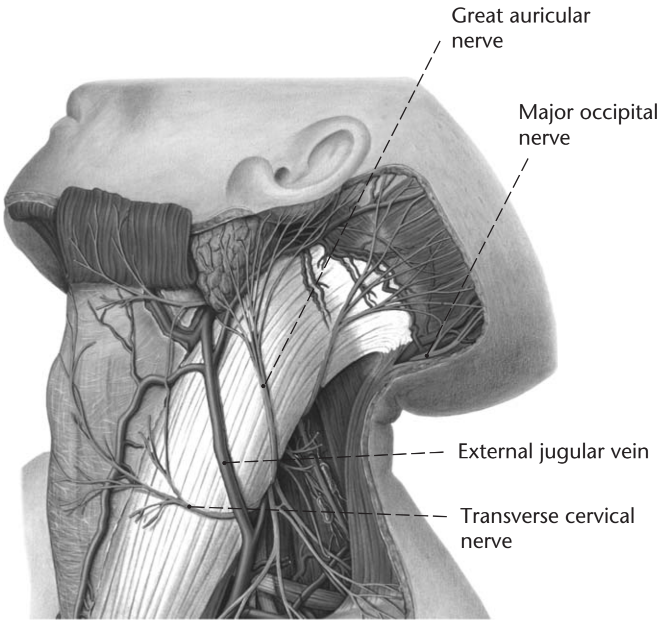
- Expels Wind, Heat and Dampness/Phlegm
- Opens the ears
- Calms the *shen*

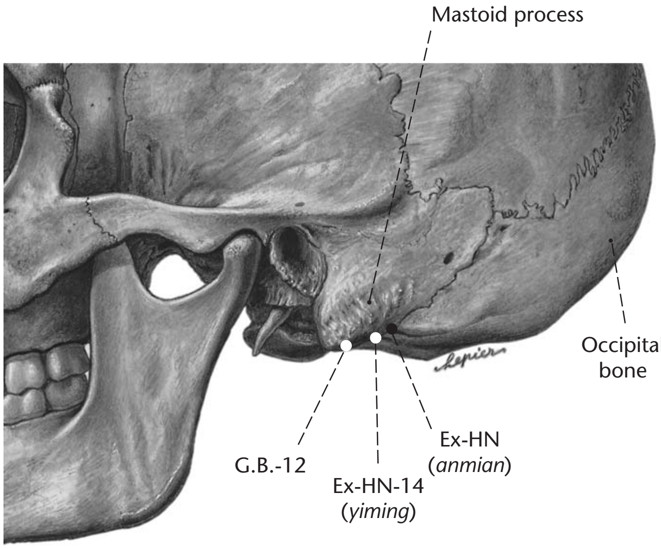
Special features

Meeting point with the BL channel

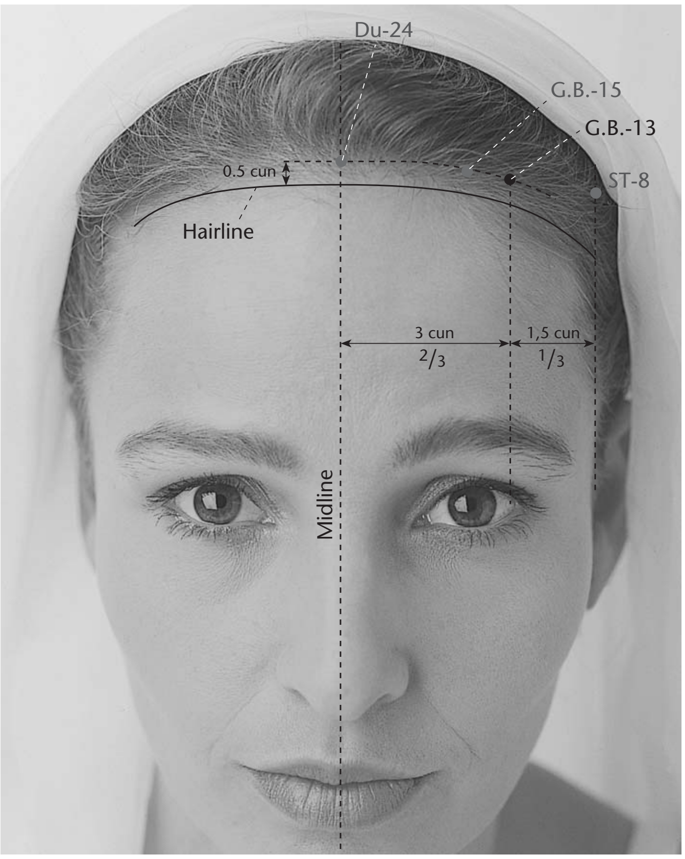

0.5 cun
G.B.-8
G.B.-9
1.5 cun
1/3
T.B.-20
Approximately level with the apex
G.B.-10
1/3
Approximately level with the helix root
G.B.-11
1/3
G.B.-12
Mastoid process


Du-18
G.B.-8
G.B.-19
BL-9
Du-17
G.B.-20
Du-16
G.B.-12
BL-10
Du-15


Great auricular nerve
Major occipital nerve
External jugular vein
Transverse cervical nerve


Mastoid process
Occipital bone
Ex-HN (anmian)
G.B.-12
Ex-HN-14 (yiming)

Spirit Root BENSHEN G.B.-13


Du-24
G.B.-15
G.B.-13
0.5 cun
ST-8
Hairline
3 cun
2/3
1,5 cun
1/3
Midline

Location

3 cun lateral to → **Du-24** (on the midline, 0.5 cun superior to the anterior hairline).

How to find

First, locate the anterior hairline (→ 3.1.1, with hairloss: when the patient frowns, the anterior hairline is marked by the border between the creased forehead and the smooth skin above) and there locate → **Du-24** on the midline and 0.5 cun within the hairline. **G.B.-13** is located on the same level, 3 cun lateral to the midline, measured in proportional cun based on the distance → **ST-8** to → **Du-24** (=4.5 cun, 2.2). Divide this distance into thirds and locate **G.B.-13** one third of the distance from **ST-8**. Located at the same level (0.5 cun within the anterior hairline) are → **Du-24/BL-3/BL-4/G.B.-15/ST-8** (on the midline/superior to the inner canthus of the eye/1.5 cun lateral to the midline/on the pupil line or 2.25 cun lateral to the midline/on the corner of the forehead).

Needling

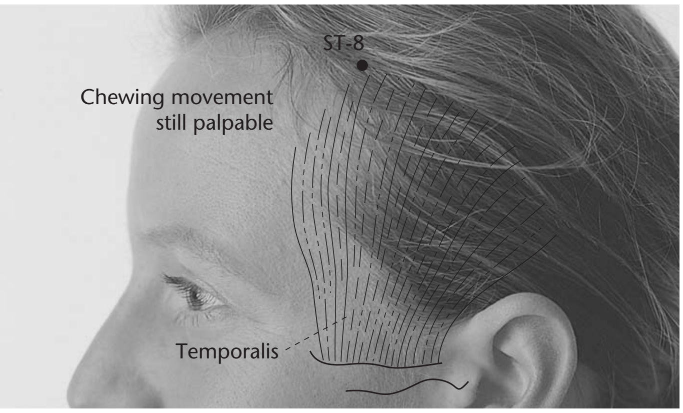
0.5–0.8 cun transversely (subcutaneously) towards the occiput.

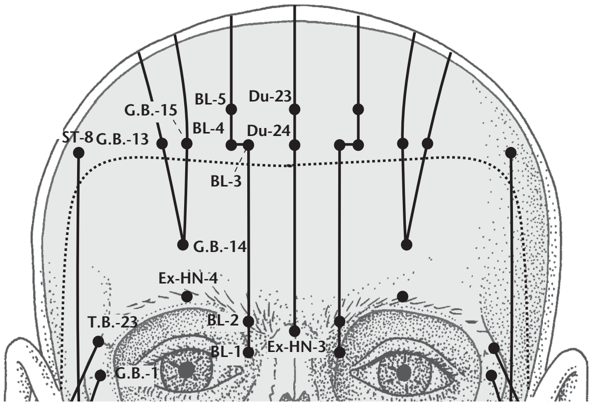
Actions/Indications

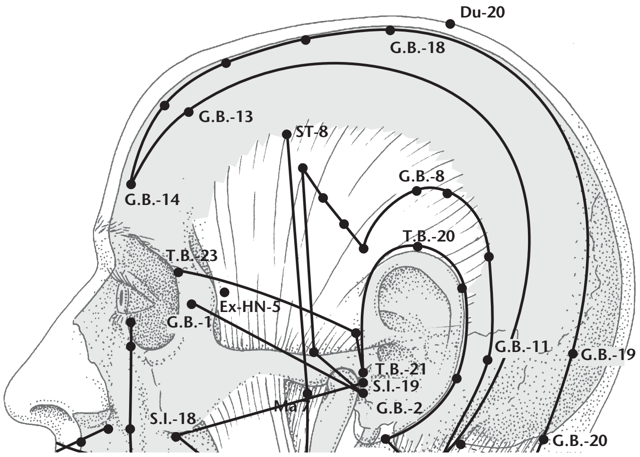
- Expels Wind
- Calms the *shen*
- Benefits the eyes

Special features

Meeting point with the *yang wei mai*


ST-8
Chewing movement still palpable
Temporalis

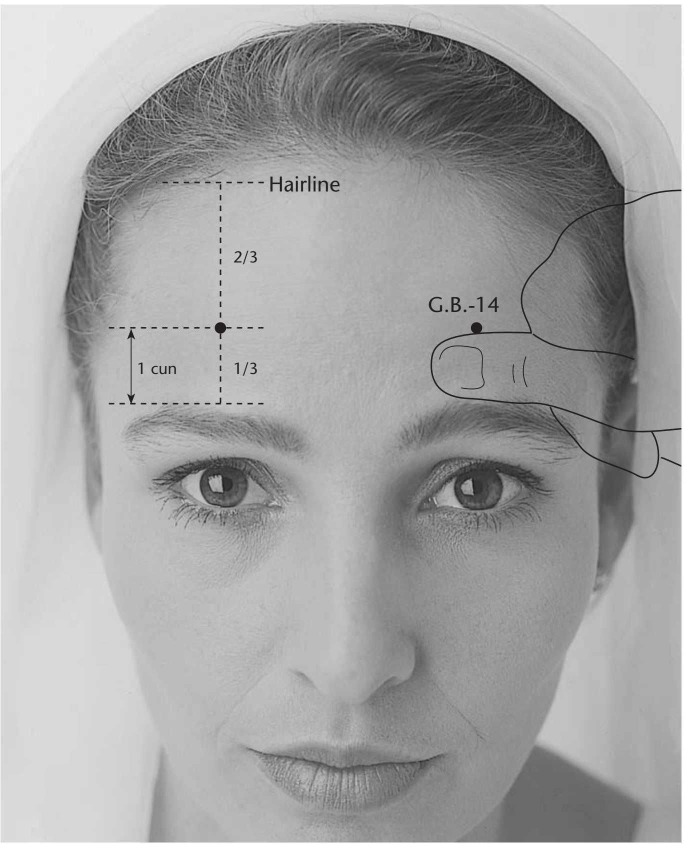

G.B.-15
BL-5
Du-23
ST-8
G.B.-13
BL-4
Du-24
BL-3
G.B.-14
Ex-HN-4
T.B.-23
BL-2
BL-1
Ex-HN-3
G.B.-1


Du-20
G.B.-18
G.B.-13
ST-8
G.B.-8
G.B.-14
T.B.-20
T.B.-23
Ex-HN-5
G.B.-1
G.B.-11
G.B.-19
T.B.-21
S.I.-19
G.B.-2
S.I.-18
Ma
G.B.-20

G.B.-14 *Yang White* YANGBAI

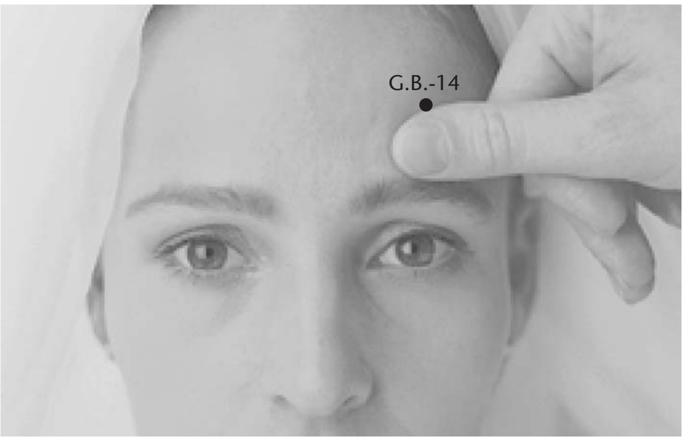
Location

With the patient looking straight ahead, on the pupil line, approximately 1 cun superior to the midpoint of the eyebrow, at the junction of the frontal eminence and the superciliary arch.


Hairline
2/3
G.B.-14
1 cun
1/3

How to find

On the pupil line, palpate from the anterior hairline in an inferior direction, past the frontal eminence, and locate **G.B.-14** at the deepest point between the frontal eminence and the superciliary arch. The distance between the midpoint of the eyebrow and the anterior hairline (➞ 3.1.1) is 3 proportional cun (➞ 2.2). **G.B.-14** is located one third of the distance or 1 cun superior to the midpoint of the eyebrow. With the patient looking straight ahead, **G.B.-14** is located on the pupil line.



Needling

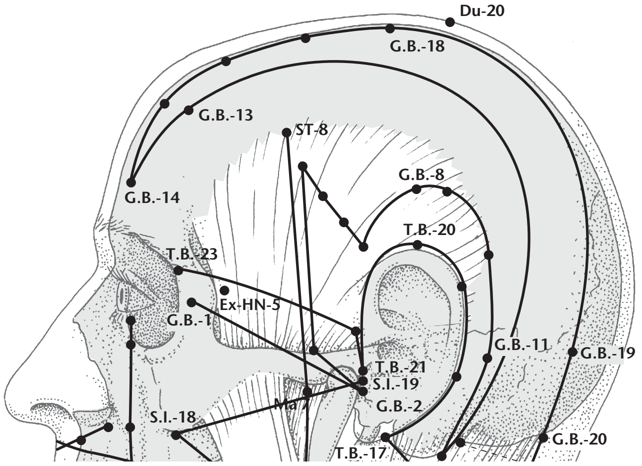
0.3–1 cun transversely (subcutaneously) towards the centre of the eyebrow or towards the site of the pain. The pinching-skin method might be used for needling: pinch the skin between the thumb and index finger so that a skin fold forms. Insert the needle subcutaneously into this fold, directing it towards the site of the pain.

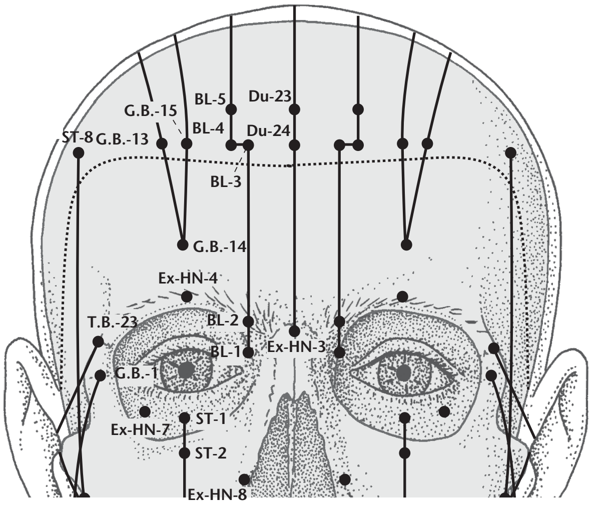
Actions/Indications

- Expels (internal and external) Wind and Wind-Heat, benefits the head, alleviates pain
- Benefits the eyes

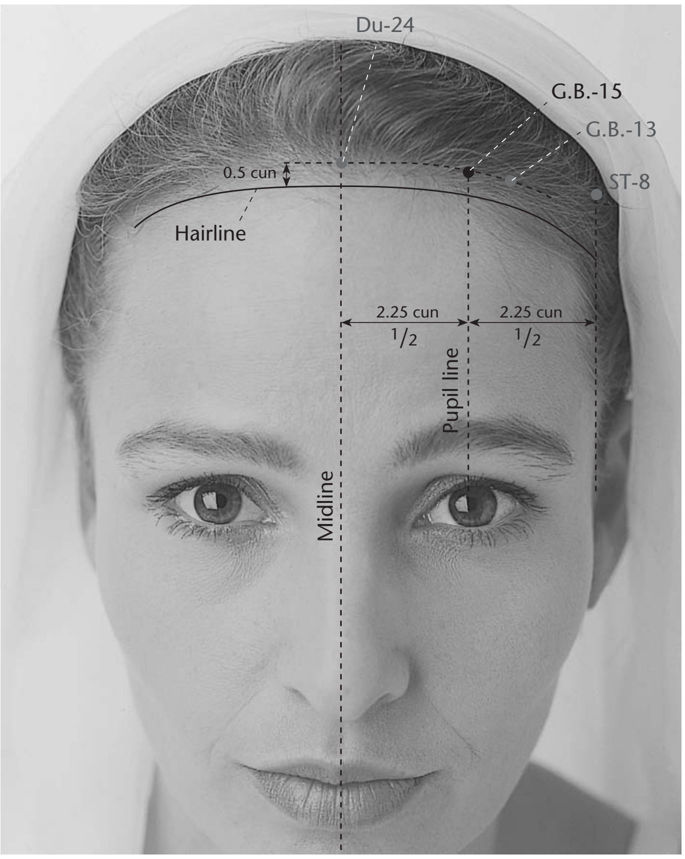
Special features

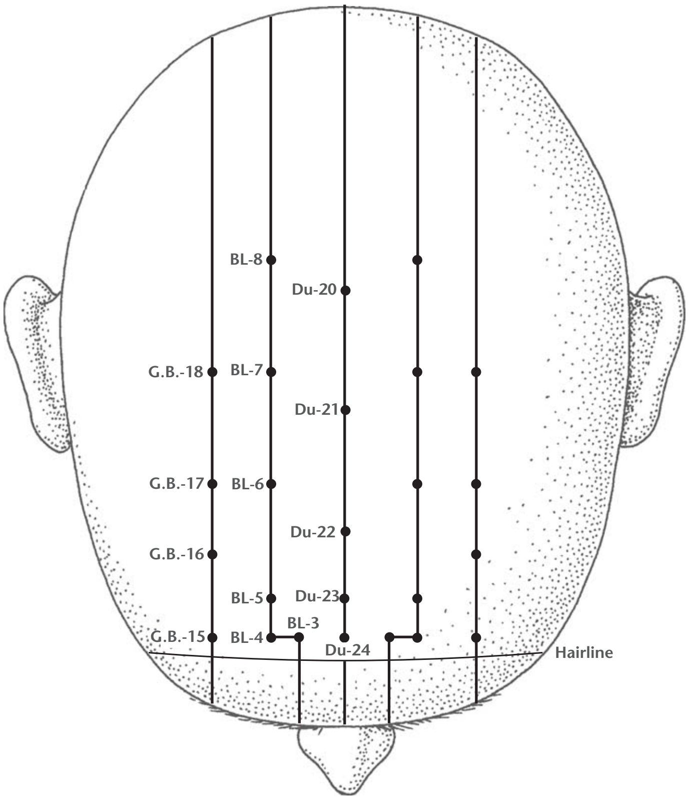
Meeting point with the *yang wei mai*, also with the T.B., L.I. and ST channels according to some authors. Important local point for frontal headache regardless of the pathology.


Du-20
G.B.-18
G.B.-13
ST-8
G.B.-8
G.B.-14
T.B.-20
T.B.-23
Ex-HN-5
G.B.-1
G.B.-11
G.B.-19
T.B.-21
S.I.-19
G.B.-2
Ma
S.I.-18
T.B.-17
G.B.-20


BL-5
Du-23
G.B.-15
BL-4
Du-24
ST-8
G.B.-13
BL-3
G.B.-14
Ex-HN-4
T.B.-23
BL-2
BL-1
Ex-HN-3
G.B.-1
ST-1
Ex-HN-7
ST-2
Ex-HN-8

Head Governor of Tears TOULINQI G.B.-15


Du-24
G.B.-15
G.B.-13
ST-8
0.5 cun
Hairline
2.25 cun
1/2
2.25 cun
1/2
Pupil line
Midline


BL-8
Du-20
G.B.-18
BL-7
Du-21
G.B.-17
BL-6
Du-22
G.B.-16
BL-5
Du-23
BL-3
G.B.-15
BL-4
Du-24
Hairline

Location

With the patient looking straight ahead, directly superior to the pupil and 0.5 cun superior to the anterior hairline.

How to find

First, locate the anterior hairline (→ 3.1.1, with hairloss: when the patient frowns, the anterior hairline is marked by the border between the creased forehead and the smooth skin above). With the patient looking straight ahead, **G.B.-15** is located 0.5 cun superior to the anterior hairline and directly superior to the pupil. **G.B.-15** can also be described as being located midway between → **Du-24** (on the midline) and → **ST-8** (4.5 cun lateral to the midline, on the corner of the forehead).

Located on the same level (0.5 cun within the anterior hairline) are → **Du-24/BL-3/BL-4/G.B.-13/ST-8** (on the midline/ superior to the inner canthus of the eye/1.5 cun lateral to the midline/3 cun lateral to the midline or one third of the distance from → **ST-8** (on the corner of the forehead) to → **Du-24**.

Needling

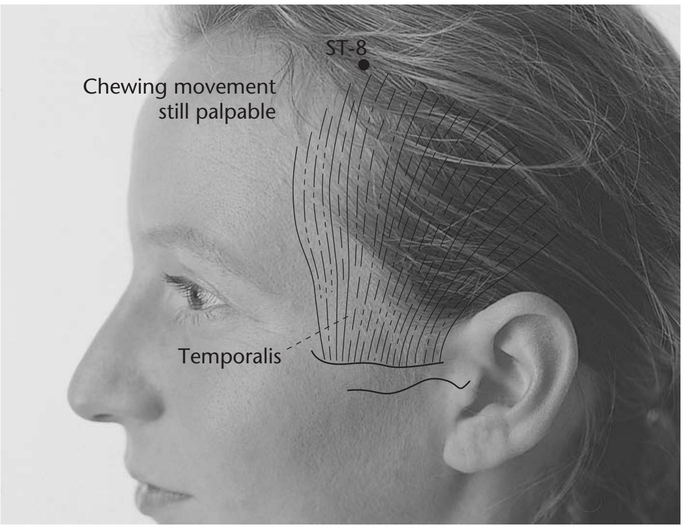
Transversely (subcutaneously) 0.3–0.5 cun

Actions/Indications

- Expels Wind
- Opens the eyes and nasal passages
- Calms the *shen*

Special features

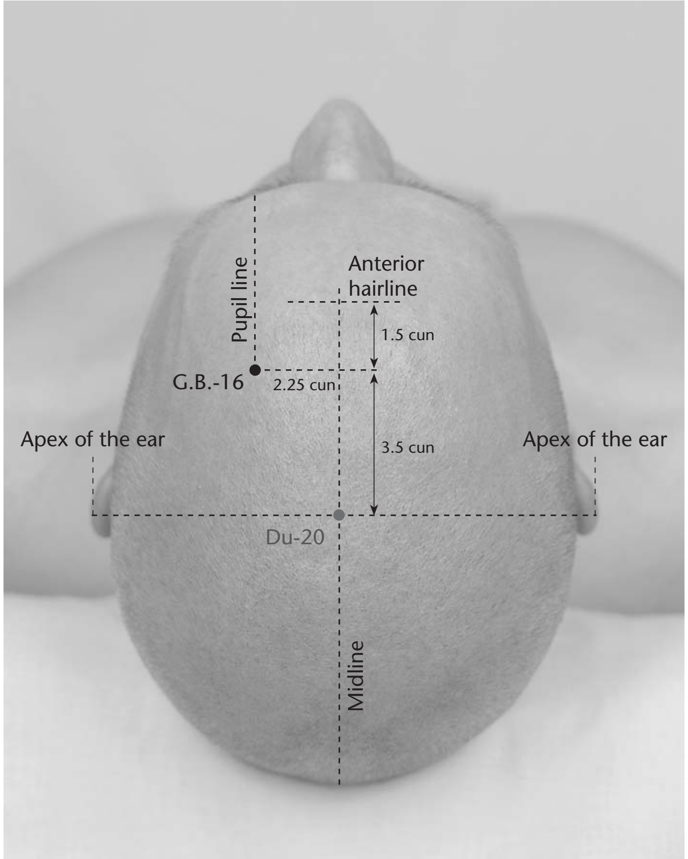
Meeting point with the *yang wei mai*, also with the BL channel according to some authors.


ST-8
Chewing movement still palpable
Temporalis

G.B.-16 *Window of the Eye* MUCHUANG

Location

1.5 cun superior to the anterior hairline, on the pupil line or 2.25 cun lateral to the midline (midway between → **Du-24** and → **ST-8**).


Pupil line
Anterior hairline
1.5 cun
G.B.-16
2.25 cun
Apex of the ear
3.5 cun
Apex of the ear
Du-20
Midline

How to find

Locate the anterior hairline (→ 3.1.1, with hairloss: when the patient frowns, the anterior hairline is marked by the border between the creased forehead and the smooth skin above). With the patient looking straight ahead, **G.B.-16** is located 1.5 cun superior to the anterior hairline, on a vertical line through the centre of the pupil. This line is located 2.25 cun lateral to the midline (this corresponds to the midpoint of the distance between → **Du-24** and → **ST-8**). For further orientation: The distance between the anterior hairline and → **Du-20** (at the junction of the vertical midline and a line connecting the apices of the ears) is 5 cun. → **G.B.-16** is located 3.5 cun anterior to → **Du-20**, on the curved line connecting → **G.B.-15** and → **G.B.-20**.
→ **G.B.-15** is located on the same vertical line, but 0.5 cun superior to the anterior hairline.

Needling

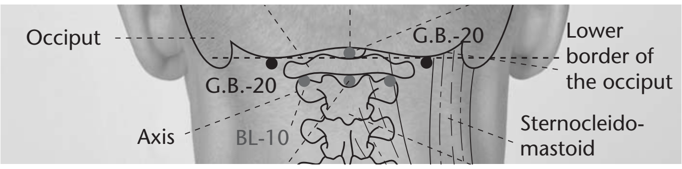
0.3–1.5 cun transversely (subcutaneously) towards the occiput or the site of the disorder/pain.

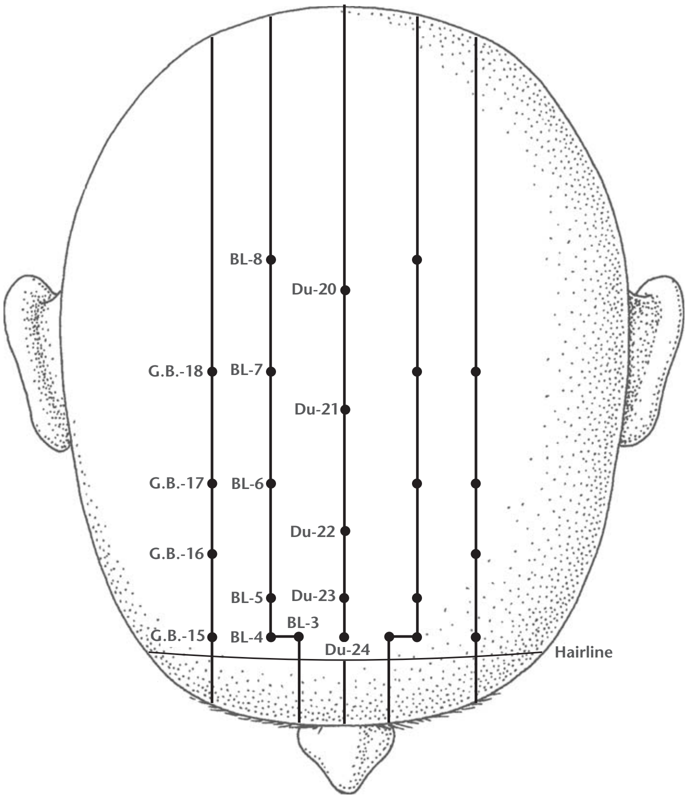
Actions/Indications

- Expels pathogenic factors (especially Wind) from the head and eyes
- Opens the *luo*-connecting vessels

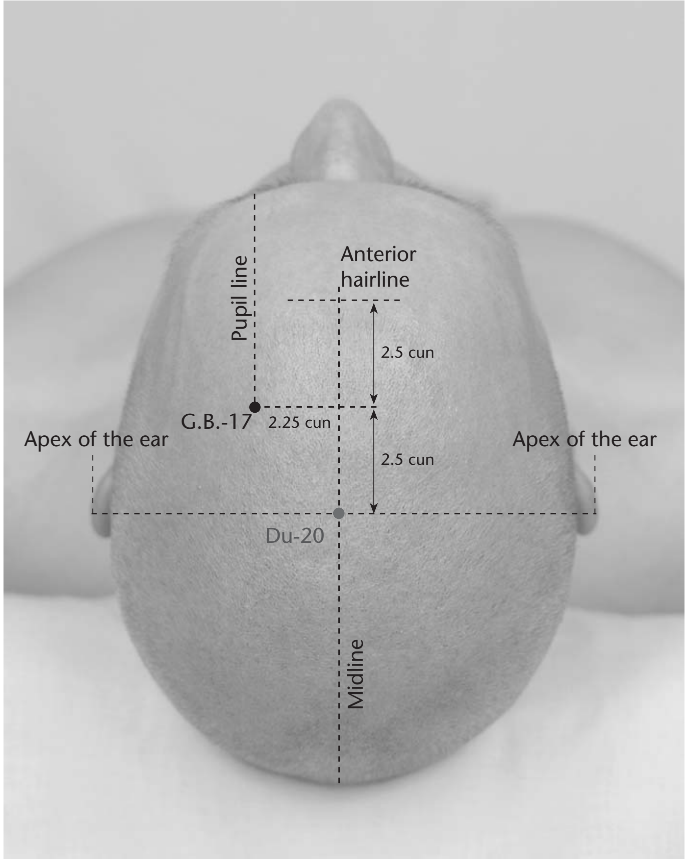
Special features

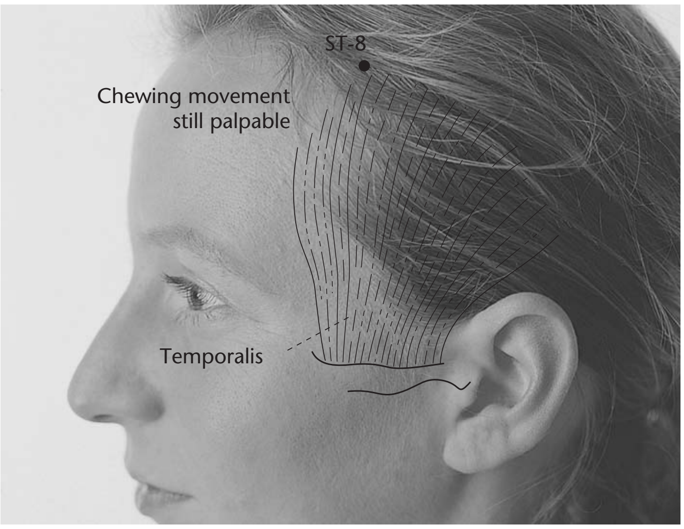
Meeting point with the *yang wei mai*

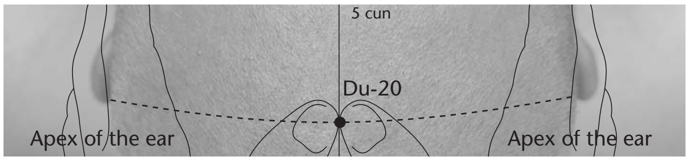

Occiput
G.B.-20
Lower border of the occiput
G.B.-20
Axis
BL-10
Sternocleido-mastoid


BL-8
Du-20
G.B.-18
BL-7
Du-21
G.B.-17
BL-6
Du-22
G.B.-16
BL-5
Du-23
BL-3
G.B.-15
BL-4
Du-24
Hairline

Upright Nutrition ZHENGYING G.B.-17


Pupil line
Anterior hairline
2.5 cun
G.B.-17
2.25 cun
2.5 cun
Apex of the ear
Apex of the ear
Du-20
Midline


ST-8
Chewing movement still palpable
Temporalis


5 cun
Du-20
Apex of the ear
Apex of the ear

Location

2.5 cun superior to the anterior hairline and 2.25 cun lateral to the midline.

How to find

First, on the midline, locate the anterior hairline (→ 3.1.1, with hairloss: when the patient frowns, the anterior hairline is marked by the border between the creased forehead and the smooth skin above) and → **Du-20** (at the junction of the vertical midline and a line connecting the apices of the ears). The distance between these two points is 5 proportional cun (→ 2.2). Locate the midpoint (for example by using the spreading hands technique → 2.3.3). **G.B.-17** is located on the curved line connecting → **G.B.-15** and → **G.B.-20** (an extension of the pupil line, 2.25 cun lateral to the midline).

→ **BL-6** is also located 2.5 cun anterior to → **Du-20**, but 1.5 cun lateral to the midline.

Needling

0.3–1.5 cun transversely (subcutaneously) towards the occiput or the site of the disorder/pain.

Actions/Indications

- Expels Wind
- Opens the *luo*-connecting vessels
- Descends counterflow Stomach Qi

Special features

Meeting point with the *yang wei mai*

G.B.-18 *Support Spirit* CHENGLING

Location

4 cun superior to the anterior hairline or 1 cun anterior to ➞ **Du-20** and 2.25 cun lateral to the midline.

How to find

First, locate ➞ **Du-20** (at the junction of the vertical midline and a line connecting the apices of the ears, distance to the anterior hairline = 5 cun). Next, locate **G.B.-18** 1 cun anterior to ➞ **Du-20** on the curved line connecting ➞ **G.B.-15** and ➞ **G.B.-20** (= extension of the pupil line, midway between ➞ **ST-8** and ➞ **Du-24**).
➞ **BL-7** is located on the same level (1 cun anterior to ➞ **Du-20**), but 1.5 cun lateral to the midline.

Needling

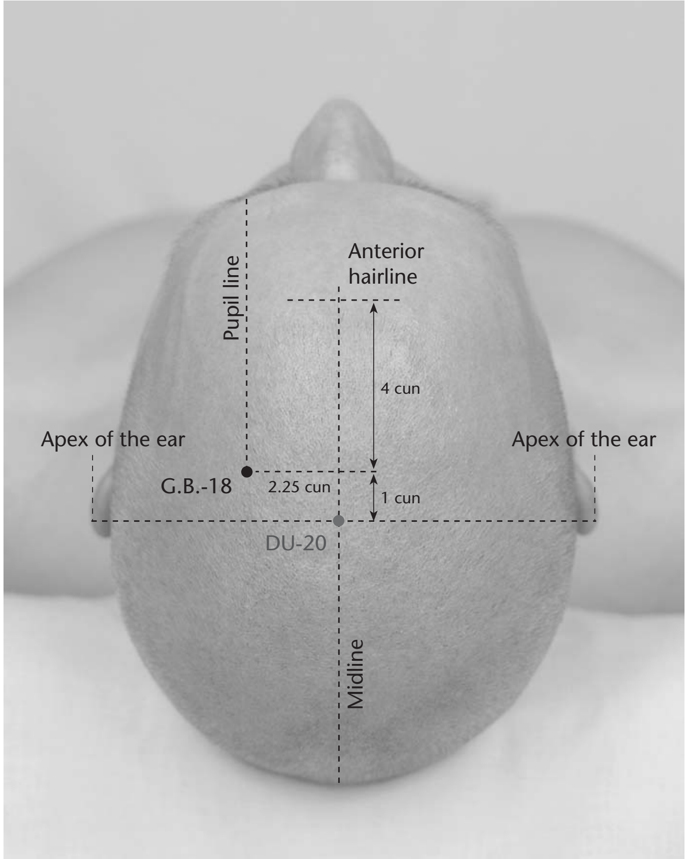
0.3–1.5 cun transversely (subcutaneously) towards the occiput or the site of the disorder/pain.

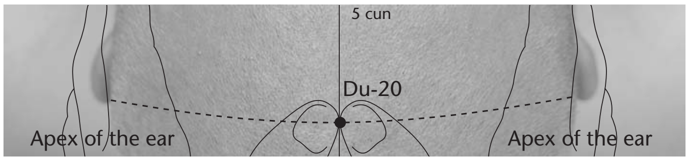
Actions/Indications

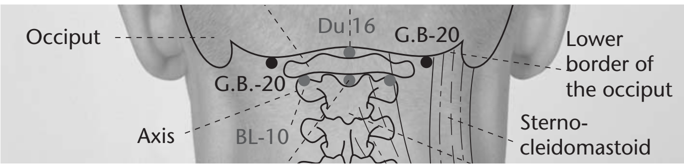
- Expels Wind, especially from the nose

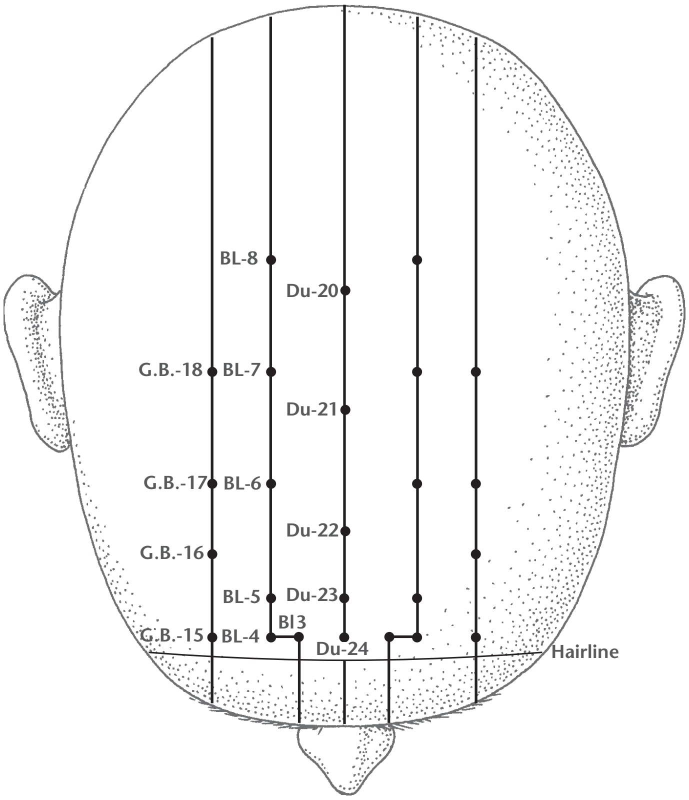
Special features

Meeting point with the *yang wei mai*

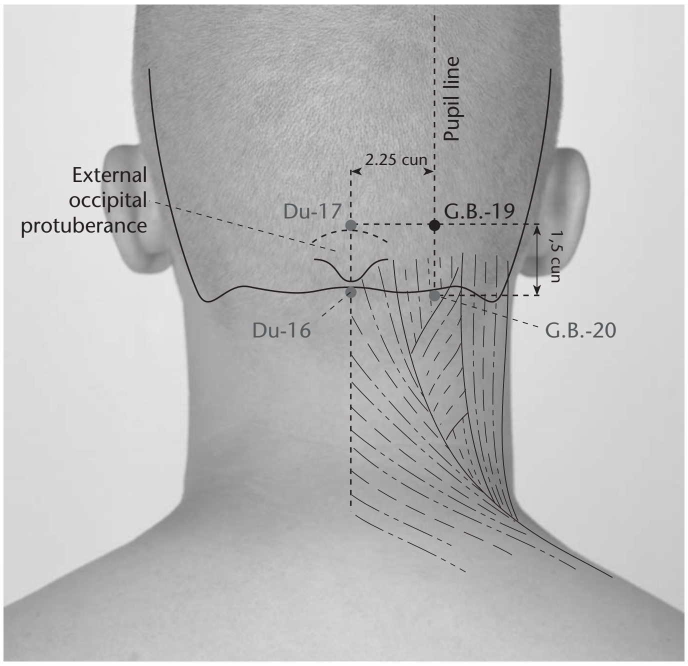

Pupil line
Anterior hairline
4 cun
Apex of the ear
Apex of the ear
G.B.-18
2.25 cun
1 cun
DU-20
Midline

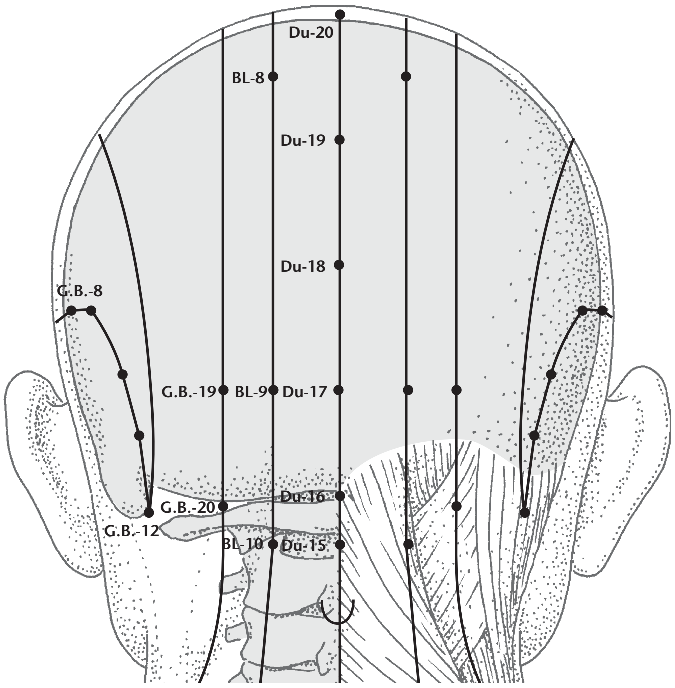

5 cun
Du-20
Apex of the ear
Apex of the ear

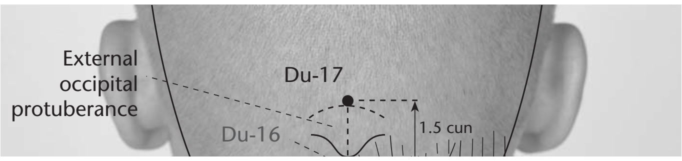

Occiput
Du 16
G.B-20
Lower border of the occiput
G.B.-20
Axis
BL-10
Sterno-cleidomastoid


BL-8
Du-20
G.B.-18
BL-7
Du-21
G.B.-17
BL-6
Du-22
G.B.-16
BL-5
Du-23
Bl3
G.B.-15
BL-4
Du-24
Hairline

Brain Hollow NAOKONG G.B.-19


Pupil line
2.25 cun
External occipital protuberance
Du-17
G.B.-19
1.5 cun
Du-16
G.B.-20


Du-20
BL-8
Du-19
Du-18
G.B.-8
G.B.-19
BL-9
Du-17
Du-16
G.B.-20
G.B.-12
BL-10
Du-15


External occipital protuberance
Du-17
Du-16
1.5 cun

Location

On the posterior aspect of the head, at the upper border of the external occipital protuberance (→ **Du-17**) and 2.25 cun lateral to the midline.

How to find

First, locate the external occipital protuberance (→ 3.1.5), which can be palpated as a flat protruding area on the midline. Next, find → **Du-17** in the depressoin just superior to the protuberance. From there, measure 2.25 cun in a lateral direction and locate **G.B.-19** on the curved line connecting → **G.B.-15** and → **G.B.-20**, an extension of the pupil line (→ 2.25 cun lateral to the midline or midway between → **Du-24** and → **ST-8**). **For orientation: G.B.-19** is located approximately 2.5 cun superior to the posterior hairline (→ 3.1.5) and approximately 1.5 cun superior to → **G.B.-20** (on the lower border of the occiput, between the origins of the sternocleidomastoid and trapezius muscles).

Needling

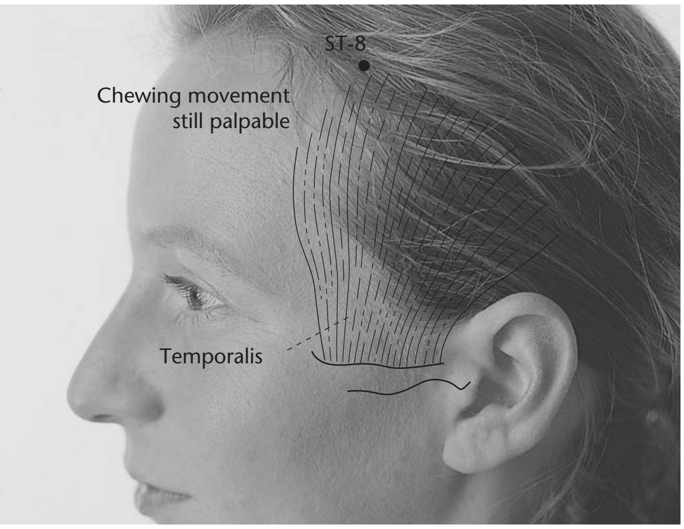
0.3–1.5 cun transversely (subcutaneously) towards the occiput or the site of the disorder/pain.

Actions/Indications

- Expels Wind
- Clears the sensory orifices
- Opens the *luo*-connecting vessels

Special features

Meeting point with the *yang wei mai*


ST-8
Chewing movement still palpable
Temporalis

G.B.-20 *Wind Pool* FENGCHI

Location

At the lower border of the occipital bone, in the depression between the origins of the sternocleidomastoid and trapezius muscles.

How to find

Patient's position: Prone, sitting or supine (supported by a pillow, so that the occipital region is accessible). Starting at the midline, glide with the palpating finger along the lower border of the occiput, crossing the bulge of the origin of the trapezius muscle, until you reach a depression the size of a finger pad. Locate **G.B.-20** in its centre.

Located on the same level is → **Du-16**. → **BL-10** is located more medially and inferiorly.

Needling

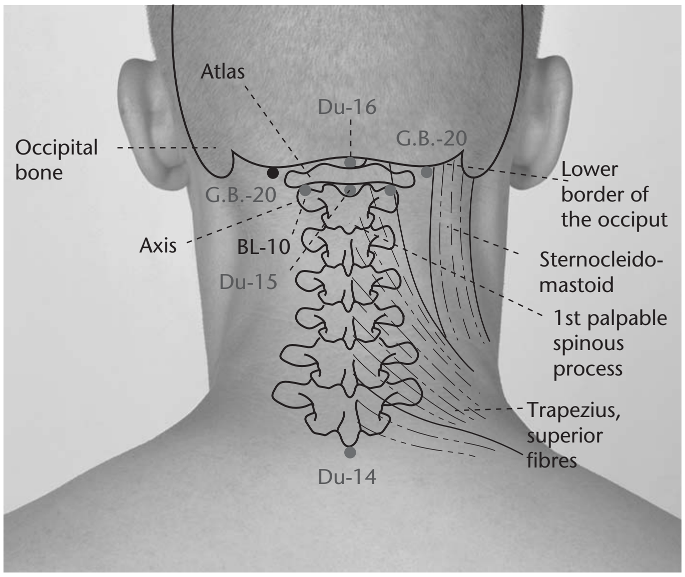
Needle with the patient's head bent forward and the tip of the needle pointing inferiorly. Depending on the position of the head, insertion towards the tip of the nose or the contralateral orbit, 0.5–1.2 cun. Caution: In slim patients, do not needle deeper than 2 cm (the vertebral artery is located at a depth of approximately 4 cm).

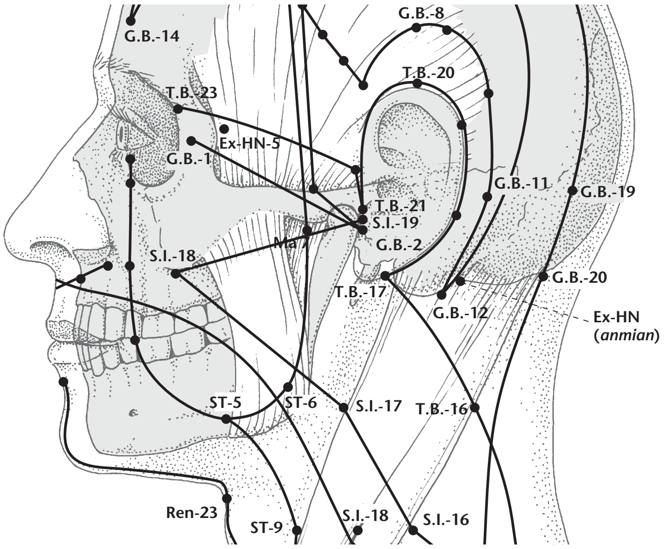
Actions/Indications

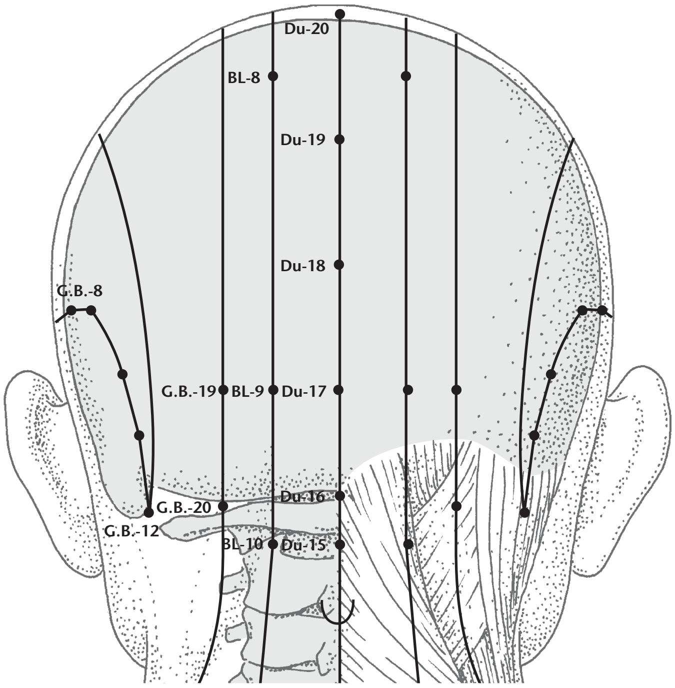
- Eliminates Wind, benefits the head, clears the sensory organs
- Opens the channel
- With tonifying needle technique: strengthens the Marrow and the Brain (according to Maciocia)

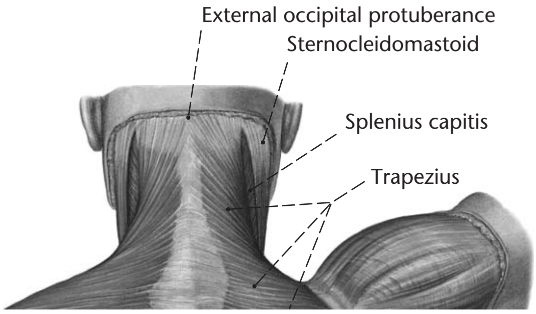
Special features

Meeting point with the T.B. channel*, *yang wei mai, yang qiao mai*. Major point for all 'Wind disorders', very important point for disorders of the head and eyes.


Atlas
Du-16
G.B.-20
Occipital bone
Lower border of the occiput
G.B.-20
BL-10
Axis
Du-15
Sternocleido-mastoid
1st palpable spinous process
Trapezius, superior fibres
Du-14


G.B.-8
G.B.-14
T.B.-20
T.B.-23
Ex-HN-5
G.B.-1
G.B.-11
G.B.-19
T.B.-21
S.I.-19
G.B.-2
Ma 7
S.I.-18
G.B.-20
T.B.-17
G.B.-12
Ex-HN (anmian)
ST-5
ST-6
S.I.-17
T.B.-16
Ren-23
ST-9
S.I.-18
S.I.-16


Du-20
BL-8
Du-19
Du-18
G.B.-8
G.B.-19
BL-9
Du-17
G.B.-20
Du-16
G.B.-12
BL-10
Du-15


External occipital protuberance
Sternocleidomastoid
Splenius capitis
Trapezius

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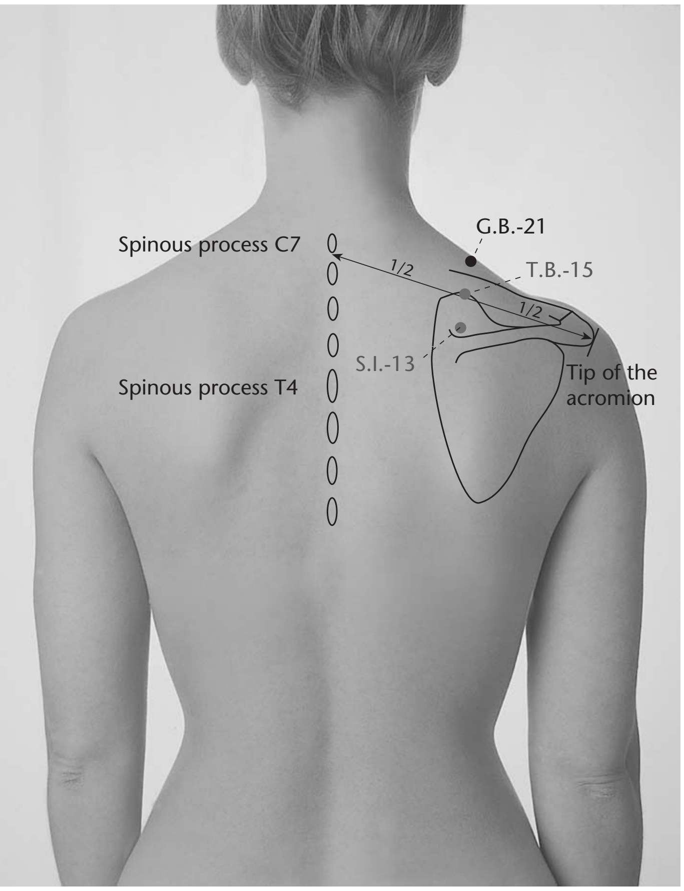
*According to Deadman et al 1998.

Shoulder Well JIANJING **G.B.-21**



Location

At the highest point of the shoulder, at the midpoint of a line connecting the 7th cervical vertebra (C7) and the lateral extremity of the acromion.

How to find

First, locate C7 (→ 3.4.1) and the lateral extremity of the acromion (→ 3.3.1). Next, locate **G.B.-21** at the midpoint of a line connecting these two reference points, on the highest point of the trapezius muscle on the sagittal plane.
→ **T.B.-15** is located 1 cun inferior to **G.B.-21**, midway between **G.B.-21** and → **S.I.-13** (medial to the supraspinous fossa).

Needling

Vertically approximately 0.3–0.5 cun (lift the muscle). An alternative, safer method: Lift the muscle and insert the needle approximately 1 cun anteriorly or posteriorly into the muscle belly. Caution: Contraindicated during pregnancy! Pneumothorax.

Actions/Indications

- Opens the channel
- Descends the Qi
- Regulates the Qi flow, transforms Phlegm, dissipates nodules
- Promotes labour, benefits the breasts

Special features

Meeting point with the *yang wei mai* and the T.B. and ST* channels. Important local point. Trigger point for the shoulder with a distal effect on the Uterus.

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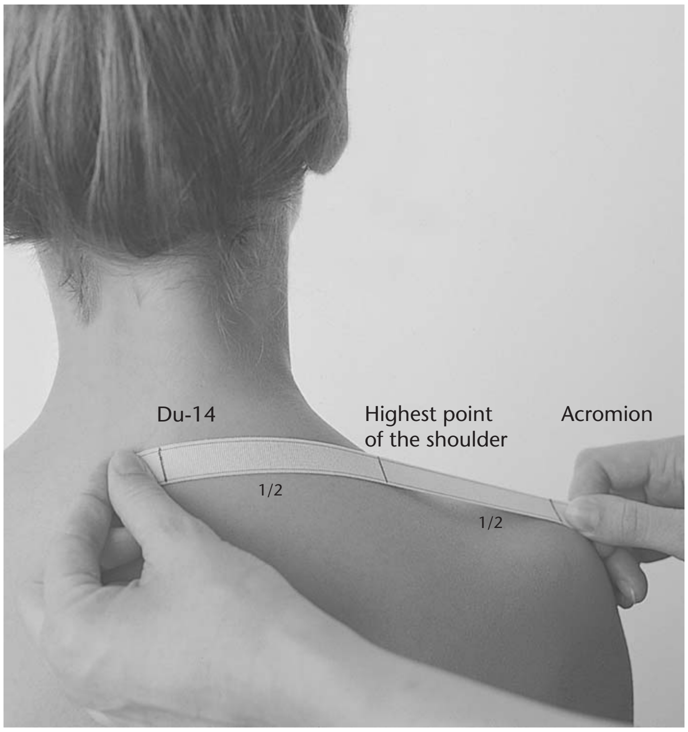
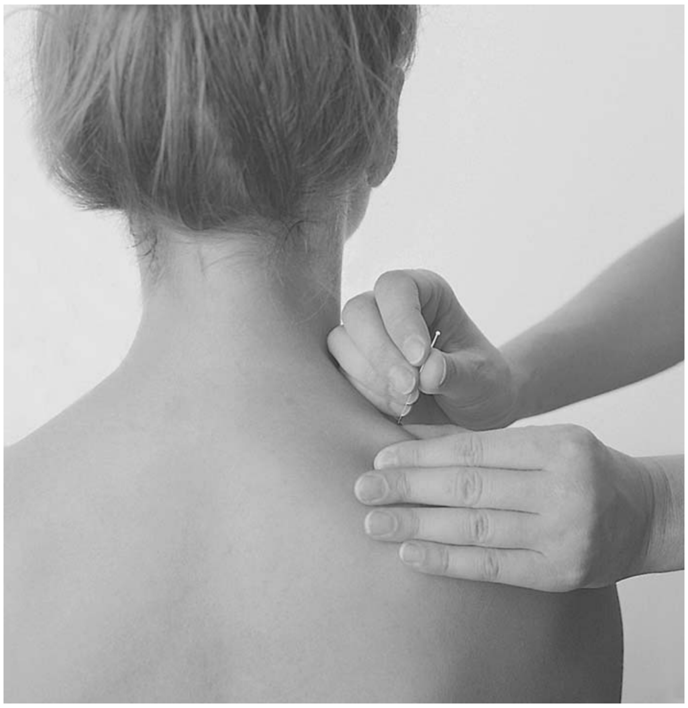
*According to Deadman et al 1998.





G.B.-22 *Armpit Abyss* YUANYE

Location

On the midaxillary line, with the arm abducted approximately 3 cun inferior to the apex of the axilla, in the 4th intercostal space (according to some authors, in the 5th intercostal space).

How to find

With the patient's arm slightly abducted, locate the apex of the axilla. Locate **G.B.-22** 3 cun inferior to it in the 4th intercostal space. **For orientation:** In men, the nipple is located in the 4th intercostal space; in women, in a supine position, its location may vary. Therefore, in women, the manubriosternal synchondrosis (→ 3.5) is a more reliable reference point for the costal region. Note: The intercostal space curves in a superior direction towards lateral.

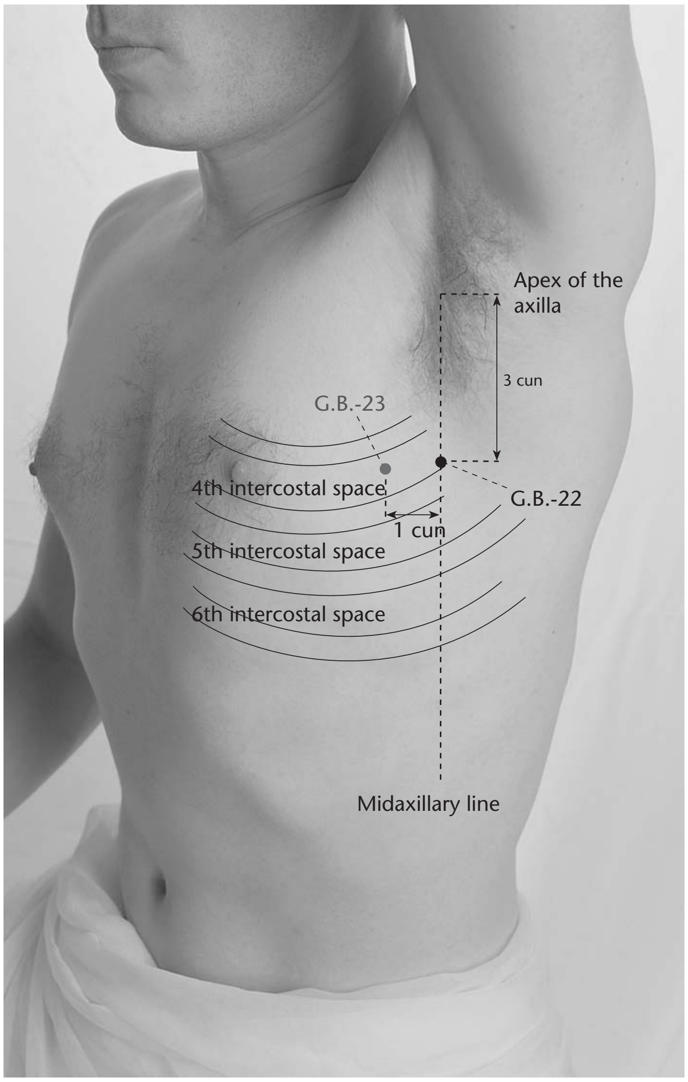
Also located on the level of or in the 4th intercostal space, but more medially, are → **Ren-17/KID-23/ST-17/P-1/SP-18/G.B.-23** (on the midline/2 cun lateral to the midline/in the centre of the nipple or 4 cun lateral to the midline/1 cun lateral to the nipple or 5 cun lateral to the midline/6 cun lateral to the midline/1 cun anterior to **G.B.-22**).

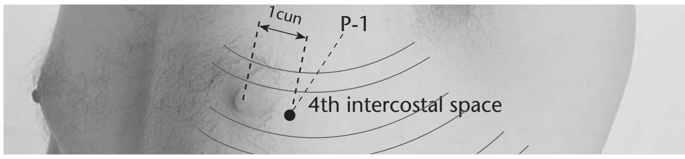
Needling

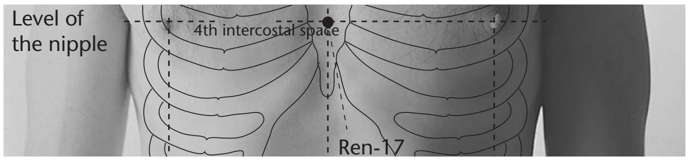
0.5–1 cun obliquely or transversely (subcutaneously) along the intercostal space. Caution: Pneumothorax.

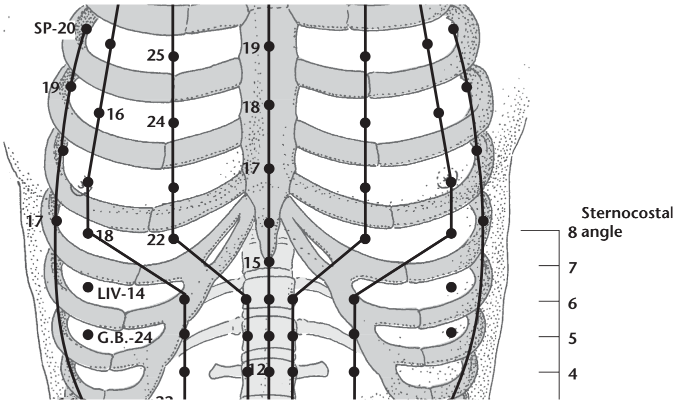
Actions/Indications

- Regulates the Qi in the Upper Burner
- Opens the *luo*-connecting vessels of the axilla

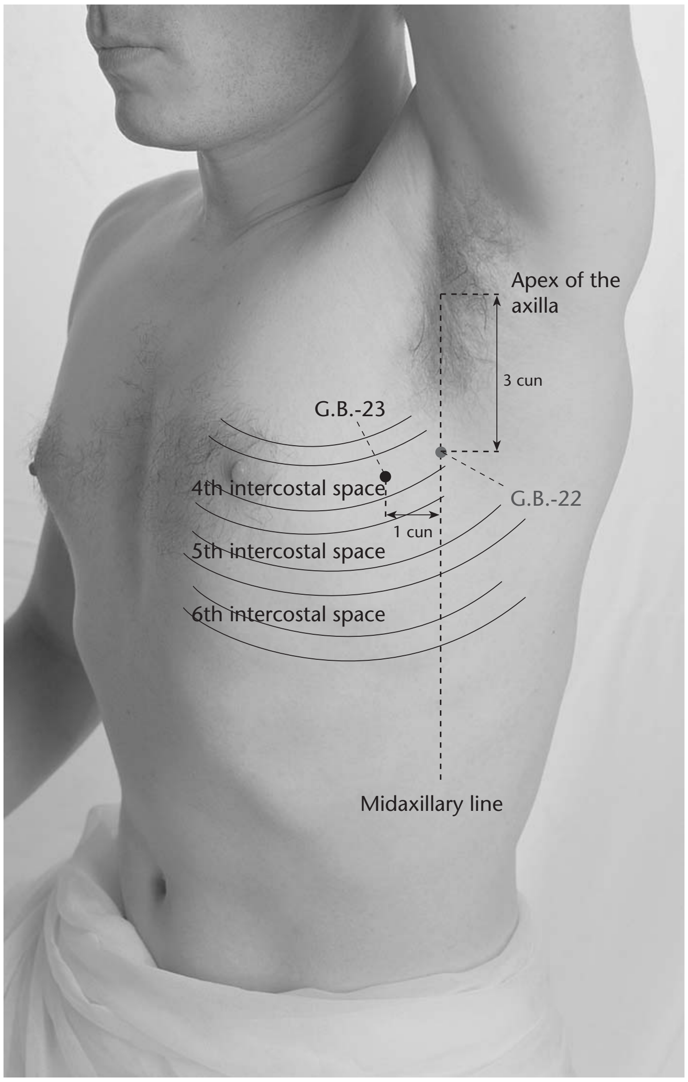

Apex of the axilla
3 cun
G.B.-23
4th intercostal space
G.B.-22
1 cun
5th intercostal space
6th intercostal space
Midaxillary line

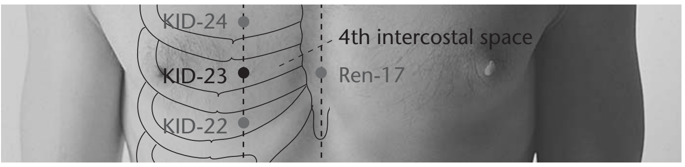

1cun
P-1
4th intercostal space

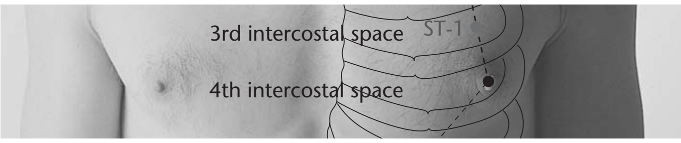

Level of the nipple
4th intercostal space
Ren-17

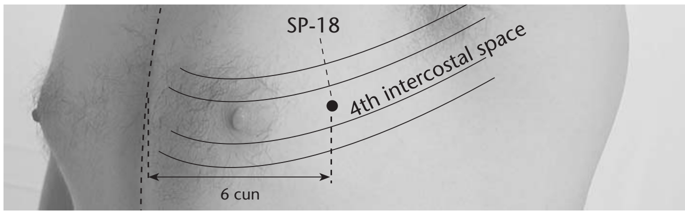

SP-20
25
19
19
16
24
18
17
17
18
22
15
LIV-14
G.B.-24
12
Sternocostal angle
8
7
6
5
4

Flank Sinews ZHEJIN G.B.-23


Apex of the axilla
3 cun
G.B.-23
4th intercostal space
G.B.-22
1 cun
5th intercostal space
6th intercostal space
Midaxillary line


KID-24
4th intercostal space
KID-23
Ren-17
KID-22


3rd intercostal space
ST-1
4th intercostal space


SP-18
4th intercostal space
6 cun

Location

1 cun anterior to ➞ **G.B.-22** (on the midaxillary line, 3 cun inferior to the apex of the axilla in the 4th intercostal space).

How to find

With the patient's arm slightly abducted, locate the apex of the axilla. First, locate ➞ **G.B.-22** 3 cun inferior to it in the 4th intercostal space, then locate **G.B.-23** 1 cun anterior to ➞ **G.B.-22** and also in the 4th intercostal space. **For orientation:** In men, the nipple is located in the 4th intercostal space; in women, in a supine position, its location may vary. Therefore, in women, the manubriosternal synchondrosis (➞ 3.5) is a more reliable reference point for the costal region. Note: The intercostal space curves in a superior direction towards lateral.

Also located on the level of or in the 4th intercostal space, but more medially, are ➞ **Ren-17/KID-23/ST-17/P-1/SP-18** (on the midline/2 cun lateral to the midline/in the centre of the nipple or 4 cun lateral to the midline/1 cun lateral to the nipple or 5 cun lateral to the midline/6 cun lateral to the midline).

Needling

0.5–1 cun obliquely or transversely (subcutaneously) along the 4th intercostal space. Caution: Pneumothorax.

Actions/Indications

- Regulates the Qi between the Upper and Middle Burners
- Opens the channel

Special features

Meeting point with the BL channel according to some authors

G.B.-24 *Sun and Moon* RIYUE

Location

In the 7th intercostal space, on the mamillary line (4 cun lateral to the anterior midline).

How to find

The mamillary line, a vertical line 4 cun lateral to the midline, is used for reference in the thoracic region (→ 3.5). **Quick method, especially in men:** In men, the nipple is usually located on the level of the 4th intercostal space. From the nipple, count downward to the 7th intercostal space. **Or:** A more reliable reference, especially in women, is the manubriosternal synchondrosis, a horizontal bony structure on the sternum. The costal cartilage of the second rib is lateral to the synchondrosis, with the 2nd intercostal space below. From there, count downward to the 7th intercostal space and locate **G.B.-24** on the mamillary line. → **LIV-14** is located directly superior to **G.B.-24** in the 6th intercostal space.

Located approximately on the same level (1 cun inferior to the sternocostal angle) are → **Ren-13/KID-20/ST-20** (on the midline/0.5 cun lateral to the midline/2 cun lateral to the midline).

Needling

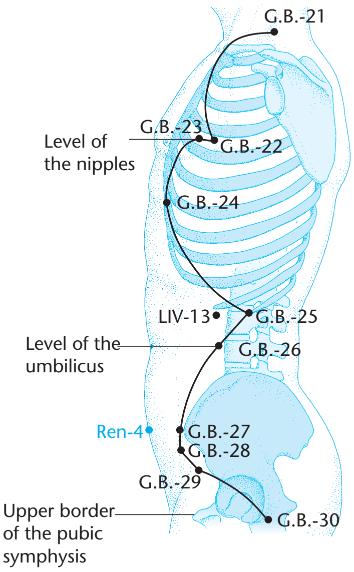
0.3–0.8 cun obliquely in a lateral direction along the intercostal space. Caution: Pneumothorax.

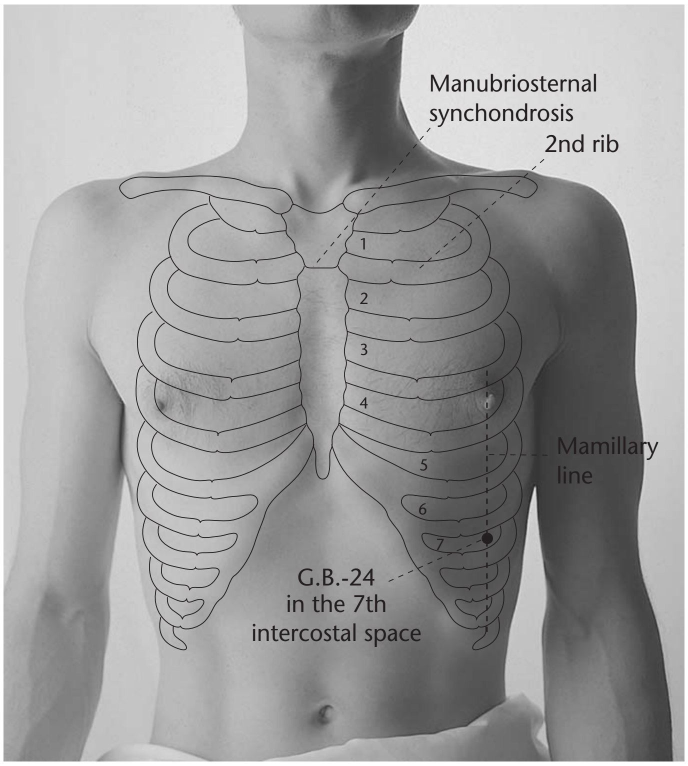
Actions/Indications

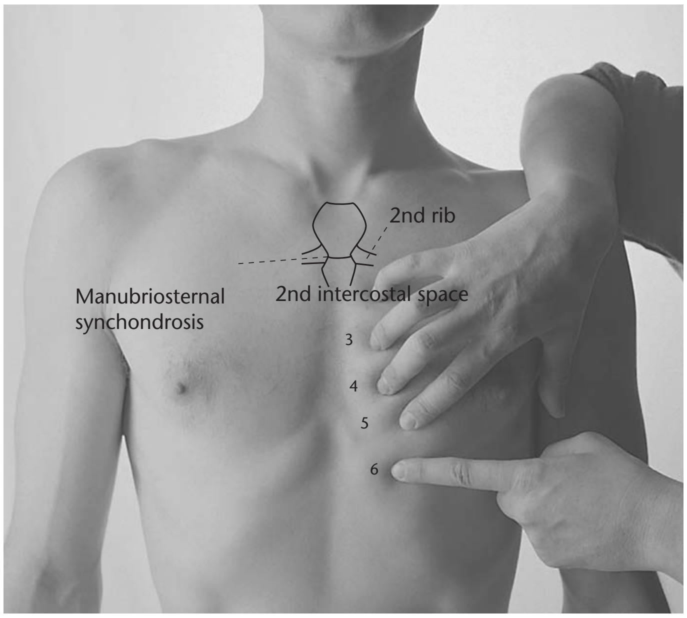
- Benefits the Gall Bladder, eliminates Damp-Heat, regulates and spreads Liver Qi, descends counterflow Qi, harmonises the Middle Burner

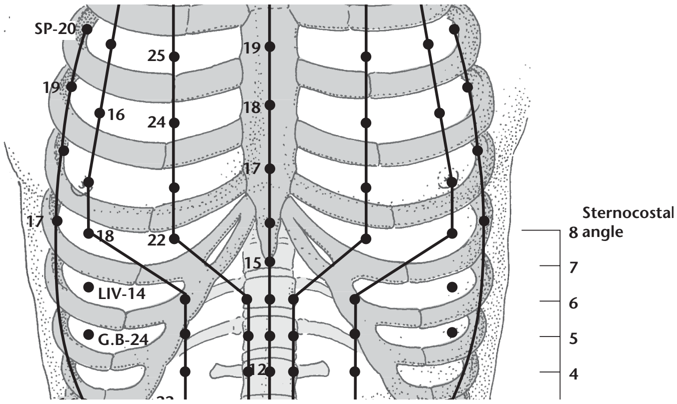
Special features

Front-*mu* point of the Gall Bladder, meeting point with the SP channel, also with the *yang wei mai* according to some authors. Major point for disorders of the Gall Bladder.

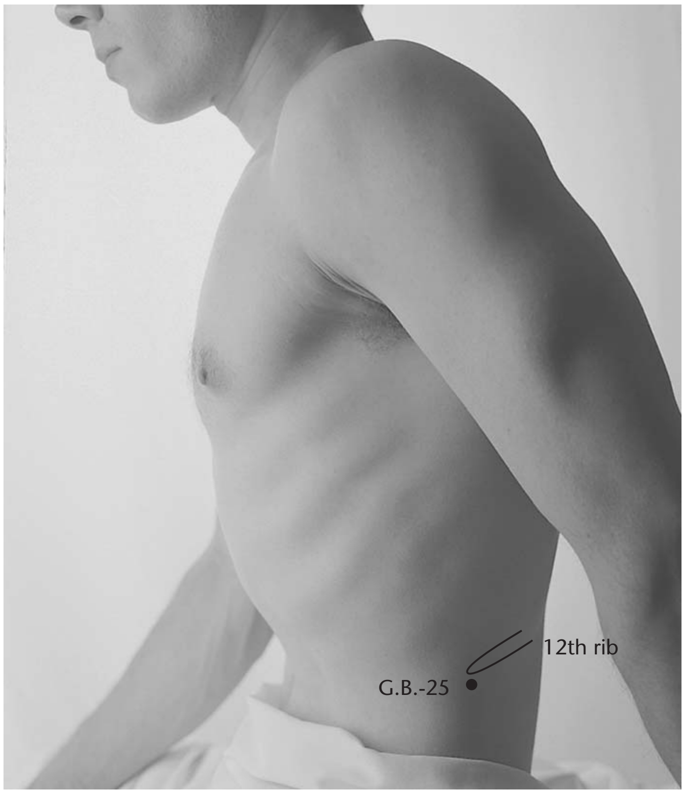

G.B.-21
G.B.-23
Level of the nipples
G.B.-22
G.B.-24
LIV-13
G.B.-25
Level of the umbilicus
G.B.-26
Ren-4
G.B.-27
G.B.-28
G.B.-29
Upper border of the pubic symphysis
G.B.-30


Manubriosternal synchondrosis
2nd rib
1
2
3
4
5
6
7
Mamillary line
G.B.-24 in the 7th intercostal space


2nd rib
Manubriosternal synchondrosis
2nd intercostal space
3
4
5
6


SP-20
19
25
19
16
24
18
17
17
18
22
15
LIV-14
G.B-24
12
Sternocostal angle
8
7
6
5
4

Capital Gate JINGMEN G.B.-25



Location

On the lateral aspect of the ribcage, at the lower border of the free end of the 12th rib.

How to find

Place the hand on the upper abdomen and, with gentle pressure, glide along the lower border of the ribcage until you can feel the free end of the 11th rib (→ **LIV-13**) slightly superior to the umbilicus. By continuing to palpate along the lower border of the ribcage, you will feel the free end of the 12th rib on the lateral aspect of the waist. Locate **G.B.-25** on its lower border. **For orientation:** When pressing the flexed elbow onto the thorax, the tip of the olecranon will rest on the area around the free end of the 11th rib (→ **LIV-13**).

Needling

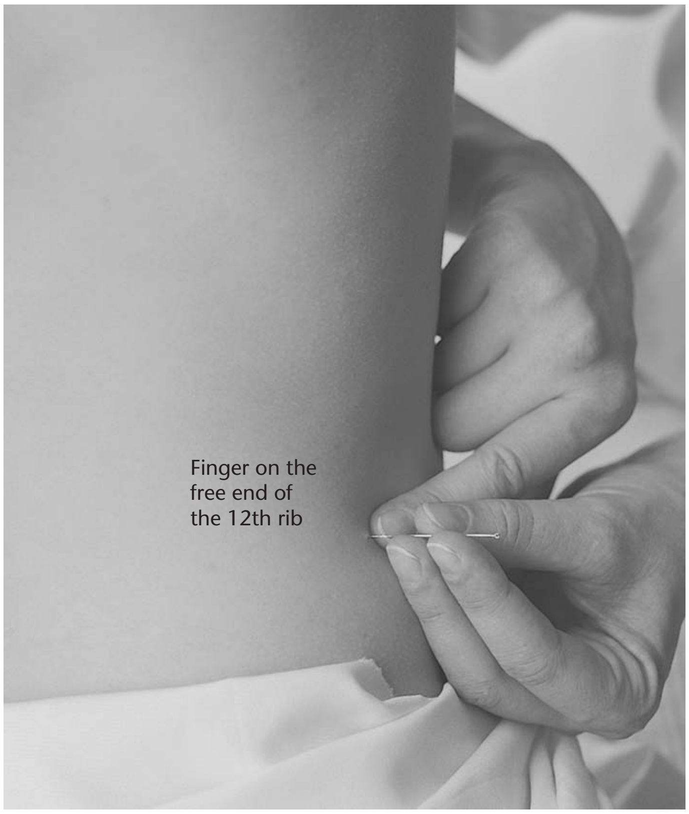
Vertically or obliquely 0.3–1 cun. Caution: Peritoneum; the needle should be inserted into the obliquus externus or internus muscles.

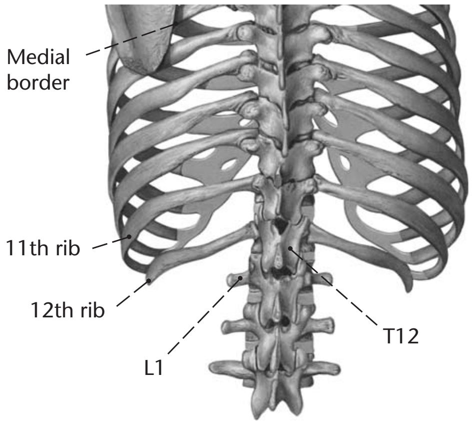
Actions/Indications

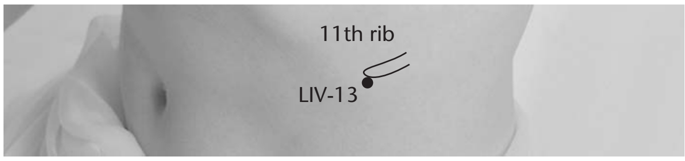
- Tonifies the Kidneys and regulates the water passages
- Strengthens the Spleen, regulates the Intestines
- Benefits the lumbar region

Special features

Front-*mu* point of the Kidneys







G.B.-26 *Girdling Vessel* DAIMAI

Location

On the lateral aspect of the waist, at the junction of a vertical line through the free end of the 11th rib and a horizontal line through the umbilicus, approximately 1.8 cun inferior to → **LIV-13**.

How to find

First, palpate the lower border of the ribcage to locate the free end of the 11th rib (→ **LIV-13**). Next, locate **G.B.-26** inferior to the free end of the 11th rib, level with the umbilicus. **Quick method for locating → LIV-13:** When pressing the flexed elbow onto the thorax, the tip of the olecranon will rest on the area around the free end of the 11th rib (→ **LIV-13**).
Located on the same level are → **Ren-8** (in the centre of the umbilicus), → **KID-16/ST-25/SP-15** (0.5/2/4 cun lateral to the midline).

Needling

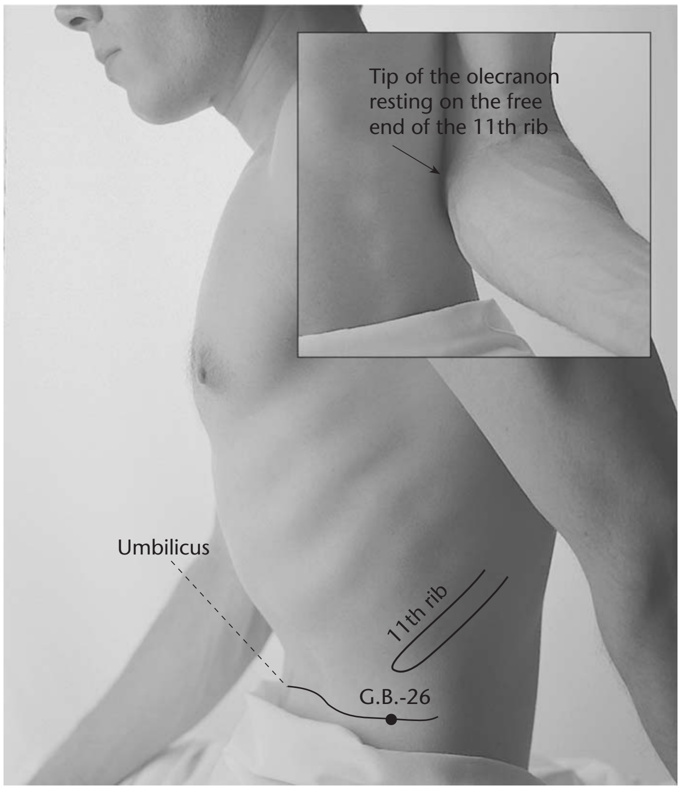
Vertically 0.5–1 cun. Caution: Be careful with slim patients.

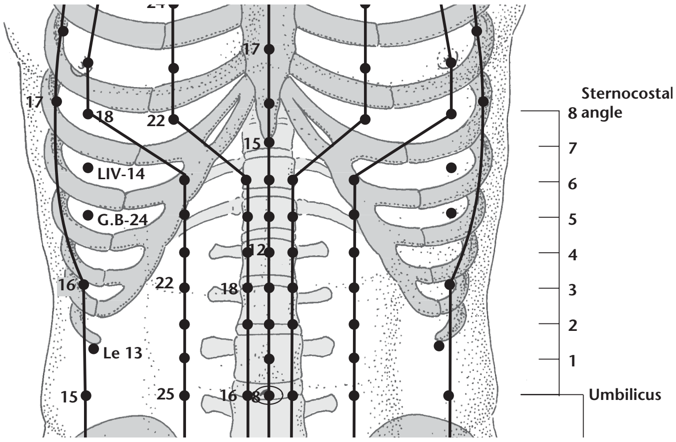
Actions/Indications

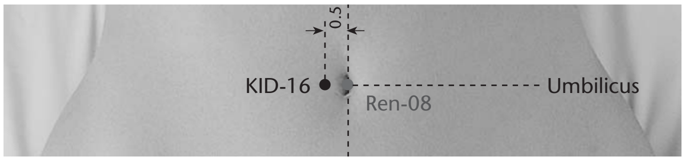
- Regulates the *dai mai*
- Regulates the Uterus
- Drains Damp-Heat

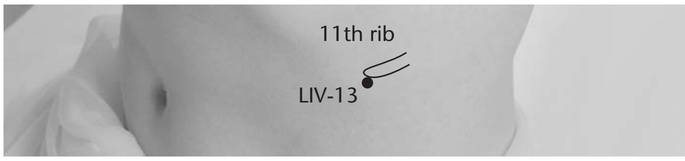
Special features

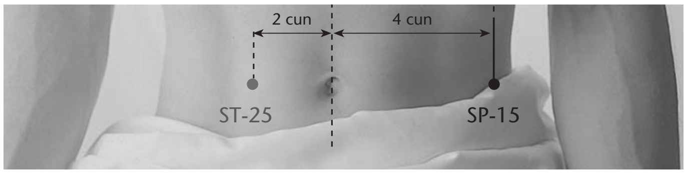
Meeting point with the *dai mai*

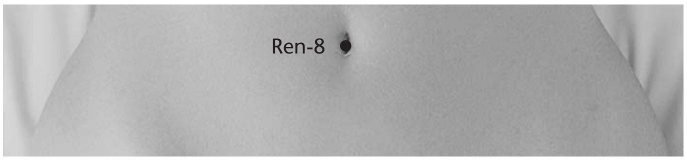

Tip of the olecranon resting on the free end of the 11th rib
Umbilicus
11th rib
G.B.-26


17
17
18
22
15
LIV-14
G.B-24
12
16
22
18
Le 13
15
25
16
8
Sternocostal angle
8
7
6
5
4
3
2
1
Umbilicus

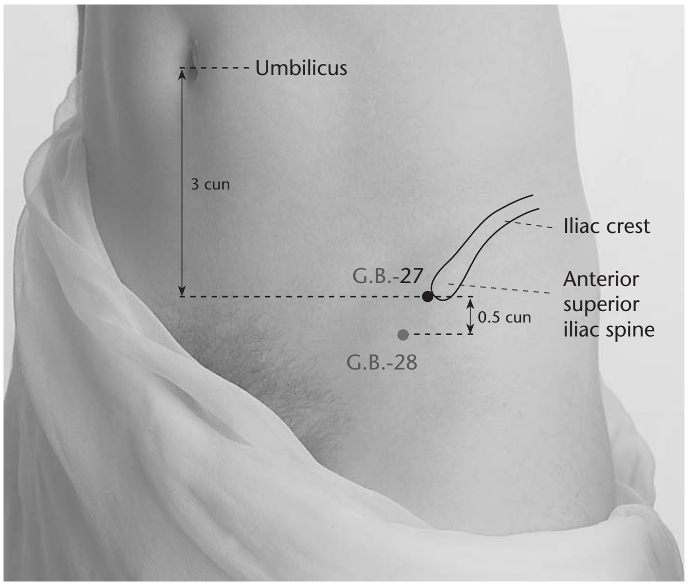

0.5
KID-16
Ren-08
Umbilicus

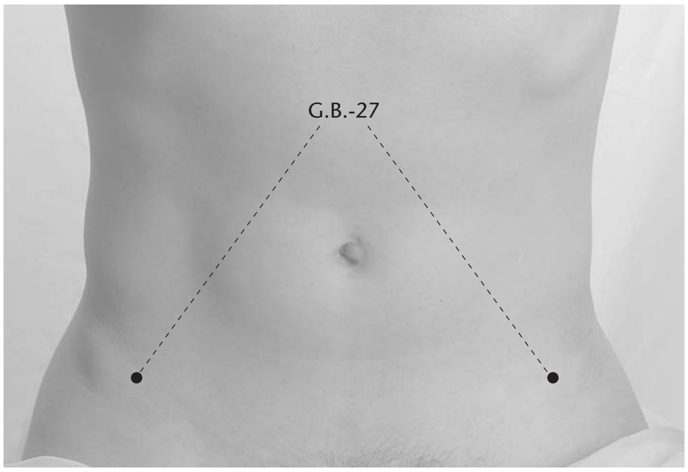

11th rib
LIV-13


2 cun
4 cun
ST-25
SP-15



Fifth Pivot WUSHU G.B.-27


Umbilicus
3 cun
Iliac crest
G.B.-27
Anterior superior iliac spine
0.5 cun
G.B.-28



Location

In the depression medial to the anterior superior iliac spine (ASIS), approximately 3 cun inferior to the umbilicus.

How to find

First, locate the anterior superior iliac spine (ASIS → 3.5) by palpating along the upper border of the iliac crest in an anterior and inferior direction. At its anterior end, the ASIS can be palpated as a bony ridge on the lateral aspect of the lower abdomen. Locate **G.B.-27** in a depression anterior and medial to the ASIS. → **G.B.-28** is located approximately 0.5 cun inferior and medial to **G.B.-27**.

Located approximately on the same level (3 cun inferior to the umbilicus) are → **Ren-4/KID-13/ST-28** (on the midline/0.5 cun lateral to the midline/2 cun lateral to the midline).

Needling

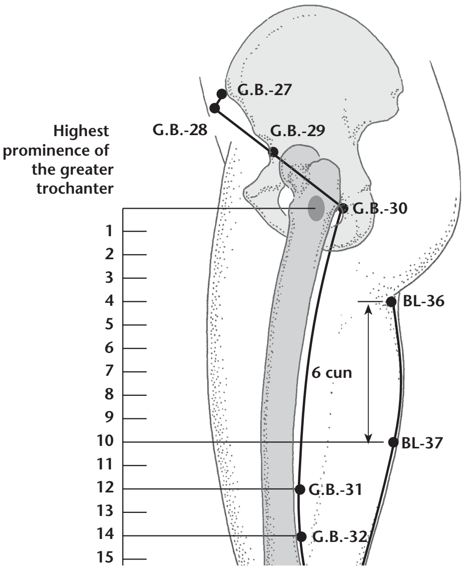
Vertically 1–1.5 cun. Caution during pregnancy.

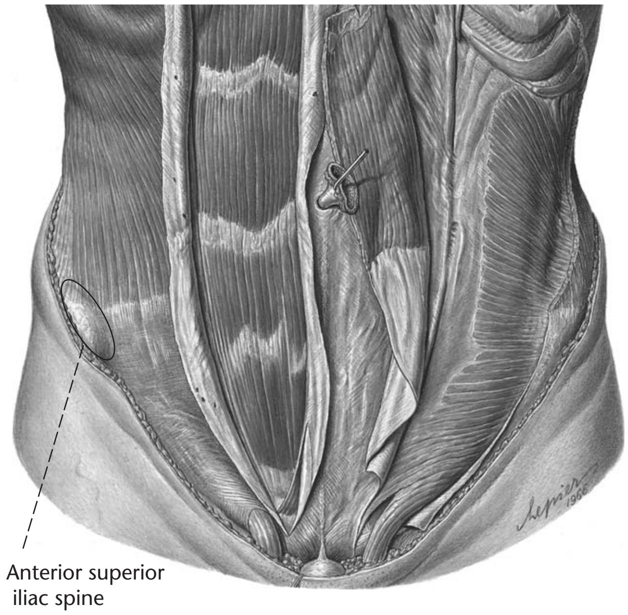
Actions/Indications

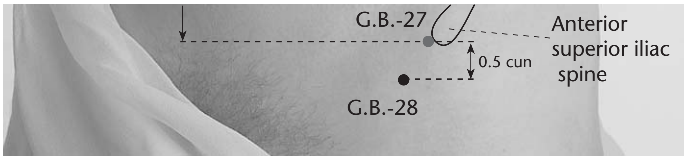
- Strengthens the Kidneys
- Regulates the *dai mai*
- Regulates the Triple Burner

Special features

Meeting point with the *dai mai*


G.B.-27
G.B.-28
G.B.-29
Highest prominence of the greater trochanter
G.B.-30
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
BL-36
6 cun
BL-37
G.B.-31
G.B.-32


Anterior superior iliac spine


G.B.-27
Anterior superior iliac spine
0.5 cun
G.B.-28

G.B.-28 *Linking Path* WEIDAO

Location

On the lateral aspect of the abdomen, anterior and inferior to the anterior superior iliac spine (ASIS), approximately 0.5 cun anterior and inferior to ➞ **G.B.-27**.

How to find

First, locate the ASIS (➞ 3.5) by palpating along the upper border of the iliac crest in an anterior and inferior direction. On its anterior border, the ASIS can be palpated as a bony ridge on the lateral aspect of the lower abdomen, with ➞ **G.B.-27** located in a depression anterior and medial to the ASIS. Locate **G.B.-28** approximately 0.5 cun anterior and inferior to ➞ **G.B.-27**.

Needling

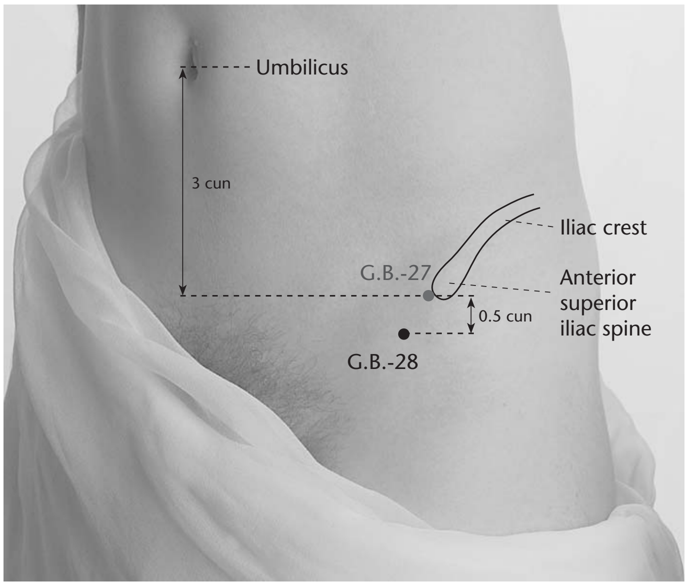
Vertically 1–1.5 cun. Caution during pregnancy.

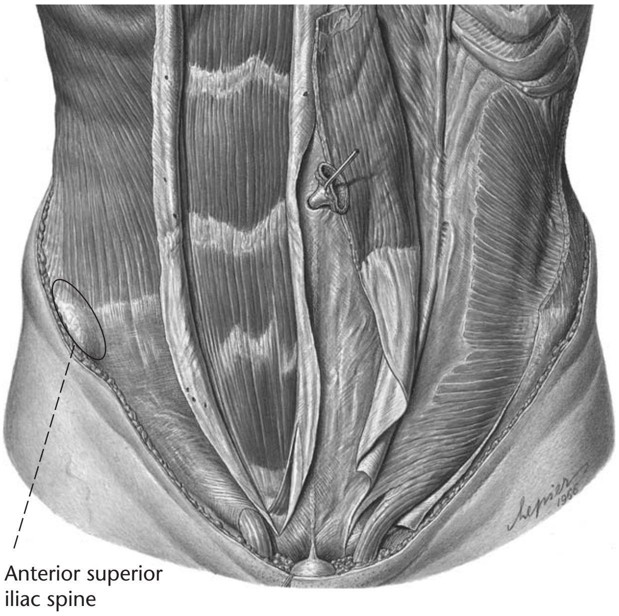
Actions/Indications

- Regulates the *dai mai*
- Regulates the Triple Burner
- Eliminates Dampness

Special features

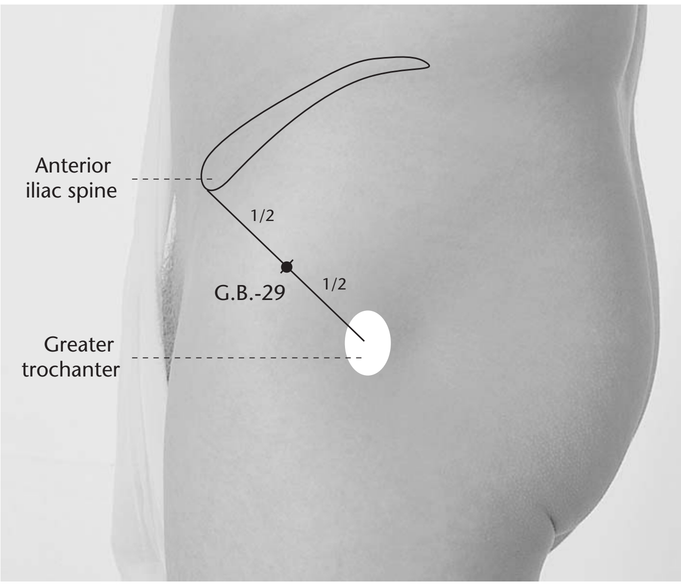
Meeting point with the *dai mai*

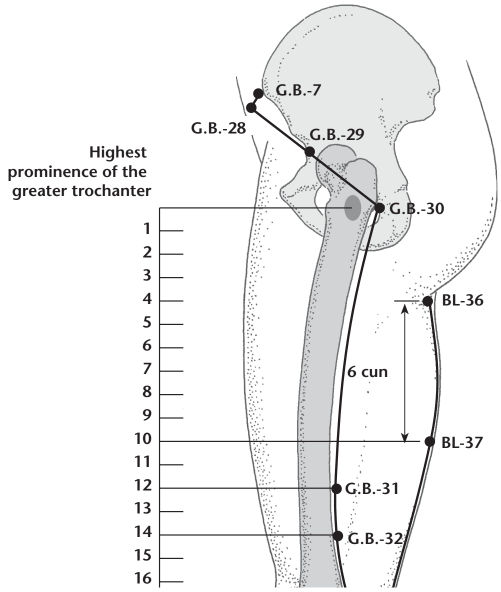

Umbilicus
3 cun
Iliac crest
G.B.-27
Anterior superior iliac spine
0.5 cun
G.B.-28

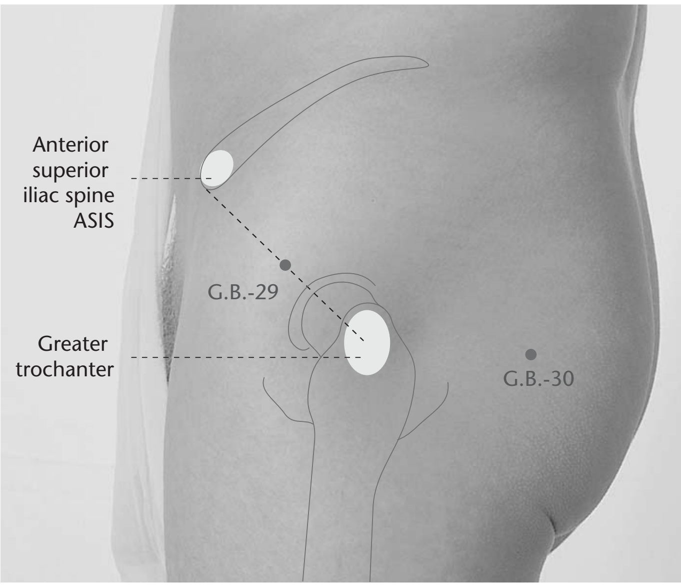

Anterior superior iliac spine

G.B.-27
Anterior superior iliac spine
0.5 cun
G.B.-28

Stationary Crevice JULIAO **G.B.-29**


Anterior iliac spine
1/2
G.B.-29
1/2
Greater trochanter


G.B.-7
G.B.-28
G.B.-29
Highest prominence of the greater trochanter
G.B.-30
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
BL-36
6 cun
BL-37
G.B.-31
G.B.-32


Anterior superior iliac spine ASIS
G.B.-29
Greater trochanter
G.B.-30

Location

At the midpoint of a line connecting the anterior superior iliac spine (ASIS) and the greater trochanter, at the anterior border of the iliac crest.

How to find

First, locate the ASIS (→ 3.5), the highest point on the anterior aspect of the iliac crest, by palpating along the upper border of the iliac crest in an anterior and inferior direction. At its anterior end, the ASIS can be palpated as a bony ridge on the lateral aspect of the lower abdomen. With the patient lying on their side and their leg slightly flexed, locate the greater trochanter (→ 3.6), a clearly marked bony structure in the region of the hip joint. **G.B.-29** is located at the midpoint of a line connecting these two reference points.

Needling

Vertically 1–2 cun

Actions/Indications

- Expels Cold, Dampness and Wind, opens the channel

Special features

Meeting point with the *yang qiao mai*, also with the *dai mai* according to some authors.

G.B.-30 *Jumping Circle* HUANTIAO

Location

With the patient lying on their side, the point is at the junction between the medial two-thirds and the lateral third of a line connecting the greater trochanter and the sacral hiatus.

How to find

Patient's position: Supine or, better, lying on their side, preferably with the hip and knee joints of the side to be needled flexed and the lower leg straight. Use pillows, etc, for a comfortable position. Reference points: the sacral hiatus (→ 3.4.4) and the lateral prominence of the greater trochanter (→ 3.6). **G.B.-30** is located on a line connecting these two points, one third of the distance from the greater trochanter.

Needling

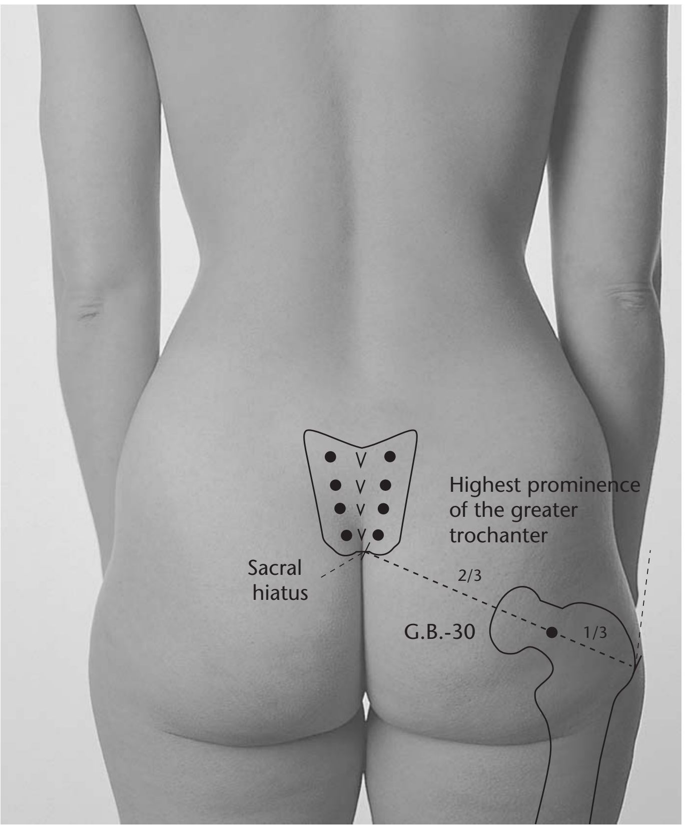
1.5–3 cun vertically towards the genital region. The needle may reach the fascia of the obturator internus muscle as well as intermuscular connective tissue. Long 3 cun needles (50mm) should be used. Caution: Needling is often painful. Needling can result in an electric *de qi* sensation radiating to the toes. This sensation is particularly common with sciatic disorders and if **G.B.-30** is needled 1 cun inferior to its normal location.

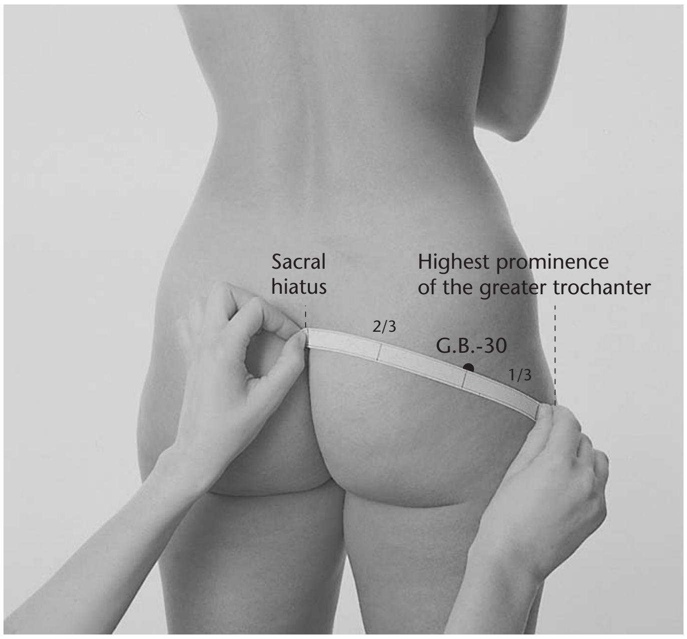
Actions/Indications

- Opens the channel and the *luo*-connecting vessels, alleviates pain, benefits the hip and legs, eliminates Wind-Damp.

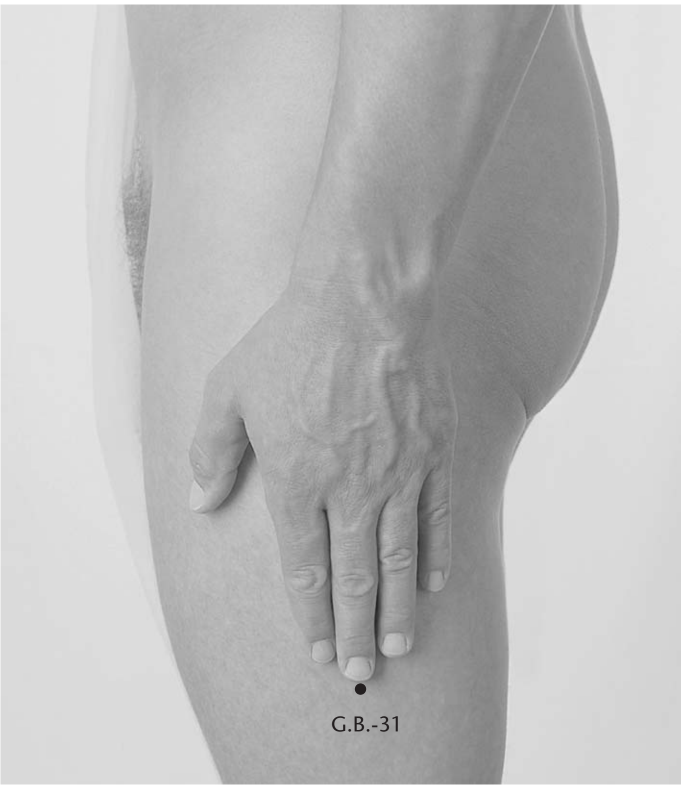
Special features

Meeting point with the BL channel, Ma Dan Yang Heavenly Star point. Important point for disorders of the hips.





Wind Market FENGSHI G.B.-31



Location

On the lateral aspect of the thigh, inferior to the greater trochanter, approximately 7 cun proximal to the popliteal crease.

How to find

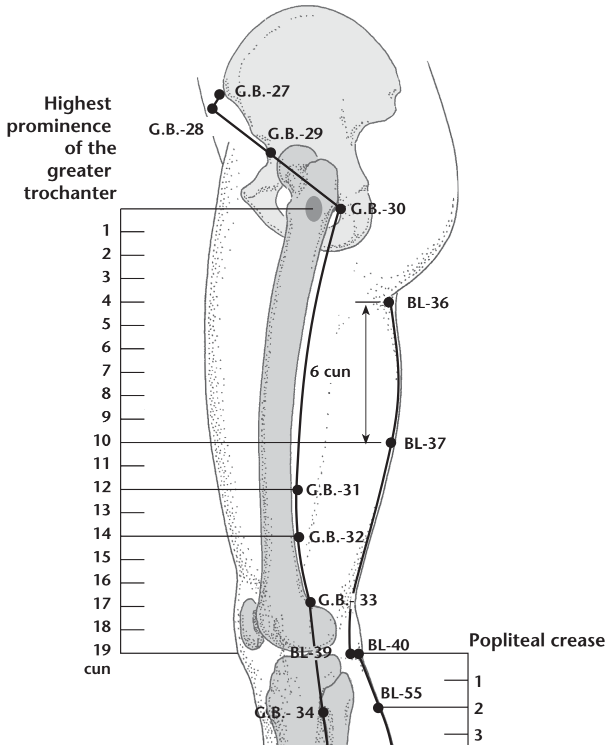
Ask the patient to place their hands on the imaginary seam of their trousers (this is best done with the patient standing). **G.B.-31** is located where the middle finger touches the lateral aspect of the thigh. **Or:** The distance between the highest prominence of the greater trochanter (→ 3.6) to the popliteal crease is 19 cun (→ 2.2). Divide this distance into thirds and locate **G.B.-31** 1 cun proximal to a third of the distance from the popliteal crease. Sensitivity to pressure should help determine the location of this point.

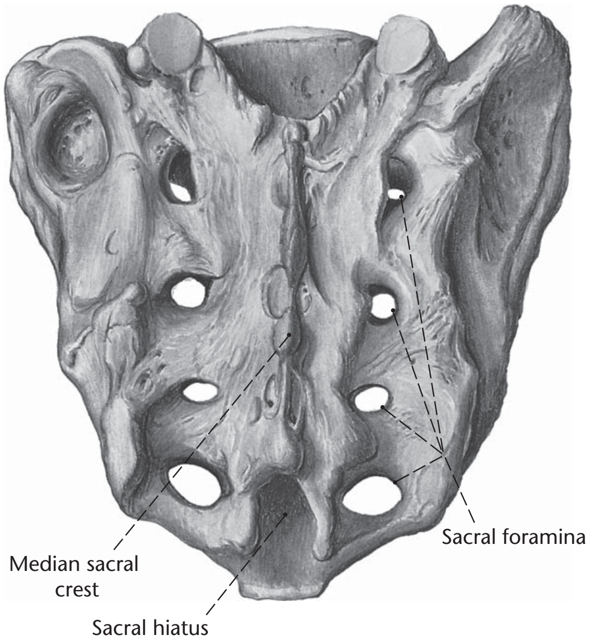
Needling

Vertically 1–2 cun

Actions/Indications

- Eliminates Wind, Dampness and Heat
- Opens the channel and alleviates pain


Highest prominence of the greater trochanter
G.B.-27
G.B.-28
G.B.-29
G.B.-30
BL-36
6 cun
BL-37
G.B.-31
G.B.-32
G.B.-33
BL-39
BL-40
Popliteal crease
BL-55
G.B.-34
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
cun
1
2
3


Median sacral crest
Sacral foramina
Sacral hiatus

G.B.-32 *Middle Ditch* ZHONGDU

Location

On the lateral aspect of the thigh, 5 cun proximal to the popliteal crease, between the vastus lateralis and biceps femoris muscles.

How to find

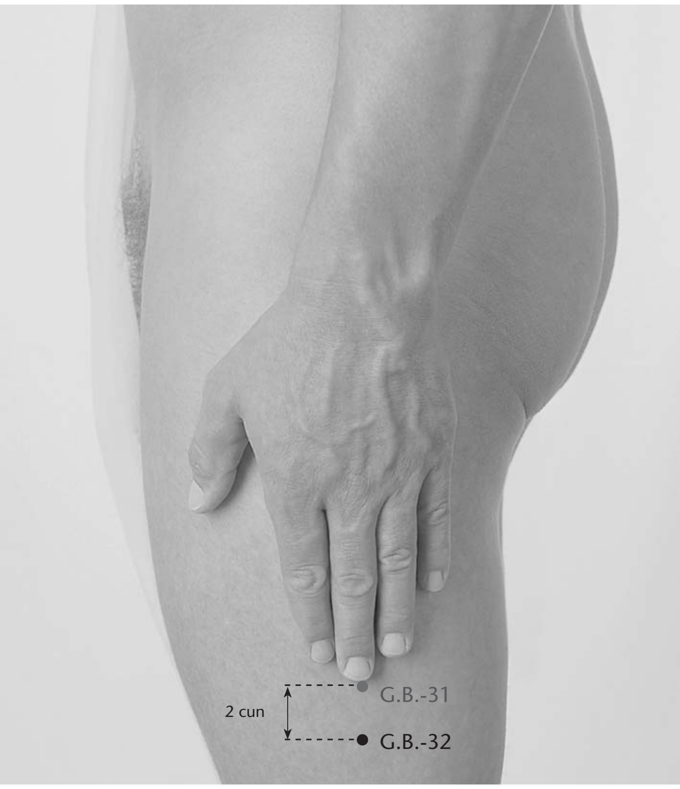
First, ask the patient to place their hands on the imaginary seam of their trousers (this is best done with the patient standing) and locate → **G.B.-31** where the middle finger touches the thigh. **G.B.-32** can now be located 2 cun distal to → **G.B.-31. Or:** The distance between the highest prominence of the greater trochanter (→ 3.6) to the popliteal crease is 19 cun (→ 2.2). Divide this distance into quarters (use an elastic tape or the spreading hands technique) and locate **G.B.-32** slightly proximal to a quarter of the distance from the popliteal crease. Sensitivity to pressure should help determine the location of this point.

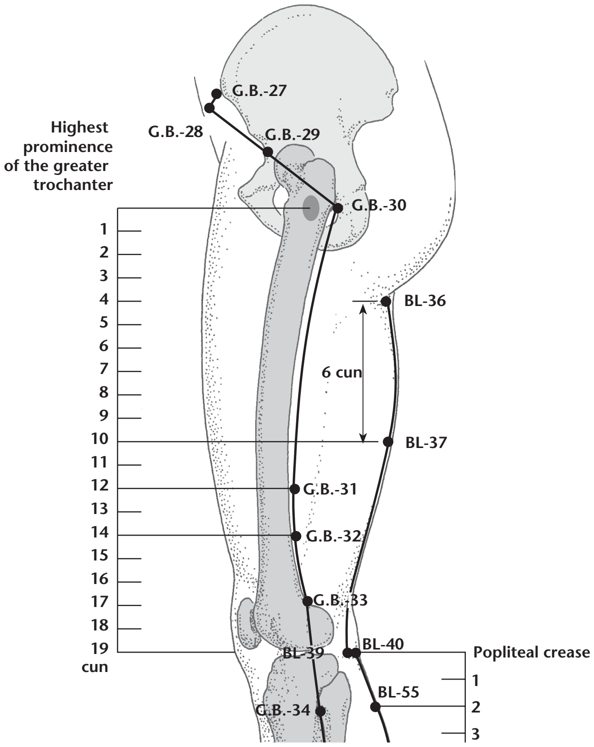
Needling

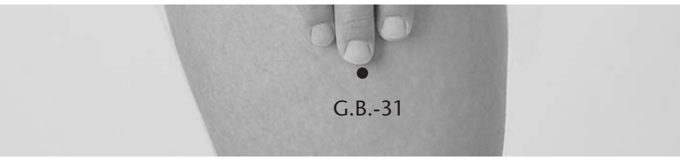
Vertically 1–2 cun

Actions/Indications

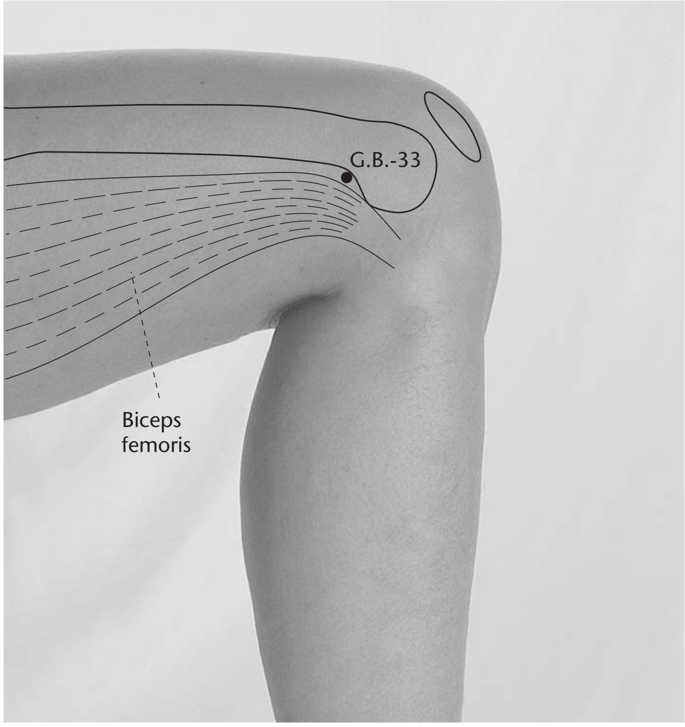
- Eliminates Wind, Dampness and Cold, opens the channel

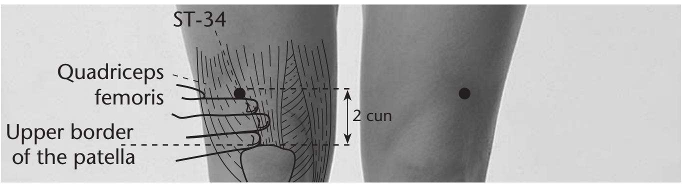

G.B.-31
2 cun
G.B.-32

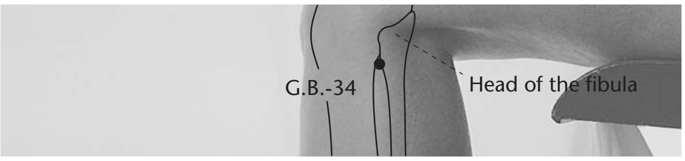

G.B.-27
G.B.-28
G.B.-29
Highest prominence of the greater trochanter
G.B.-30
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19 cun
BL-36
6 cun
BL-37
G.B.-31
G.B.-32
G.B.-33
BL-40
BL-39
Popliteal crease
1
BL-55
2
G.B.-34
3



Knee Yang Gate XIYANGGUAN **G.B.-33**







Location

On the lateral aspect of the knee. With the knee flexed, in the depression between the shaft and the lateral epicondyle and the tendon of the biceps femoris muscle, approximately 3 cun proximal to → **G.B.-34**.

How to find

This point is best located with the patient's knee flexed. On the level of the lateral upper border of the patella, palpate in a lateral direction towards the thigh and palpate for the distal end of the lateral epicondyle of the femur. Then locate **G.B.-33** in a clearly palpable depression between the epicondyle and the tendon of the biceps femoris muscle. The latter runs along the lateral aspect of the leg (along the line of an imaginary trouser seam) and attaches inferior to the knee joint at the head of the fibula.

→ **G.B.-34** is located 3 cun more distal, → **ST-34** is located 2 cun proximal to the lateral upper border of the patella.

Needling

Vertically 1–2 cun

Actions/Indications

- Opens the channel
- Relaxes the tendons

G.B.-34 *Yang Mound Spring* YANGLINGQUAN

Location

In the depression anterior and inferior to the head of the fibula, between the peroneus longus and extensor digitorum longus muscles.

How to find

This point is best located with the patient's knee flexed (use knee support). Palpate for the head of the fibula on the lateral aspect of the leg and hold it with the index and middle fingers in a tweezer-like way. Gliding distally with both fingers, the more medial finger will drop into a depression directly anterior and inferior to the head of the fibula, the location of **G.B.-34**.

Located on the same level but on the medial aspect of the lower leg is → **SP-9** (at the junction of the shaft and the medial condyle of the tibia).

Needling

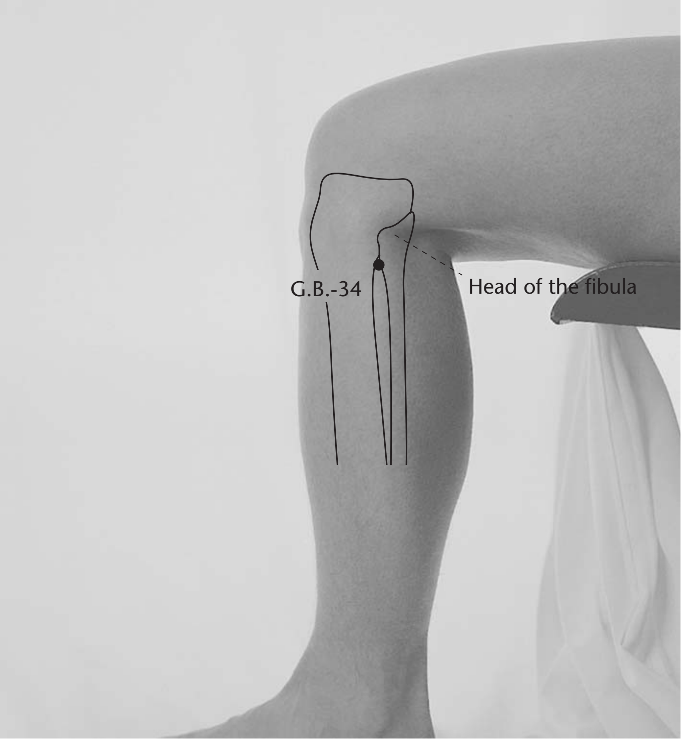
1–1.5 cun vertical insertion between the tibia and fibula towards the interosseous membrane. Caution: Deep peroneal nerve with deep needling, in some cases also common peroneal nerve. The needle may reach the interosseous membrane as well as the epineural tissue of the peroneal nerve.

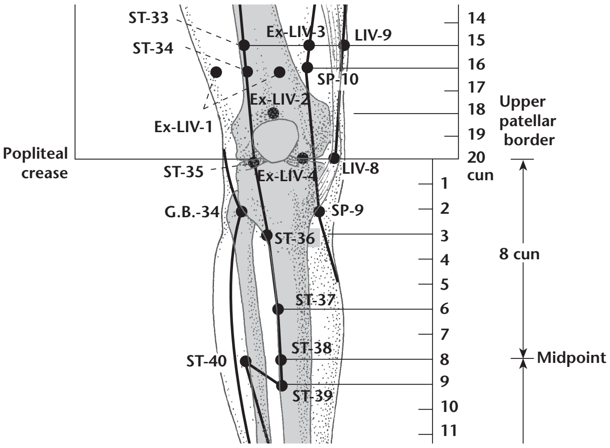
Actions/Indications

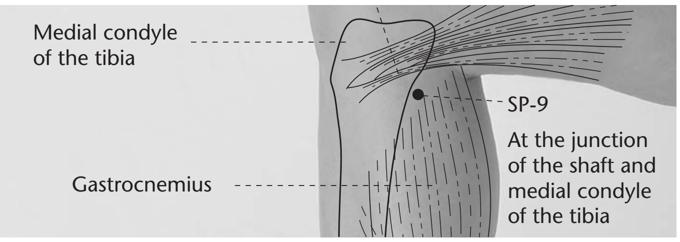
- Benefits the tendons and joints
- Opens the channel, alleviates pain, benefits the lateral costal region
- Clears Damp-Heat from the Liver and Gall Bladder
- Spreads Liver Qi

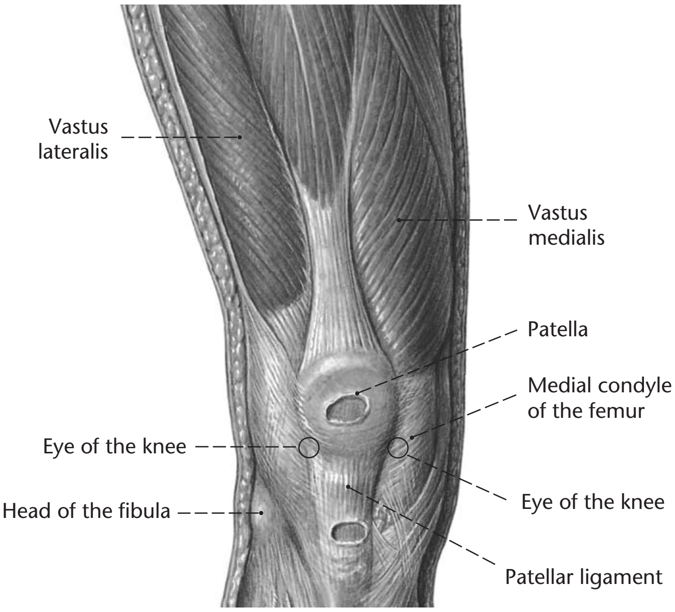
Special features

He-sea point, Earth point, *hui*-meeting point of the tendons (coordination/movement), lower *he*-sea point of the Gall Bladder, Ma Dan Yang Heavenly Star point. Major point for disorders of the tendons and musculature.

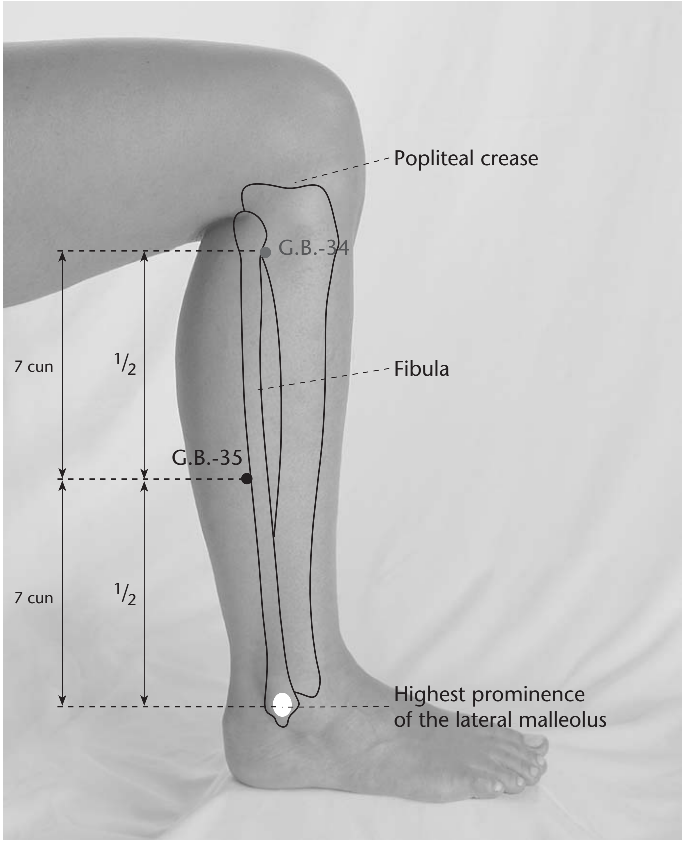

G.B.-34
Head of the fibula

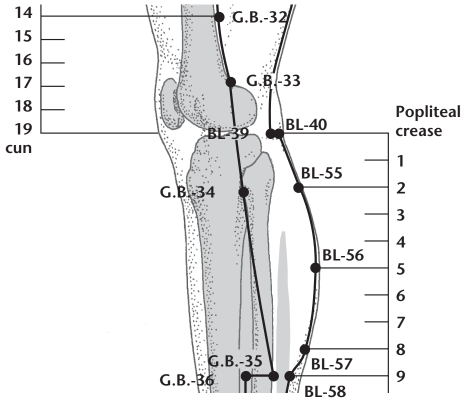

ST-33
ST-34
Ex-LIV-3
LIV-9
SP-10
Ex-LIV-2
Ex-LIV-1
Popliteal crease
ST-35
Ex-LIV-4
LIV-8
G.B.-34
SP-9
ST-36
ST-37
ST-38
ST-40
ST-39
14
15
16
17
18
19
20
cun
Upper patellar border
1
2
3
4
5
6
7
8
9
10
11
8 cun
Midpoint

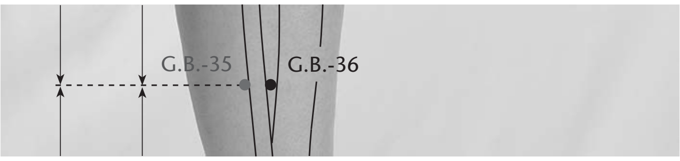

Medial condyle of the tibia
SP-9
At the junction of the shaft and medial condyle of the tibia
Gastrocnemius

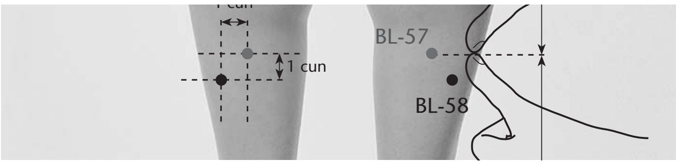

Vastus lateralis
Vastus medialis
Patella
Medial condyle of the femur
Eye of the knee
Eye of the knee
Head of the fibula
Patellar ligament

Yang Intersection YANGJIAO G.B.-35


Popliteal crease
G.B.-34
7 cun
1/2
Fibula
G.B.-35
7 cun
1/2
Highest prominence
of the lateral malleolus


14
15
16
17
18
19
cun
G.B.-32
G.B.-33
BL-39
BL-40
Popliteal
crease
1
BL-55
G.B.-34
2
3
4
BL-56
5
6
7
8
G.B.-35
BL-57
G.B.-36
9
BL-58




cun
1 cun
BL-57
BL-58

Location

7 cun proximal to the highest prominence of the lateral malleolus, on the **posterior** border of the fibula.

How to find

Quick method: Spreading hands technique (→ 2.3.3): Locate **G.B.-35** at the midpoint of a line connecting → **G.B.-34** (in the depression anterior and inferior to the head of the fibula) and the highest prominence of the lateral malleolus (→ 3.6.2), on the **posterior** border of the fibula (distance = 14 cun). **G.B.-35** is located 7 cun proximal to the prominence of the lateral malleolus. **Or:** Spreading hands technique (→ 2.3.3): Locate **G.B.-35** 1 cun distal to the midpoint of a line connecting the popliteal crease and the highest prominence of the lateral malleolus, on the **posterior** border of the fibula (distance = 16 cun, → 2.2). **For orientation:** The borders of the fibula are deep to the peroneus brevis muscle and are often not easily palpable. For this reason, it is suggested to palpate the posterior border of the fibula just superior to the lateral malleolus and then locate the point on an imaginary line running to the head of the fibula.
Located on the same level are → **G.B.-36** (on the **anterior** border of the fibula) and → **BL-58** (7 cun proximal to → **BL-60**).

Needling

Vertically 0.5–1.5 cun

Actions/Indications

- Clears Heat, opens the channel, relaxes the tendons
- Regulates Qi of the Gall Bladder
- Calms the *shen*

Special features

Xi-cleft point of the *yang wei mai*, meeting point with the *yang wei mai* according to some authors.

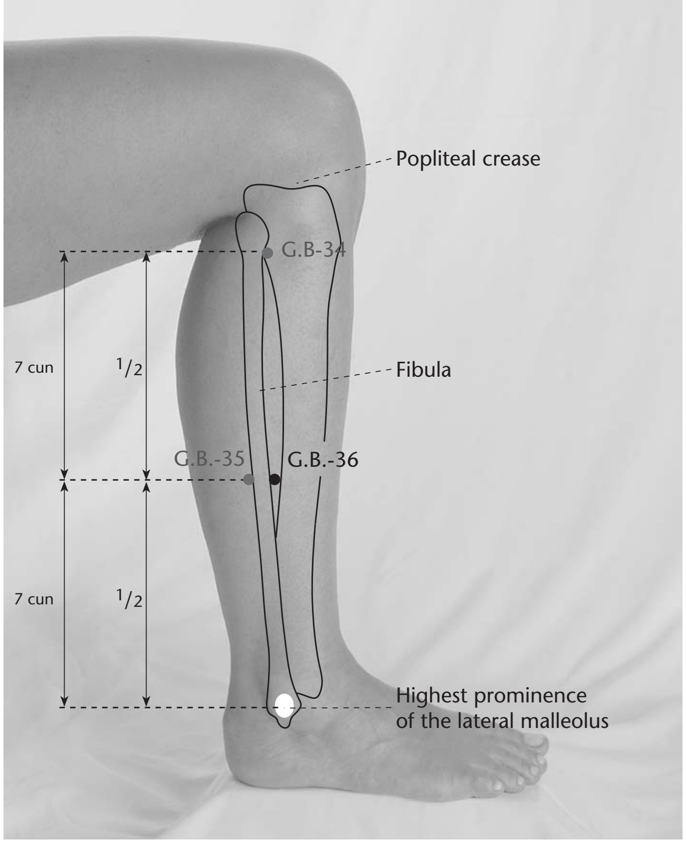
G.B.-36 *Outer Mound* WAIQIU

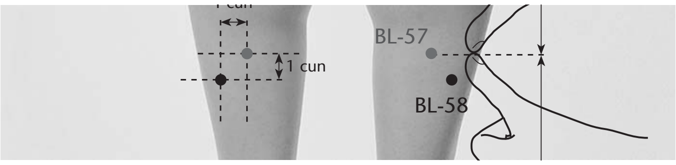
Location

7 cun proximal to the highest prominence of the lateral malleolus, on the **anterior** border of the fibula.

How to find

Quick method: Spreading hands technique (➞ 2.3.3): Locate ➞ **G.B.-35** at the midpoint of a line connecting ➞ **G.B.-34** (in the depression anterior and inferior to the head of the fibula) and the highest prominence of the lateral malleolus (➞ 3.6.2), on the **anterior** border of the fibula (distance = 14 cun). **G.B.-36** is located 7 cun proximal to the prominence of the lateral malleolus. **Or:** Spreading hands technique (➞ 2.3.3): locate **G.B.-36** 1 cun distal to the midpoint of a line connecting the popliteal crease and the highest prominence of the lateral malleolus, on the **anterior** border of the fibula (distance = 16 cun, ➞ 2.2).
For orientation: The borders of the fibula are deep to the peroneus brevis muscle and are often not easily palpable. For this reason, it is suggested to palpate the anterior border of the fibula just superior to the ankle and then locate the point on an imaginary line running to the head of the fibula.
Located on the same level are ➞ **G.B.-35** (on the **posterior** border of the fibula) and ➞ **BL-58** (7 cun proximal to ➞ **BL-60**).





Needling

Vertically 0.5–1.5 cun

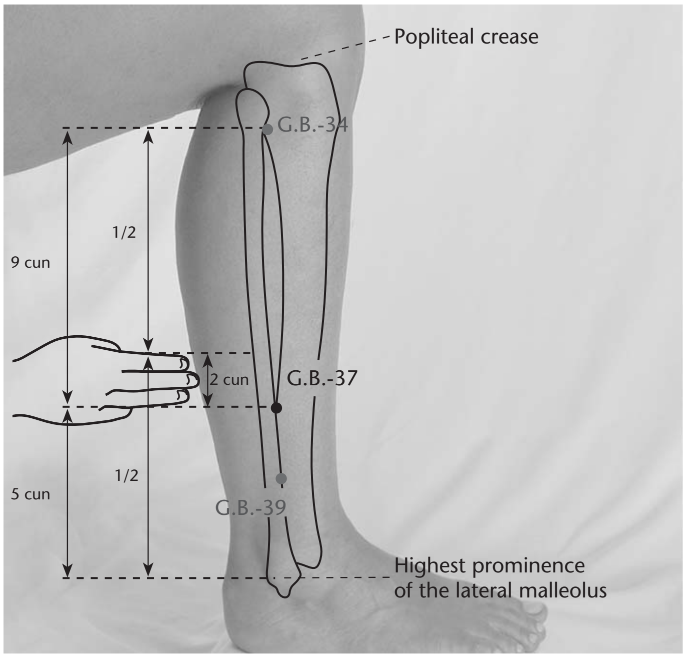
Actions/Indications

- Regulates Gall Bladder and Liver Qi
- Drains Damp-Heat
- Relaxes the tendons and muscles
- Calms the *shen*

Special features

Xi-cleft point

Bright Light GUANGMING G.B.-37


Popliteal crease
G.B.-34
1/2
9 cun
2 cun
G.B.-37
1/2
5 cun
G.B.-39
Highest prominence
of the lateral malleolus

Location

5 cun proximal to the highest prominence of the lateral malleolus, on the anterior border of the fibula, between the peroneus longus and extensor digitorum longus muscles.

How to find

Quick method: Spreading hands technique (→ 2.3.3): Place the little fingers on → **G.B.-34** (in the depression anterior and inferior to the head of the fibula) and the highest prominence of the lateral malleolus (→ 3.6.2). This distance is 14 cun. From the midpoint of this distance, measure 2 cun in a distal direction and locate **G.B.-37** on this level in a depression on the **anterior** border of the fibula. This depression is located 5 cun proximal to the prominence of the lateral malleolus (the width of 1 hand and 2 thumbs). **For orientation:** The borders of the fibula are deep to the peroneus brevis muscle and are often not easily palpable. For this reason, it is suggested to palpate the anterior border of the fibula just superior to the ankle and then locate the point on an imaginary line running to the head of the fibula.

Needling

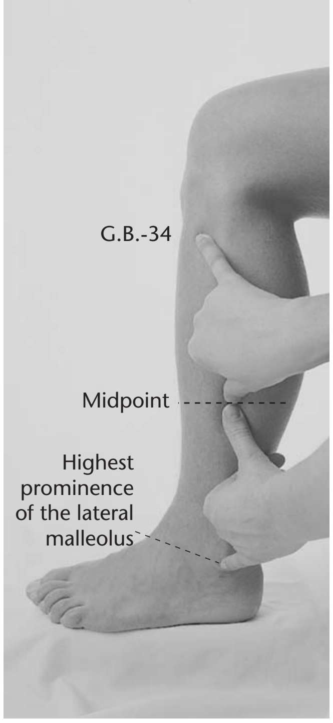
Vertically 0.5–1.5 cun

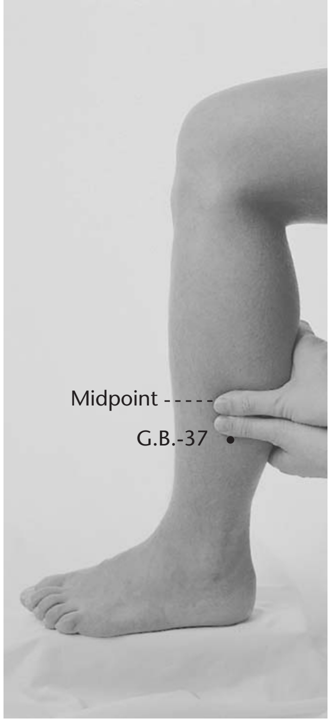
Actions/Indications

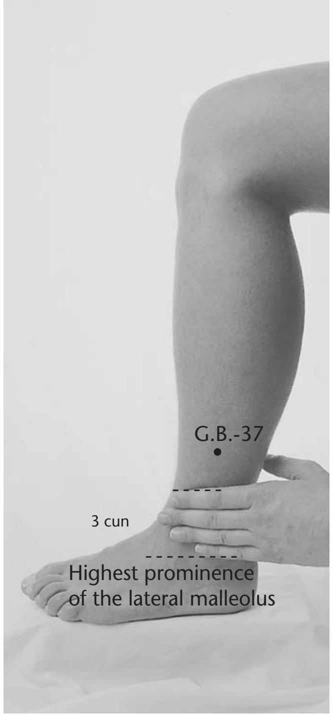
- Benefits the eyes
- Eliminates Wind-Damp, opens the channel, alleviates pain

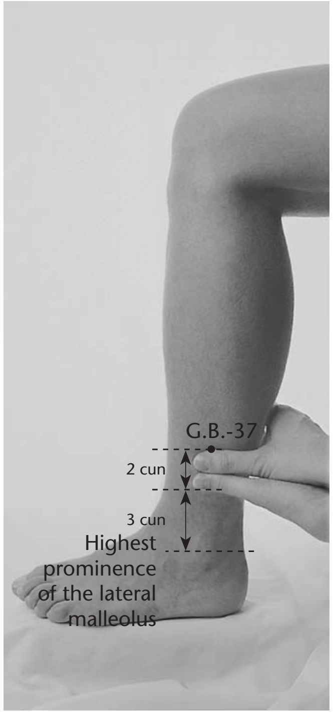
Special features

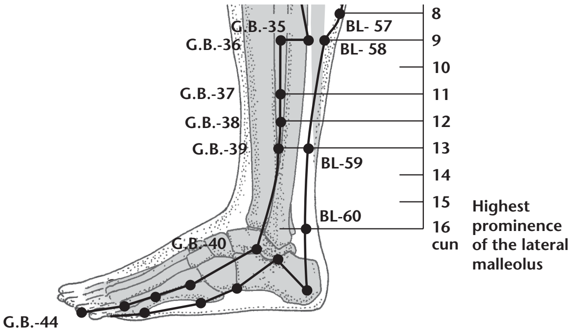
Luo-connecting point. Important distal point for disorders of the eyes.


G.B.-34
Midpoint
Highest
prominence
of the lateral
malleolus


Midpoint
G.B.-37


G.B.-37
3 cun
Highest prominence
of the lateral malleolus


G.B.-37
2 cun
3 cun
Highest
prominence
of the lateral
malleolus


G.B.-35
G.B.-36
BL- 57
BL- 58
G.B.-37
G.B.-38
G.B.-39
BL-59
BL-60
G.B.-40
G.B.-44
8
9
10
11
12
13
14
15
16
cun
Highest
prominence
of the lateral
malleolus

G.B.-38 *Yang Assistance* YANGFU

Location

4 cun proximal to the highest prominence of the lateral malleolus, on the **anterior** border of the fibula.

How to find

First, locate the prominence of the lateral malleolus (→ 3.6.2) and, from there, measure 4 cun in a proximal direction. There, locate **G.B.-38** on the **anterior** border of the fibula. **Or:** On the lateral aspect of the lower leg, the distance between the prominence of the lateral malleolus (→ 3.6.2) and the popliteal crease is 16 cun (→ 2.2). Divide this distance into quarters and locate **G.B.-38** one quarter of the distance from the lateral malleolus (aid: spreading hands technique or elastic tape → 2). **For orientation:** The borders of the fibula are deep to the peroneus brevis muscle and are often not easily palpable. For this reason, it is suggested to palpate the anterior border of the fibula just superior to the ankle and then locate the point on an imaginary line running to the head of the fibula.

Needling

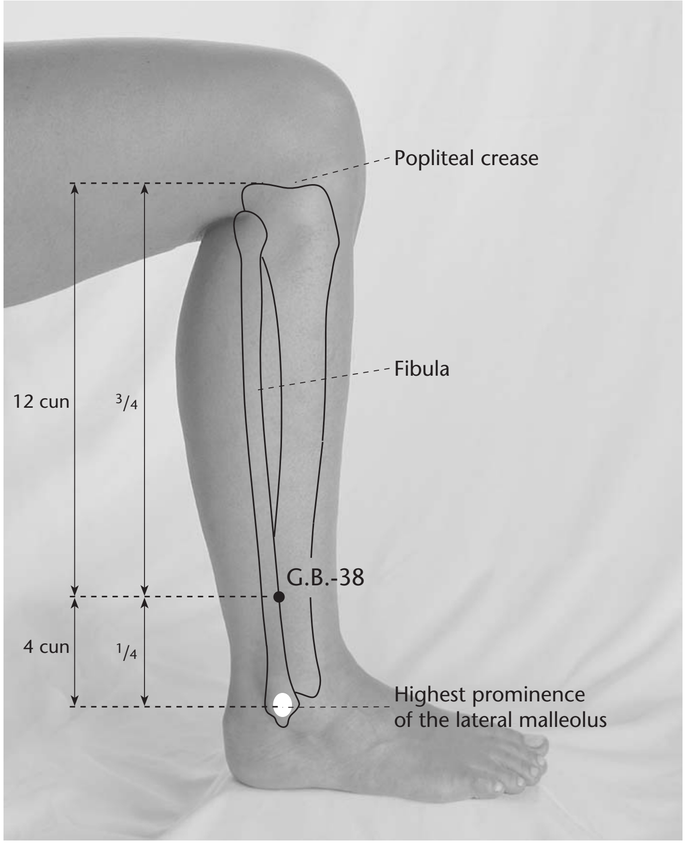
Vertically 0.5–1.5 cun

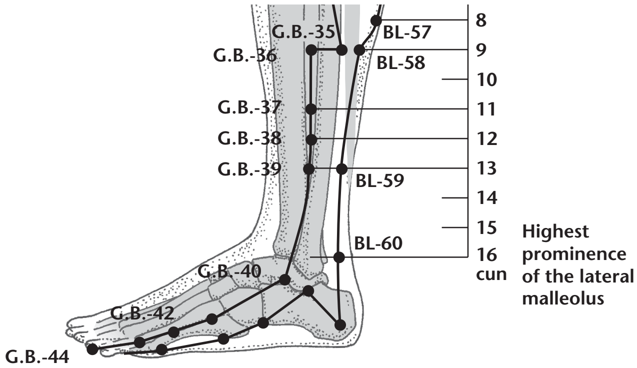
Actions/Indications

- Opens the channel
- Clears Wind and Heat

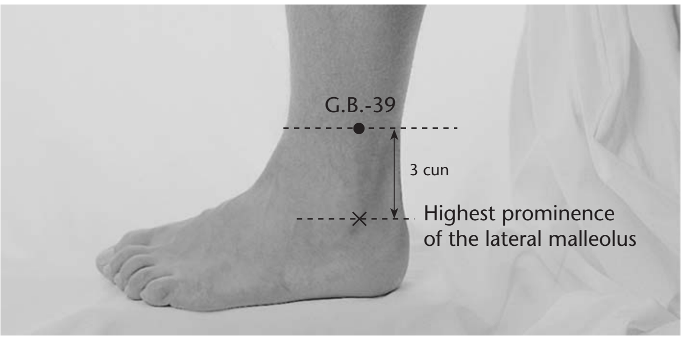
Special features

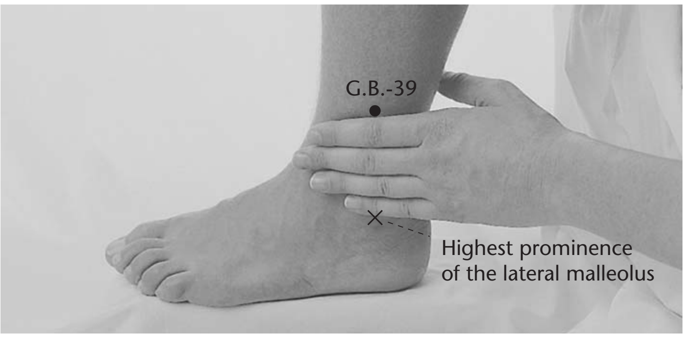
Jing-river point, Fire point, sedation point.

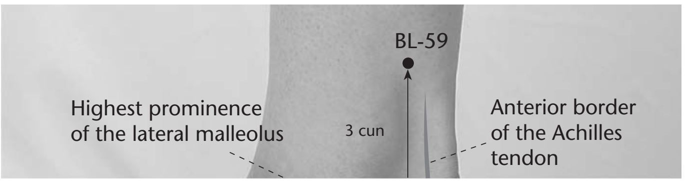

Popliteal crease
Fibula
12 cun
3/4
G.B.-38
4 cun
1/4
Highest prominence of the lateral malleolus

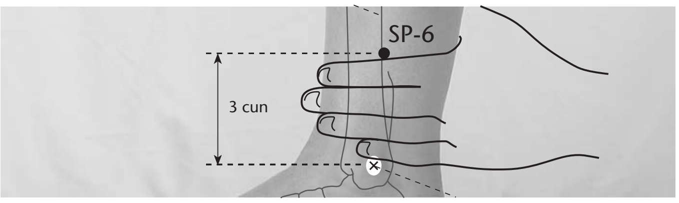

G.B.-35
BL-57
G.B.-36
BL-58
8
9
10
11
12
13
14
15
16
cun
G.B.-37
G.B.-38
G.B.-39
BL-59
BL-60
G.B.-40
G.B.-42
G.B.-44
Highest prominence of the lateral malleolus

Hanging Bell XUANZHONG G.B.-39


G.B.-39
3 cun
Highest prominence
of the lateral malleolus


G.B.-39
Highest prominence
of the lateral malleolus


BL-59
Highest prominence
of the lateral malleolus
3 cun
Anterior border
of the Achilles
tendon



Location

3 cun proximal to the highest prominence of the lateral malleolus, on the **anterior** border of the fibula.

How to find

From the highest prominence of the lateral malleolus (→ 3.6.2), measure 3 cun (1 handbreadth) in a proximal direction and locate **G.B.-39** in a depression on the **anterior** border of the fibula. According to some authors, it is located between the posterior border of the fibula and the tendons of the peroneus longus and brevis musles. When in doubt, choose the more pressure-sensitive point.

Located on the same level but 3 cun proximal to → **BL-60** (depression between the malleolus and the Achilles tendon) is → **BL-59**. In a comparable position but on the medial aspect of the leg is → **SP-6** (3 cun proximal to the highest prominence of the medial malleolus, meeting point of the three leg Yin channels).

Needling

Vertically 1–1.5 cun

Actions/Indications

- Opens the channel, benefits the tendons and bones
- Benefits the Marrow, clears Wind-Dampness
- Clears Heat from the Gall Bladder

Special features

Hui-meeting point of the Marrow. Important distal point for disorders of the cervical spine.

G.B.-40 *Mound of Ruins* QIUXU

Location

In the depression anterior and inferior to the lateral malleolus, lateral to the tendons of the extensor digitorum longus muscle.

How to find

For easier location, ask the patient to flex their ankle at a 90° angle. From the lateral malleolus (→ 3.6.2), let the palpating finger glide into a well-defined depression anterior and inferior to the malleolus. By lifting the toes, the tendons of the extensor digitorum longus muscle as well as the depression (**G.B.-40**) will become more pronounced. **For orientation: G.B.-40** is located at the junction of a vertical line along the anterior border of the lateral malleolus and a horizontal line along its lower border. → **SP-5** is located in a comparable position but on the medial aspect of the ankle (in the depression anterior and inferior to the medial malleolus). On a line connecting → **SP-5** and **G.B.-40**, → **LIV-4** is located medial to and → **ST-41** is located lateral to the tendon of the extensor hallucis longus muscle, which runs to the big toe.

Needling

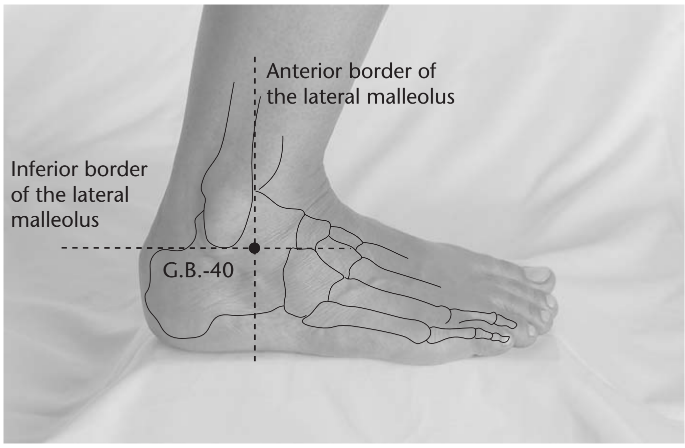
0.5–1.5 cun vertically or slightly obliquely in the area of the fibulotarsal ligaments towards the medial arch of the foot.

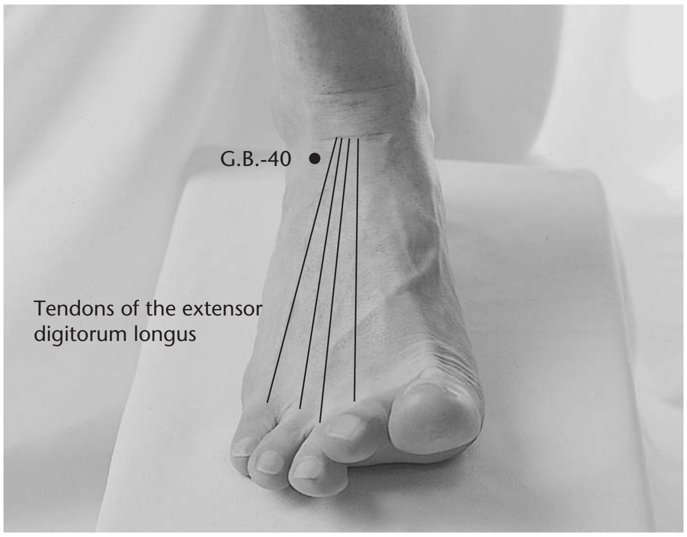
Actions/Indications

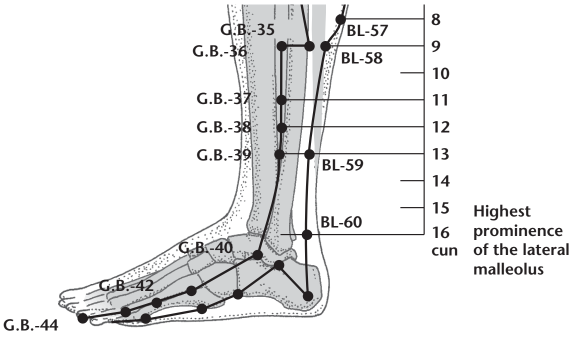
- Opens the channel, benefits the joints
- Spreads Liver Qi, clears Heat and Dampness from the Gall Bladder

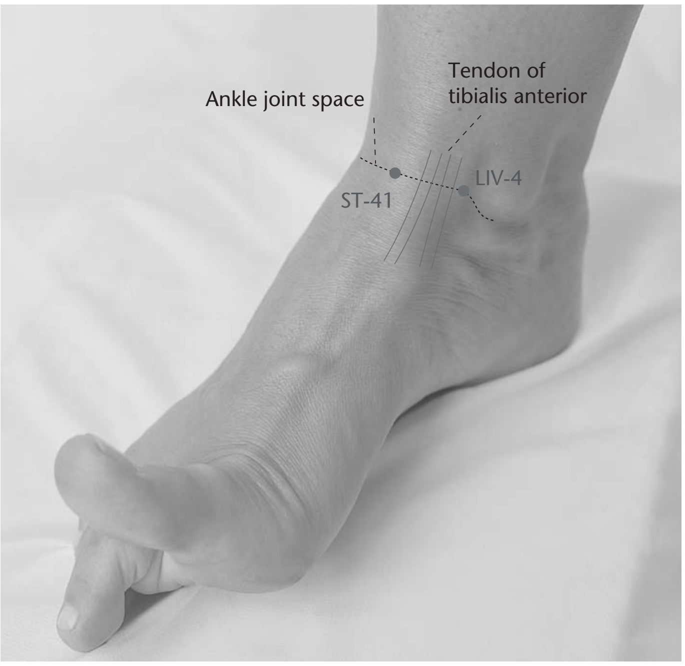
Special features

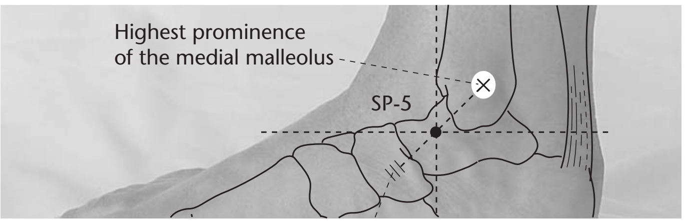
Yuan-source point


Anterior border of the lateral malleolus
Inferior border of the lateral malleolus
G.B.-40

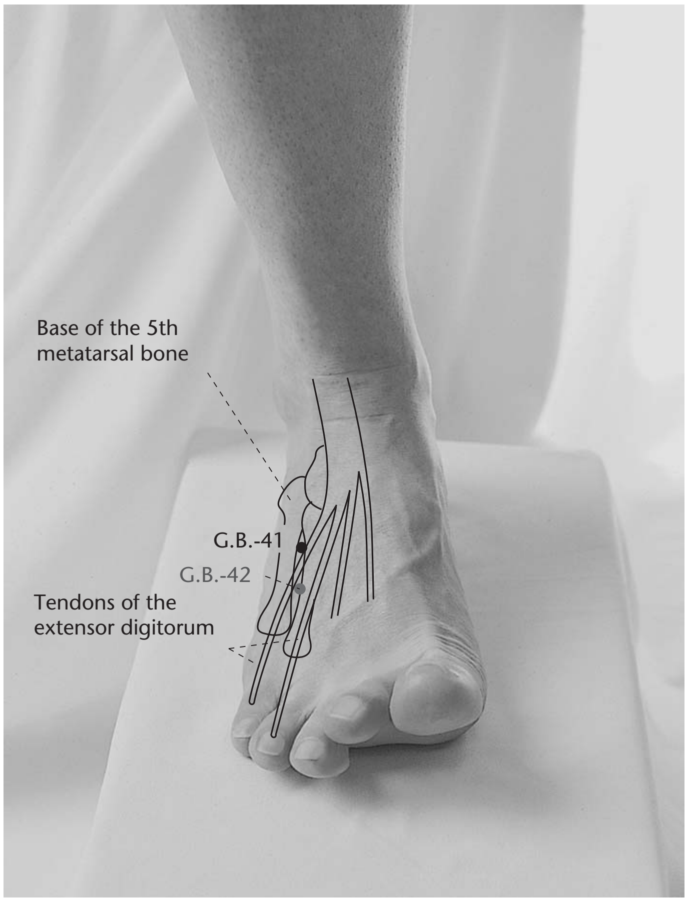

G.B.-40
Tendons of the extensor digitorum longus

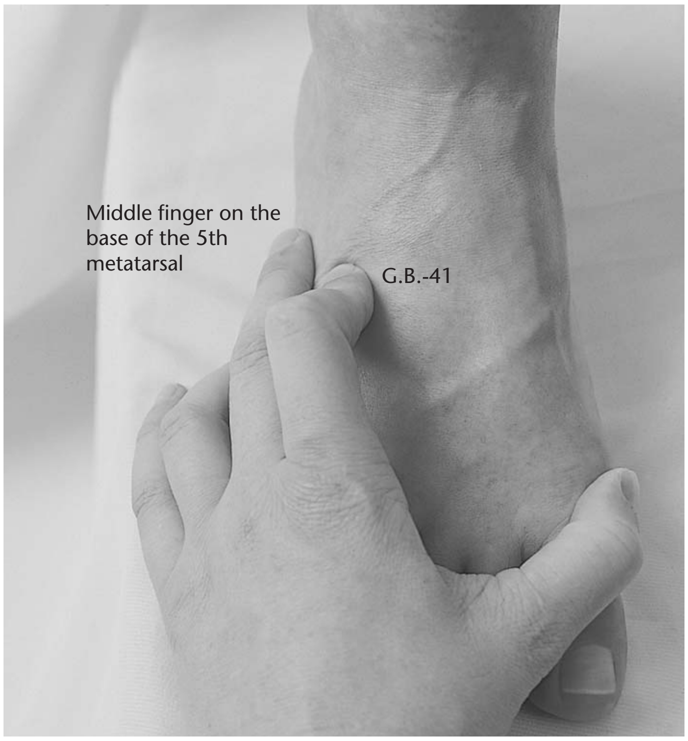

G.B.-35
G.B.-36
BL-57
BL-58
G.B.-37
G.B.-38
G.B.-39
BL-59
BL-60
G.B.-40
G.B.-42
G.B.-44
8
9
10
11
12
13
14
15
16
cun
Highest prominence of the lateral malleolus


Ankle joint space
Tendon of tibialis anterior
ST-41
LIV-4


Highest prominence of the medial malleolus
SP-5

Foot Governor of Tears ZULINQI G.B.-41


Base of the 5th metatarsal bone
G.B.-41
G.B.-42
Tendons of the extensor digitorum


Middle finger on the base of the 5th metatarsal
G.B.-41

G.B.-41
G.B.-42
Tendons

Location

In the depression at the junction of the shafts and the bases of the 4th and 5th metatarsal bones, lateral to the tendon of the extensor digitorum longus muscle.

How to find

Palpate for the distinct tuberosity of the 5th metatarsal bone (→ 3.6.2) on the lateral aspect of the midfoot. With the palpating finger, glide on from the tuberosity to the dorsum of the foot, into the groove between the 4th and 5th metatarsal bones. There, palpate in a distal direction. **G.B.-41** is located at the junction of the heads and the shafts of the two bones. **Or:** Ask the patient to abduct their toes so that the branch of the tendon of the extensor digitorum longus muscle extending to the little toe becomes more pronounced. Then palpate in the groove between the 4th and 5th metatarsal bones from distal to proximal to where the tendon crosses the groove. → **G.B.-42** is located medial (or anterior) to it, while **G.B.-41** is located in the depression lateral (or posterior) to the tendon.

Needling

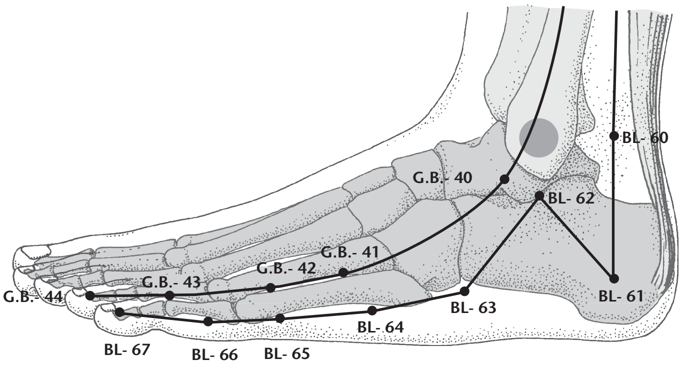
Perpendicularly or obliquely approximately 0.3–0.8 cun

Actions/Indications

- Spreads Liver Qi, benefits the thorax and the lateral costal region, transforms Phlegm, dissipates nodules, benefits the breasts
- Clears the head, benefits the eyes

Special features

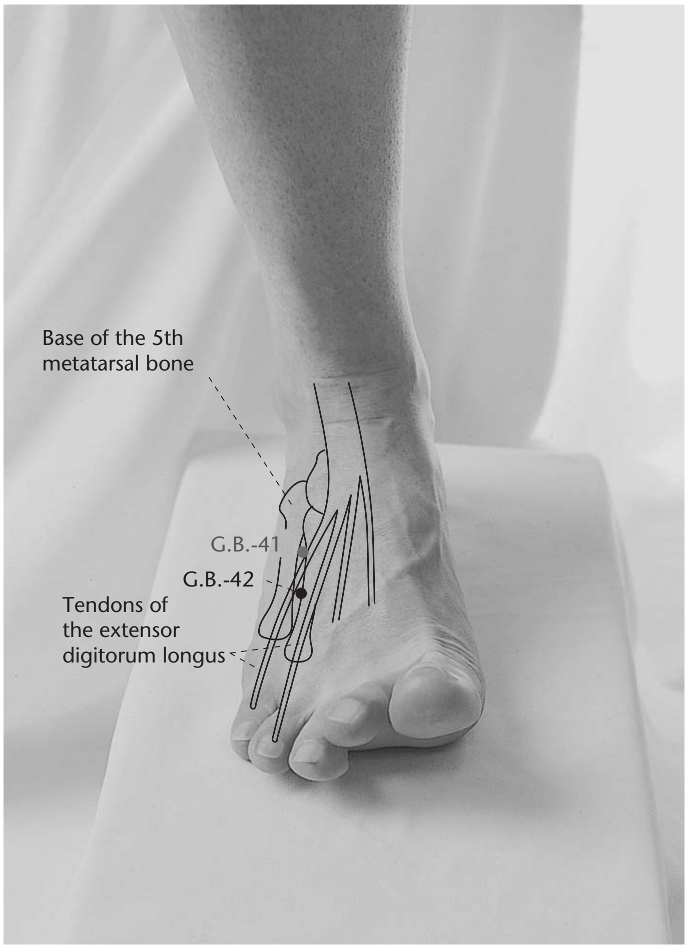
Shu-stream point, Wood point, opening point of the *dai mai*, *ben* point (Five Phases), exit point.


BL- 60
G.B.- 40
BL- 62
G.B.- 41
G.B.- 42
G.B.- 43
G.B.- 44
BL- 63
BL- 61
BL- 64
BL- 67
BL- 66
BL- 65

G.B.-42 *Earth Five Meetings* DIWUHUI

Location

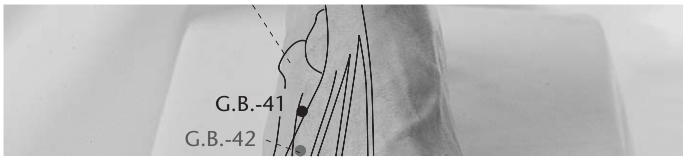
Between the 4th and 5th metatarsal bones, proximal to the metatarsophalangeal joints and medial to the tendon of the extensor digitorum longus muscle.

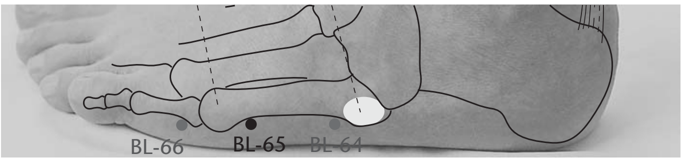

Base of the 5th metatarsal bone
G.B.-41
G.B.-42
Tendons of the extensor digitorum longus

How to find

From the space between the 4th and 5th toes, palpate towards the ankle. Locate **G.B.-42** in the groove between the two bones, proximal to the metatarsophalangeal joints (and proximal to the heads of the two metatarsal bones). **Or:** Ask the patient to abduct their toes so that the branch of the tendon of the extensor digitorum longus muscle extending to the little toe becomes more pronounced. Then palpate from the space between the toes along the groove between the 4th and 5th metatarsal bones from distal to proximal to where the tendon crosses the groove. **G.B.-42** is located medial (or anterior) to the tendon.

→ **G.B.-41** is located lateral (or posterior) to the tendon when continuing to palpate along the groove. → **BL-65** is located approximately on the same level on the lateral border of the foot, proximal to the head of the 5th metatarsal bone.





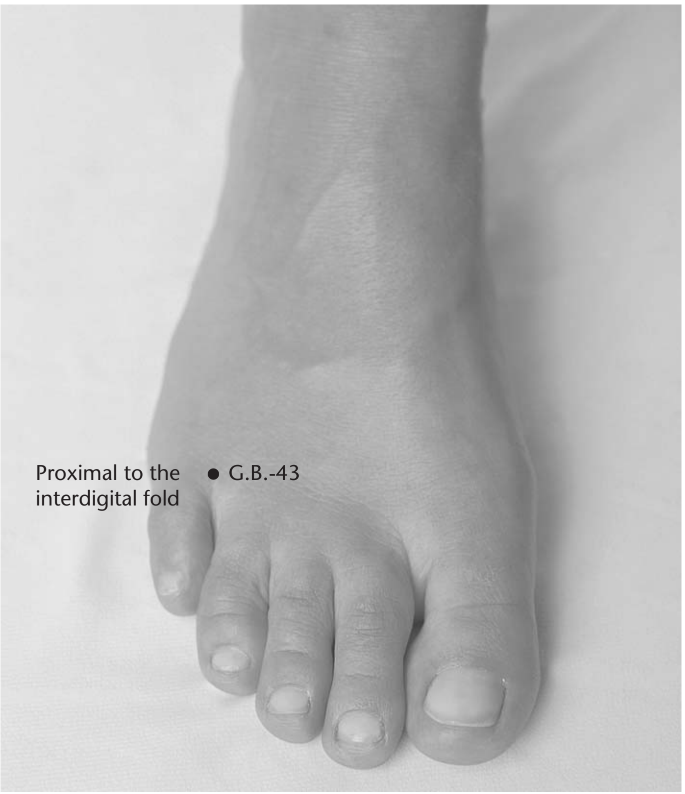
Needling

Vertically or obliquely 0.3–0.8 cun

Actions/Indications

- Moves Liver Qi
- Clears Heat from the Gall Bladder

Clamped Stream JIAXI/XIAXI G.B.-43


Proximal to the
interdigital fold
G.B.-43

Location

Between the 4th and 5th toes, proximal to the margin of the interdigital web.

How to find

Locate the interdigital web between the 4th and 5th toes. Then locate **G.B.-43** slightly proximal to the margin of the web. **G.B.-43** as well as → **LIV-2** and → **ST-44** are part of → **Ex-UE-10** (*bafeng*: proximal to the margins of the webs between the toes). → **T.B.-2** is located in a comparable position on the hand, between the ring finger and little finger. It is also part of → **Ex-UE-9** (*baxie*).

Needling

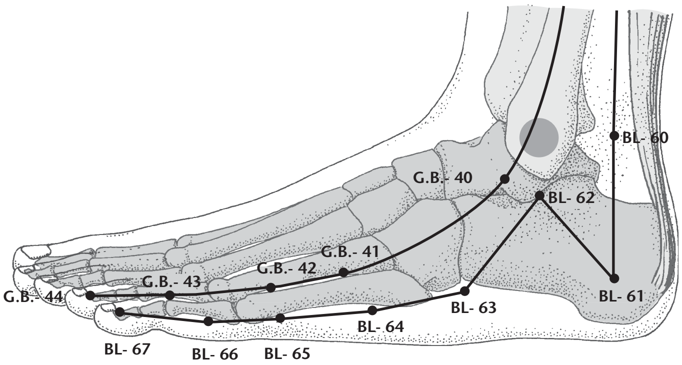
Up to 0.5 cun vertically or 1 cun obliquely in a proximal direction.

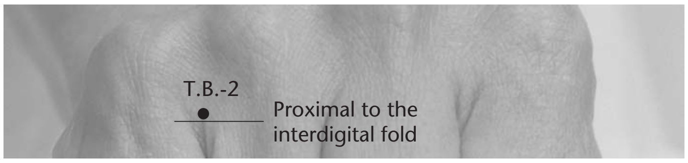
Actions/Indications

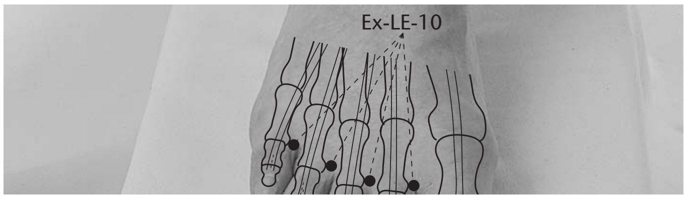
- Clears Heat, Damp-Heat and Wind, especially from the opposite end of the channel
- Calms Liver Yang

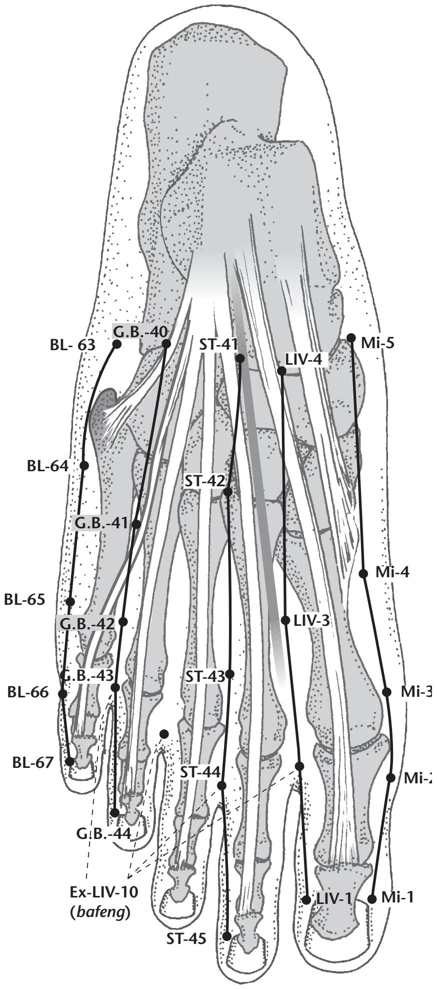
Special features

Ying-spring point, Water point, tonification point.


BL- 60
G.B.- 40
BL- 62
G.B.- 41
G.B.- 42
G.B.- 43
G.B.- 44
BL- 61
BL- 63
BL- 64
BL- 67
BL- 66
BL- 65


T.B.-2
Proximal to the
interdigital fold




BL- 63
G.B.-40
ST-41
LIV-4
Mi-5
BL-64
ST-42
G.B.-41
Mi-4
BL-65
G.B.-42
LIV-3
BL-66
G.B.-43
ST-43
Mi-3
BL-67
ST-44
Mi-
G.B.-44
Ex-LIV-10
(bafeng)
LIV-1
Mi-1
ST-45

G.B.-44 *Foot Portal Yin* ZUQIAOYIN

Location

On the 4th toe, 0.1 cun from the lateral corner of the nail.

How to find

G.B.-44 is located at the junction of two tangents along the proximal and lateral borders of the 4th toe.

→ **BL-67** is located at the lateral corner of the little toe.

Needling

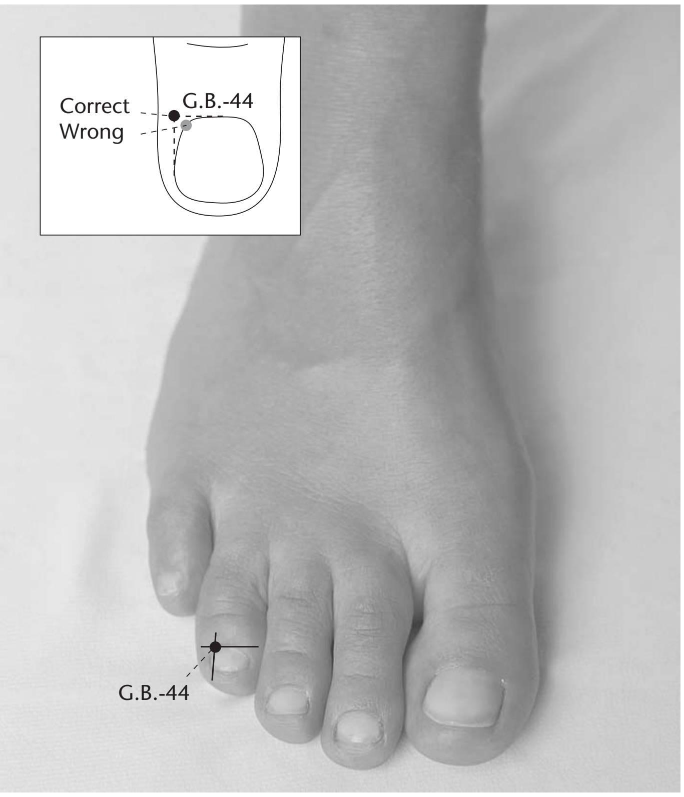
0.1 cun vertically or 0.2 cun obliquely in a proximal direction or prick to bleed. Caution: Painful point.

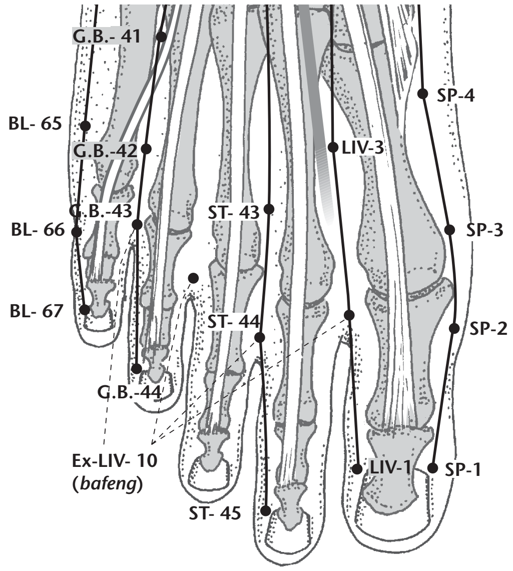
Actions/Indications

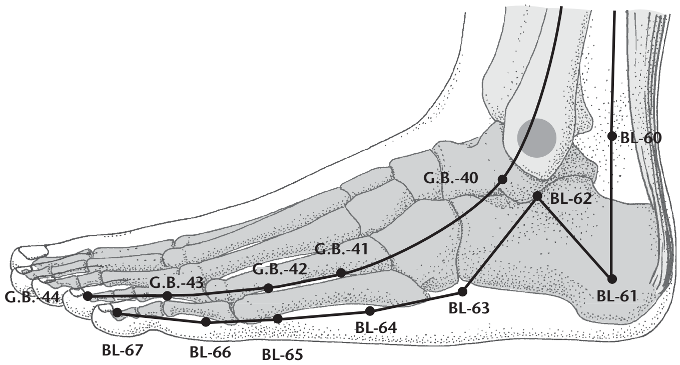
- Clears Wind, Heat and Fire
- Harmonises the Liver and Gall Bladder
- Calms the *shen*

Special features

Jing-well point, Metal point

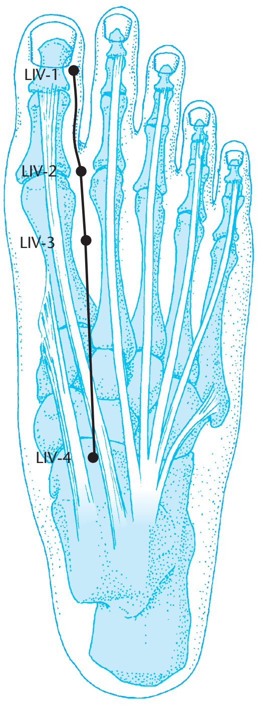

Correct
Wrong
G.B.-44
G.B.-44

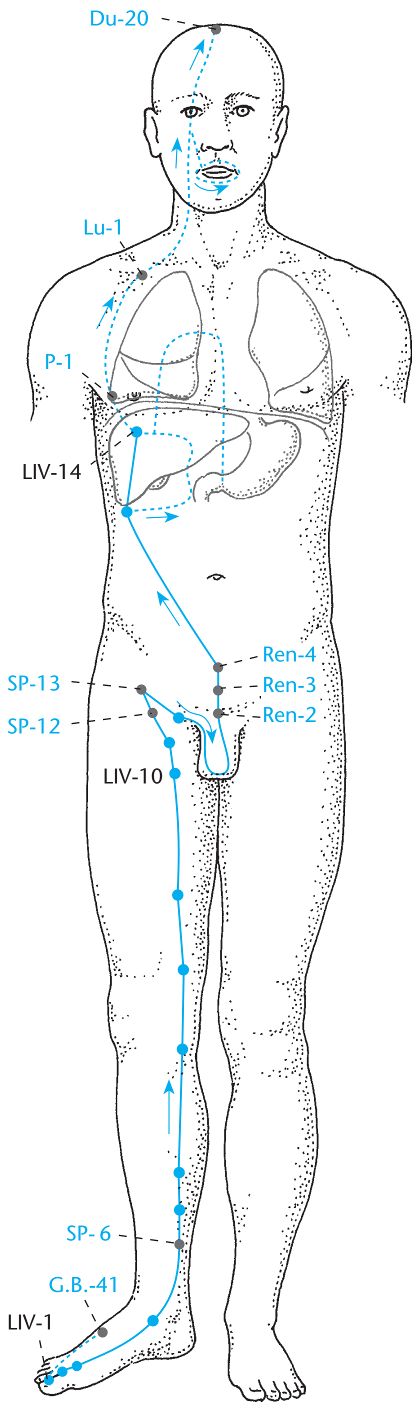

G.B.- 41
SP-4
BL- 65
G.B.-42
LIV-3
G.B.-43
ST- 43
BL- 66
SP-3
BL- 67
ST- 44
SP-2
G.B.-44
Ex-LIV- 10
(*bafeng*)
LIV-1
SP-1
ST- 45

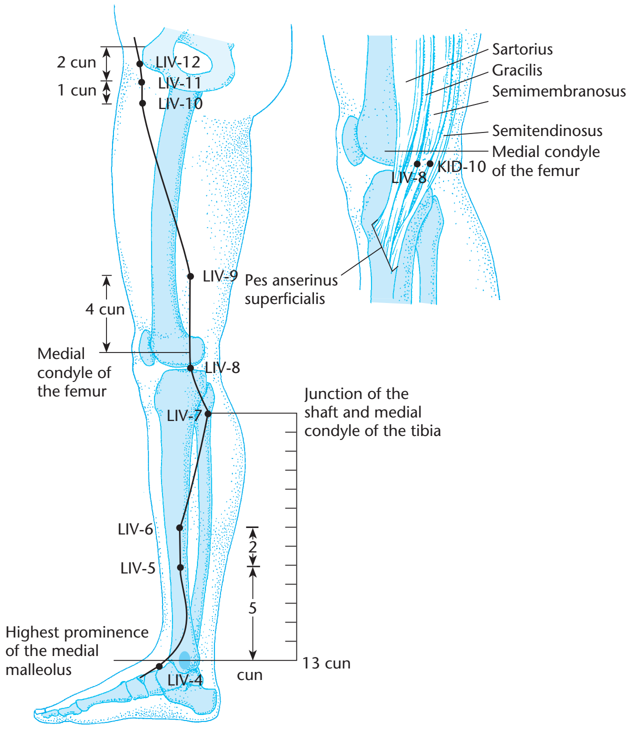

BL-60
G.B.-40
BL-62
G.B.-41
G.B.-42
G.B.-43
G.B.-44
BL-61
BL-63
BL-64
BL-67
BL-66
BL-65

4.12 The Liver Channel System – Foot *jueyin* (*zu jue yin jing luo*)

4.12.1 The Liver Primary Channel (*zu jue yin jing*)

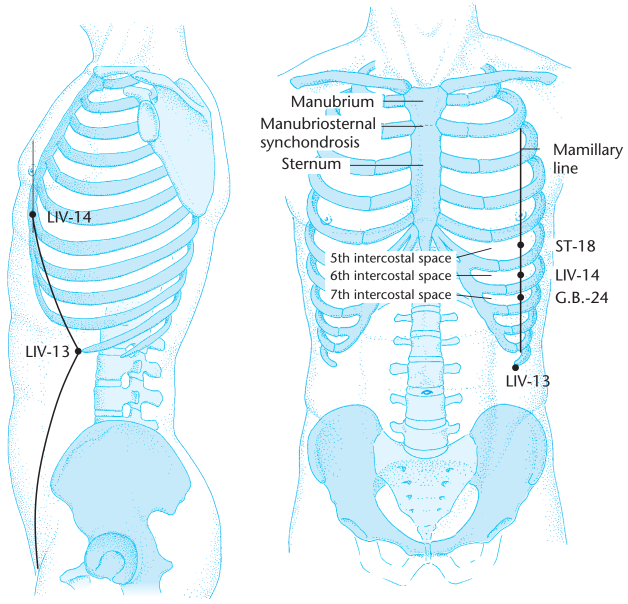

LIV-1
LIV-2
LIV-3
LIV-4


Du-20
Lu-1
P-1
LIV-14
Ren-4
Ren-3
Ren-2
SP-13
SP-12
LIV-10
SP- 6
G.B.-41
LIV-1


2 cun
1 cun
LIV-12
LIV-11
LIV-10
Sartorius
Gracilis
Semimembranosus
Semitendinosus
Medial condyle of the femur
KID-10
LIV-8
LIV-9
Pes anserinus superficialis
4 cun
Medial condyle of the femur
LIV-8
Junction of the shaft and medial condyle of the tibia
LIV-7
LIV-6
LIV-5
2
5
Highest prominence of the medial malleolus
LIV-4
cun
13 cun

Pathway

The Liver primary channel begins at **LIV-1** (*dadun*) on the lateral corner of the nail of the big toe. This point is reached by a small branch of the G.B. channel, which separates from the Gall Bladder primary channel on the dorsum of the foot at → **G.B.-41** (*zulinqi*) (foot Yin–Yang connection of the third great circuit).



The **external pathway** runs proximally between the 1st and 2nd metatarsal bones

- ascends anterior to the medial malleolus
- crosses the SP channel at → **SP-6** (*yinlingquan*) on the medial aspect of the lower leg
- ascends the medial aspect of the leg towards the knee anterior to the SP channel
- continues along the medial aspect of the thigh to the pubic region, where it passes → **SP-12** (*chongmen*) and → **SP-13** (*fushe*)
- circles the external genitalia
- ascends the lower abdomen, passing → **Ren-2** (*qugu*), → **Ren-3** (*zhongji*) and → **Ren-4** (*guanyuan*)
- obliquely traverses the abdomen to **LIV-13** (*zhangmen*) at the free end of the 11th rib and to **LIV-14** (*qimen*), where the **external pathway** terminates.

At **LIV-13**, the channel enters the abdomen, marking the beginning of the **internal pathway**. It

- circles the Stomach (*wei*)
- connects with its pertaining *zang*-Organ, the Liver (*gan*) and its paired *fu*-Organ, the Gall Bladder (*dan*)
- penetrates the diaphragm
- spreads in the lateral hypochondrium and thoracic region.

The channel then ascends along the posterior aspect of the trachea to the throat and nasopharynx and connects with the eye system and the brain. It crosses the forehead and ascends to the vertex, where it connects with the extraordinary vessel *du mai* at → **Du-20** (*baihui*).

An **internal branch** descends from the maxillary sinus to the cheek and circles the **inner surface** of the lips.

An **internal branch** emerges from the Liver, penetrates the diaphragm, disperses in the Lung (*fei*) and meets the Lung primary channel (deep Yin–Yin connection), closing the first circuit of the Nutritive Qi (*ying qi*) (→ 1.1.4). This branch further connects with the Pericardium primary channel beneath → **P-1** (*tianchi*) (hand–foot pairing of the third great circuit: Yin axes, *jue yin*).

Clinical importance (→ 1.2)

Exterior (*biao*) signs and symptoms: Headaches, dizziness, blurred vision, tinnitus, fever, spastic extremities
Interior (*li*) or *zangfu*-Organ signs and symptoms: Distension, fullness and pain in the costal region, tightness and fullness in the chest, abdominal pain, vomiting, jaundice, diarrhoea, *shan* disorder, enuresis, urinary retention, yellow urine

Connections of the Liver primary channel (→ 1.2)

Connections with other channels

Gall Bladder primary channel (*zu shao yang jing*)

Connection: Foot Yin–Yang pairing of the third great circuit
Location: G.B.-41 → LIV-1 (on the foot)
Circulation: Circadian (according to the Organ clock)
Importance: Exterior–Interior relationship

Pericardium primary channel (*shou jue yin jing*)

Connection: Paired according to the six-channel theory (hand–foot pairing): *jue yin* (Yin axes of the third great circuit)
Location: LIV → P. An internal branch originating in the Liver penetrates the diaphragm and connects with the Pericardium primary channel beneath → P-1.
Circulation: Non-circadian (not according to the Organ clock)
Importance: Above–below relationship

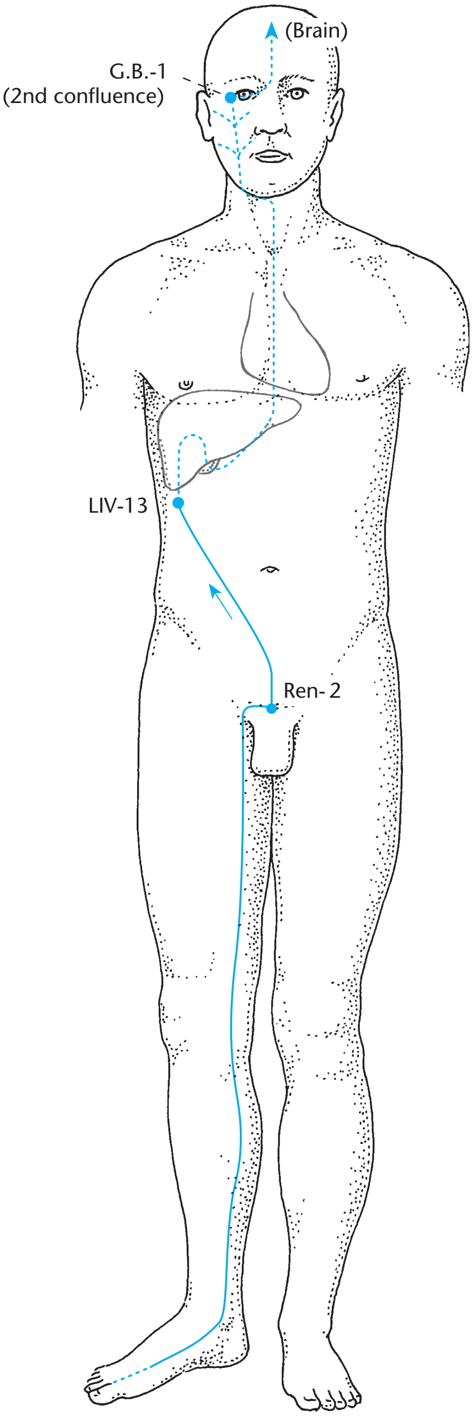
Lung primary channel (*shou tai yin jing*)

Connection: Deep Yin–Yin connection
Location: LIV → LU (in the thorax). An internal branch originating in the Liver penetrates the diaphragm and disperses in the Lung to connect with the Lung primary channel.
Circulation: Circadian (according to the Organ clock)
Importance: The Lung primary channel receives part of its Nutritive Qi (*ying qi*) from the Liver primary channel (first circulation of the *ying qi* → 1.1.4).

Connections with zangfu-Organ systems

Stomach (*wei*), **Liver (*gan*)**, **Gall Bladder (*dan*)**, Lung (*fei*)

4.12.2 The Liver Divergent Channel (*zu jue yin jing bie*)



Pathway

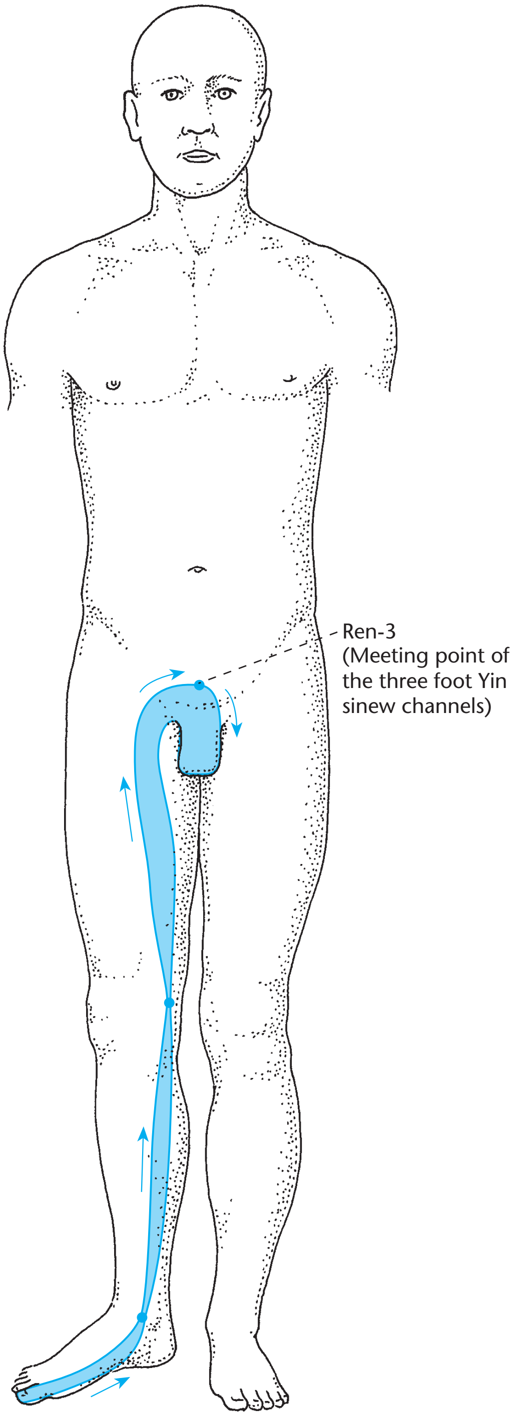
The Liver divergent channel separates from the Liver primary channel on the dorsum of the foot

- ➡ ascends the medial aspect of the leg to the inguinal region
- ➡ meets the Gall Bladder divergent channel near → **Ren-2** (*qugu*)
- ➡ traverses the abdomen and enters internally at **LIV-13** (*zhangmen*)
- ➡ continues inside the thoracic cavity, spreads in the Liver (*gan*), connects with the Gall Bladder (*dan*) and runs to the Heart (*xin*)
- ➡ ascends to the neck
- ➡ emerges at the mandibular angle and disperses over the face
- ➡ connects with the Gall Bladder primary channel and the Gall Bladder divergent channel at → **G.B.-1** (*tongziliao*) on the outer canthus of the eye to form one of the six *he*-confluences (here: G.B./LIV as 2nd confluence → 1.3)
- ➡ continues to the eye system and ends in the Brain.

Clinical importance

- Strengthens the relationship between the Liver and the Gall Bladder (*zangfu*-Organ systems). Points on the Liver primary channel can therefore be used to treat disorders of the Gall Bladder and vice versa.
- Based on the pathways of the Gall Bladder and Liver divergent channels, points on both channels can be used for disorders of the hips and the lower extremities as well as for disorders of the eye system.

4.12.3 The Liver Sinew Channel (*zu jue yin jing jin*)



Pathway

The Liver sinew channel begins on the dorsum of the big toe

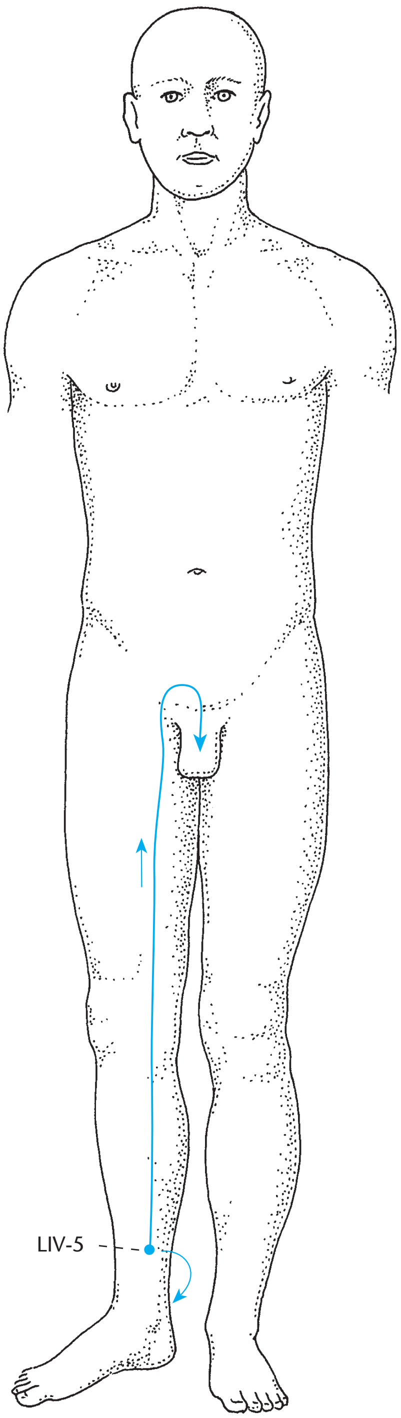
- ➡ follows the dorsolateral aspect of the big toe to the anterior aspect of the medial malleolus, where it binds (*jie*)
- ➡ ascends the medial aspect of the tibia and binds (*jie*) at the medial aspect of the knee
- ➡ further ascends the medial aspect of the thigh between the Kidney and Spleen sinew channels
- ➡ reaches the inguinal region, meeting the other foot Yin sinew channels at → **Ren-3** (*zhongji*) and continues to the genitalia.

Clinical importance

Pathology: Stiffness, tension and distending sensations along the big toe. Pain around the medial malleolus and medial aspect of the knee. Pain and muscular tension along the medial aspect of the thigh. Disorders of the genital region.

Indication: Pain, tension, muscle contractions and distending sensations along the pathway of the channel. Disorders of the genital region.

4.12.4 The Liver *luo*-Connecting Vessel System (*zu jue yin luo mai*)



Pathway

The Liver *luo*-connecting vessel system separates from the Liver primary channel at its *luo* point **LIV-5** (*ligou*) (→ 8.1.2). It forms a three-dimensional reticular network, dividing into multiple branches and sub-branches (*sun luo, fu luo, xue luo* → 1.5) within the surrounding tissue.

- Horizontal divisions run to the Interiorly–Exteriorly paired Gall Bladder primary channel; according to some schools of thought (for example, Ngyen Van Nghi → Appendix), they travel as a **transverse** Liver *luo*-connecting vessel to the *yuan*-source point → **G.B.-40** (*qiuxu*).
- **A longitudinal division** ascends the medial aspect of the leg to the genital region, where it branches out.

Clinical importance (→ 8.1.2)

Pathology

Counterflow Qi: Swellings and pain of the testicles and scrotum, hernia

Excess (*shi*): Priapism

Deficiency (*xu*): Itching of the external genitalia

4.12.5 Cutaneous Region (*jue yin pi bu*)

See description and figures → 1.6.

4.12.6 Points of the Liver Primary Channel (Overview)

Specific points according to their function

- ***Yuan*-source point (→ 8.1.1): LIV-3** (*taichong*) 🟦🟦
- ***Luo*-connecting point (→ 8.1.2.): LIV-5** (*ligou*) 🟦■
- ***Xi*-cleft point (→ 8.1.3): LIV-6** (*zhongdu*) 🟦■
- **Associated Back-*shu* point (→ 8.1.4): BL-18** (*ganshu*) 🟦■
- **Associated Front-*mu* point (→ 8.1.5): LIV-14** (*qimen*) 🟦■
- **Five *shu*-transporting points (→ 8.1.6):**
  jing-well point (Wood): **LIV-1** (*dadun*) 🟦■, *ben* point (Five Phases)
  ying-spring point (Fire): **LIV-2** (*xingjian*) 🟦🟦
  shu-stream point (Earth): **LIV-3** (*taichong*) 🟦🟦
  jing-river point (Metal): **LIV-4** (*zhongfeng*)
  he-sea point (Water): **LIV-8** (*ququan*) 🟦■, tonification point
- ***Hui*-meeting point (→ 8.1.7) of the *zang*-Organs: LIV-13** (*zhangmen*) 🟦🟦
- **Opening point (→ 8.1.8): –**
- **Lower *he*-sea point (→ 8.1.9): –**
- ***Jiaohui*-meeting points (→ 8.1.10):**
  – with the G.B. channel and the *dai mai**: **LIV-13** (*zhangmen*) 🟦🟦

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*Mentioned by only some authors

  - with the *yin wei mai* and the ST channel: **LIV-14** (*qimen*) 🟦⬛
  - of other channels with the LIV channel: **SP-6, SP-12, SP-13, Ren-2, Ren-3, Ren-4, P-1, (Du-20*)**
- **Gao Wu command point (→ 8.1.11): –**
- **Window of Heaven point (→ 8.1.12): –**
- **Points of the Four Seas (→ 8.1.13): –**
- **Ma Dan Yang Heavenly Star point (→ 8.1.14): LIV-3** (*taichong*) 🟦🟦
- **Sun Si Miao Ghost point (→ 8.1.15): –**
- **Other functional points:**
  - Front-*mu* point of the Spleen: **LIV-13** (*zhangmen*) 🟦🟦

Points according to region

- **Local points** (→ 8.2.1): Liver – **LIV-13** (*zhangmen*) 🟦🟦; knee – **LIV-7** (*xiguan*), **LIV-8** (*ququan*) 🟦⬛; foot – **LIV-4** (*zhongfeng*)
- **Adjacent points (→ 8.2.1):** Stomach/Spleen – **LIV-13** (*zhangmen*) 🟦🟦; hypochondrium – **LIV-13** (*zhangmen*) 🟦🟦, **LIV-14** (*qimen*)
- **Distal points** (→ 8.2.1): vertex – **LIV-3** (*taichong*) 🟦🟦; eyes – **LIV-2** (*xingjian*) 🟦🟦, **LIV-3** (*taichong*) 🟦🟦; Liver – **LIV-3** (*taichong*) 🟦🟦; Gall Bladder – **LIV-3** (*taichong*) 🟦🟦; urogenital region – **LIV-3** (*taichong*) 🟦🟦; genital region – **LIV-5** (*ligou*) 🟦⬛; lower abdomen – **LIV-8** (*ququan*) 🟦⬛

Specific points according to the channel pathway (in numeric order)

- **LIV-1** (*dadun*) 🟦⬛: *jing*-well point (Wood), *ben* point (Five Phases) (→ 8.1.6)
- **LIV-2** (*xingjian*) 🟦🟦: *ying*-spring point (Fire) (→ 8.1.6), sedation point; distal point for the eyes (→ 8.2.1)
- **LIV-3** (*taichong*) 🟦🟦: *yuan*-source point (→ 8.1.1); *shu*-stream point (Earth) (→ 8.1.6); Ma Dan Yang Heavenly Star point (→ 8.1.4); distal point for the vertex, eyes, Liver, Gall Bladder and urogenital region (→ 8.2.1)
- **LIV-4** (*zhongfeng*): *jing*-river point (Metal) (→ 8.1.6); local point for the foot (→ 8.2.1)
- **LIV-5** (*ligou*) 🟦⬛: *luo*-connecting point (→ 8.1.2); distal point for the genital region (→ 8.2.1)
- **LIV-6** (*zhongdu*) 🟦⬛: *xi*-cleft point (→ 8.1.3)
- **LIV-7** (*xiguan*): local point for the knee (→ 8.2.1)
- **LIV-8** (*ququan*) 🟦⬛: *he*-sea point (Water) (→ 8.1.6); tonification point; distal point for the abdomen (→ 8.2.1); local point for the knee (→ 8.2.1)
- **LIV-13** (*zhangmen*) 🟦🟦: Front-*mu* point of the Spleen (→ 8.1.5); *hui*-meeting point of the *zang*-Organs (→ 8.1.7); *jiaohui*-meeting point with the G.B. channel and the (*dai mai**) (→ 8.1.10); adjacent point for the Spleen/Stomach and the hypochondrium (→ 8.2.1)
- **LIV-14** (*qimen*) 🟦⬛: associated Front-*mu* point(→ 8.1.5); *jiaohui*-meeting point with the *yin wei mai* and the SP channel (→ 8.1.10); regional point for the hypochondrium (→ 8.2.1)

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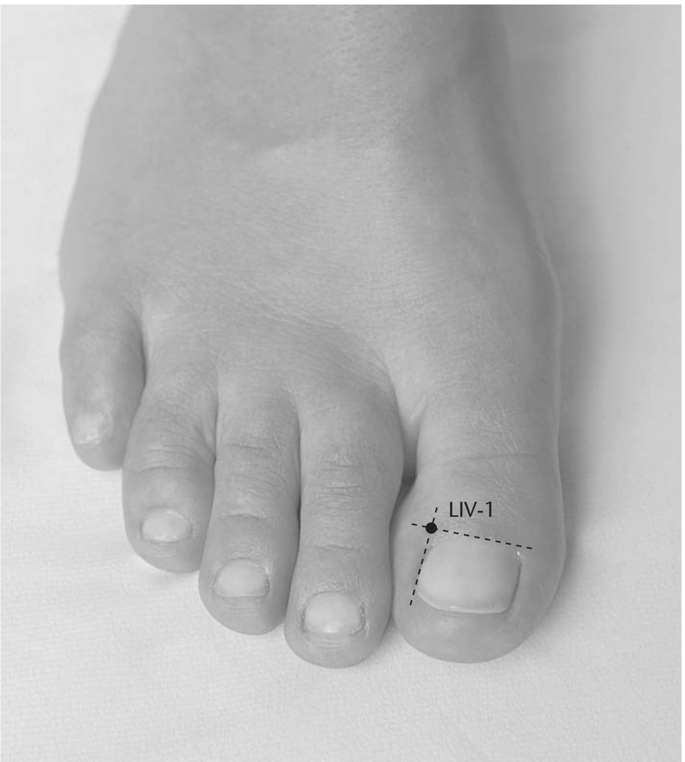
* Mentioned by only some authors

Big Mound DADUN LIV-1



Location

On the lateral aspect of the big toe, 0.1 cun proximal and lateral to the corner of the nail.

How to find

LIV-1 is located at the junction of two tangents along the proximal and lateral borders of the big toe, 0.1 cun from the actual margin of the nail. → **SP-1** is located at the medial corner of the big toe.

Needling

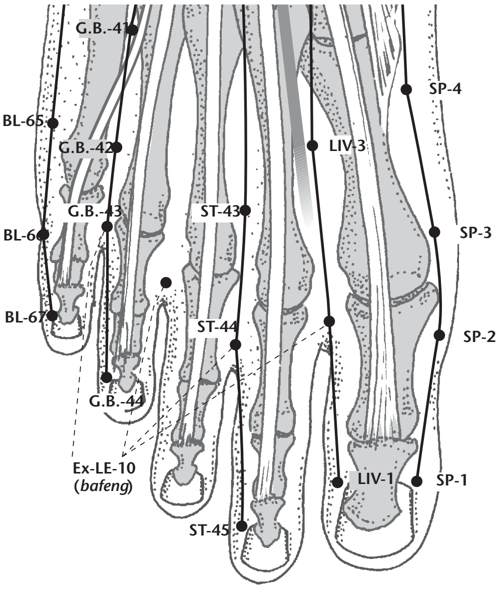
Vertically or obliquely 0.1–0.2 cun. Avoid needling into the perionychium. For excess conditions, prick to bleed. Caution: Painful point.

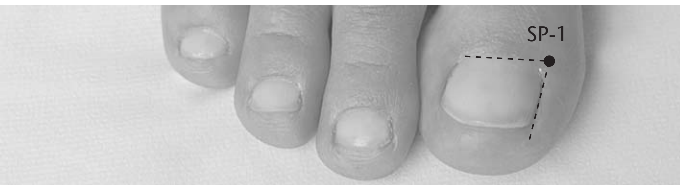
Actions/Indications

- Regulates the Lower Burner, the genitals and Liver Qi
- Eliminates Dampness
- Opens the sensory orifices

Special features

Jing-well point, Wood point, *ben* point (Five Phases), entry point.

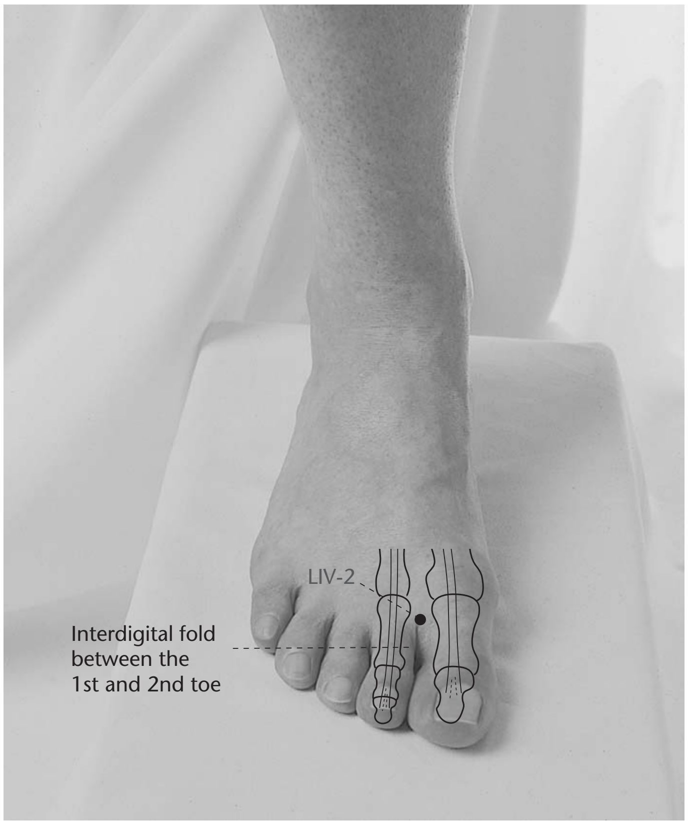

G.B.-41
SP-4
BL-65
G.B.-42
LIV-3
G.B.-43
ST-43
BL-66
SP-3
BL-67
ST-44
SP-2
G.B.-44
Ex-LE-10
(*bafeng*)
LIV-1
SP-1
ST-45



LIV-2 *Moving Between* XINGJIAN

Location

Between the 1st and 2nd toes, proximal to the margin of the interdigital web.



How to find

Locate **LIV-2** slightly proximal to the margin of the interdigital web between the 1st and 2nd toes.

Located in comparable positions are → **ST-44** (between the 2nd/3rd toes) and → **G.B.-43** (between the 4th/5th toes). → **LIV-2,** → **ST-44** and → **G.B.-43** are all part of the extra point → **Ex-LE-10** (*bafeng*). Its counterpart on the hand is the extra point → **Ex-UE-9** (*baxie*).

Needling

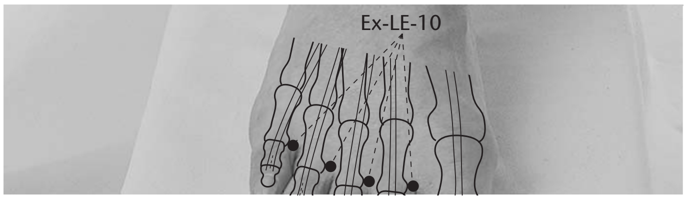
0.3–0.5 cun obliquely towards the heel or vertically.

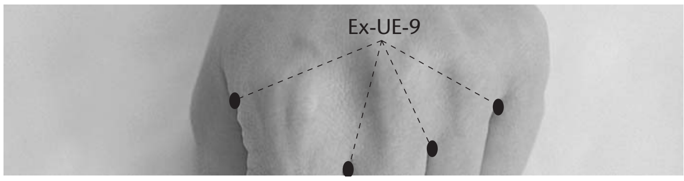
Actions/Indications

- Clears Liver Fire, spreads Liver Qi, calms (internal) Liver Wind, clears Heat and Blood Heat, stops bleeding, benefits the Lower Burner

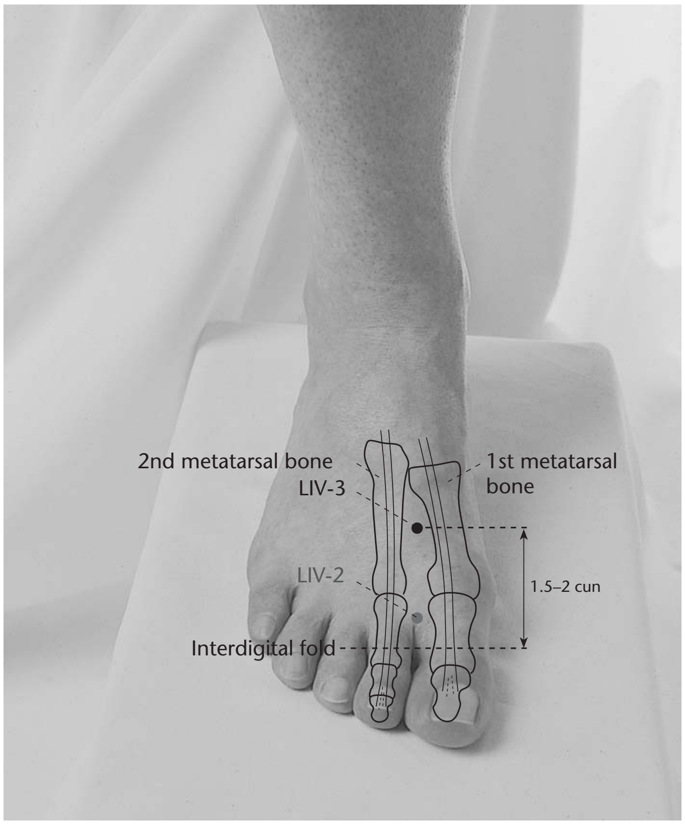
Special features

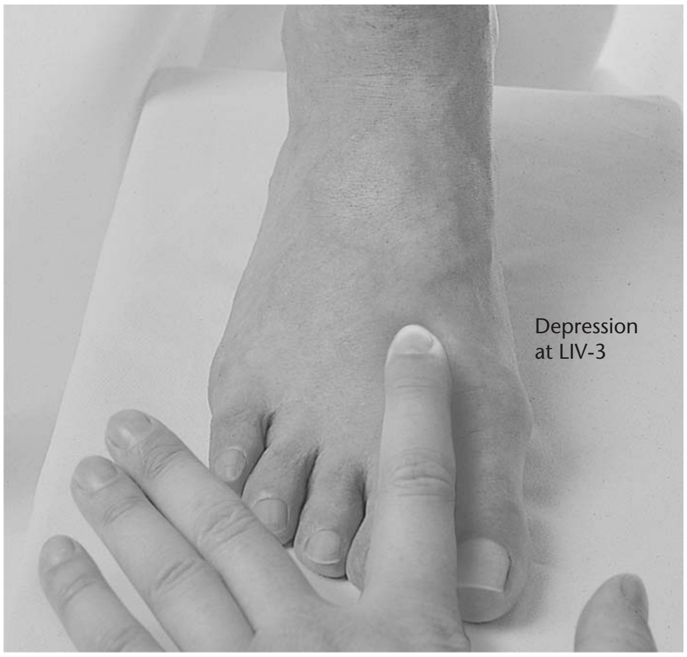
Ying-spring point, Fire point, sedation point. Major point for excess syndromes of the Liver (especially Liver Fire).

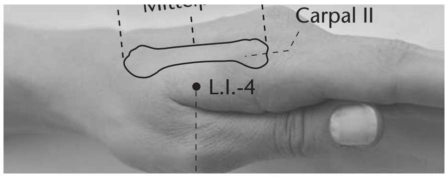




Great Rushing TAICHONG LIV-3


2nd metatarsal bone
LIV-3
1st metatarsal bone
LIV-2
1.5–2 cun
Interdigital fold


Depression at LIV-3


Carpal II
L.I.-4

Location

On the dorsum of the foot, between the 1st and 2nd metatarsal bones, in the depression proximal to the metatarsophalangeal joints and the proximal angle between the two bones.

How to find

From the web between the 1st and 2nd toes, palpate proximally past the metatarsophalangeal joints and along the groove between the 1st and 2nd metatarsal bones, until you reach the widest and deepest part of the groove. There, locate **LIV-3**, which is often sensitive to pressure. To double-check: When continuing to palpate along the groove, it will become more narrow and shallow again.

Located in a similar position on the hand is → **L.I.-4** (between the 1st and 2nd metacarpal bones).

Needling

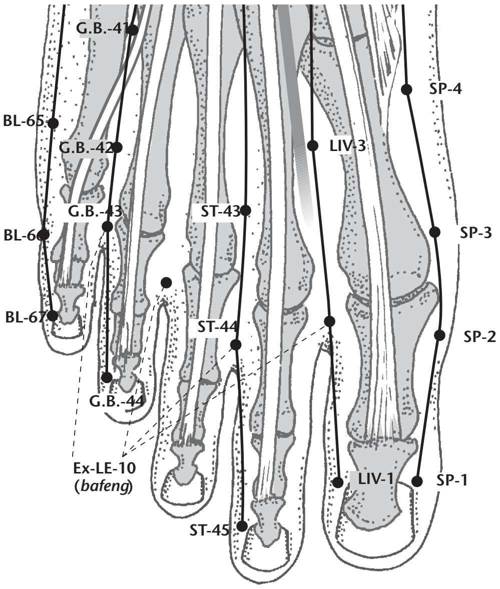
Vertically or slightly obliquely 0.5–1 cun. Caution during pregnancy.

Actions/Indications

- Spreads Liver Qi, clears the head, benefits the eyes, nourishes Liver Blood and Liver Yin, calms spasms, alleviates pain, regulates menstruation and the Lower Burner
- Eliminates (internal) Wind, pacifies Liver Yang

Special features

Yuan-source point, *shu*-stream point, Earth point, Ma Dan Yang Heavenly Star point (later added by Xu Feng). Major point for spreading Liver Qi.


G.B.-41
SP-4
BL-65
G.B.-42
LIV-3
G.B.-43
ST-43
BL-66
SP-3
BL-67
ST-44
SP-2
G.B.-44
Ex-LE-10
(*bafeng*)
LIV-1
SP-1
ST-45

LIV-4 *Middle Seal* ZHONGFENG

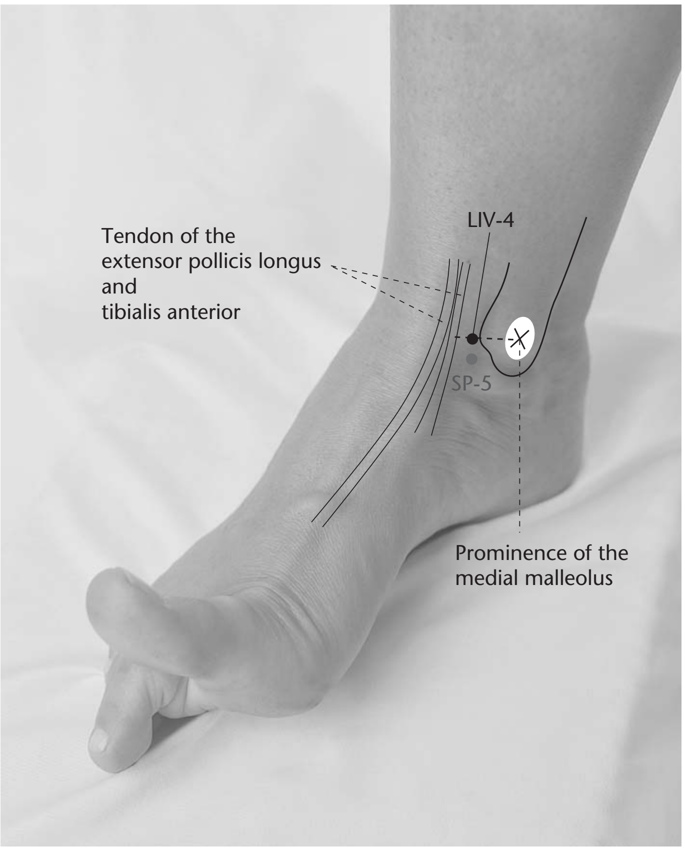
Location

1 cun anterior to the prominence of the medial malleolus, medial to the tendon of the tibialis anterior muscle.

How to find

Even with slight dorsiflexion of the ankle, the tendon of the tibialis anterior muscle will become more pronounced on the medial aspect of the ankle. **LIV-4** is located between the tendon and the prominence of the medial malleolus, in a depression over the palpable joint space.

→ **ST-41** is also located over the joint space (on the midpoint of its anterior aspect); → **SP-5** lies only slightly distal to → **LIV-4** at the junction of a vertical line along the anterior border and a horizontal line along the lower border of the medial malleolus.


LIV-4
Tendon of the extensor pollicis longus and tibialis anterior
SP-5
Prominence of the medial malleolus

Needling

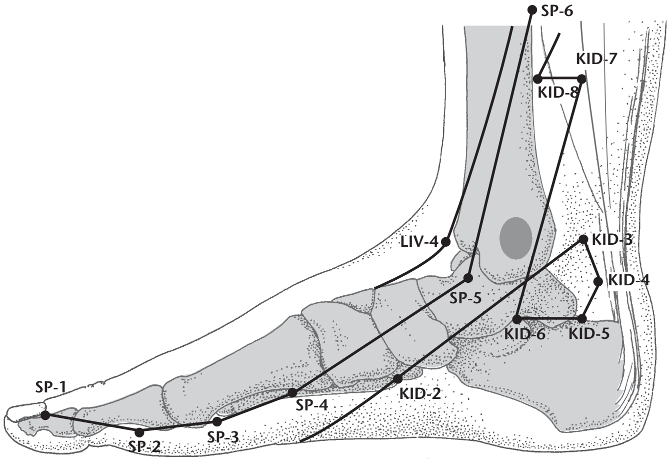
Vertically 0.3–0.5 cun

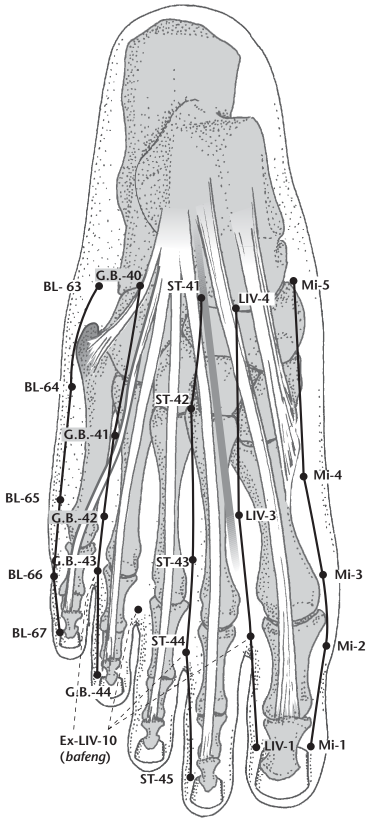
Actions/Indications

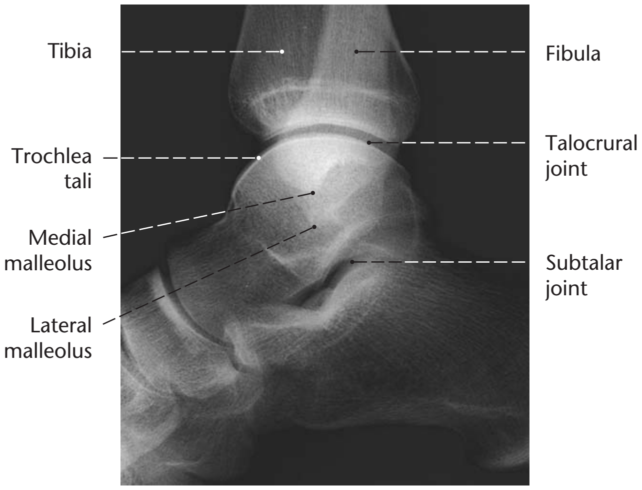
- Opens the channel, promotes the flow of Liver Qi, regulates the Lower Burner

Special features

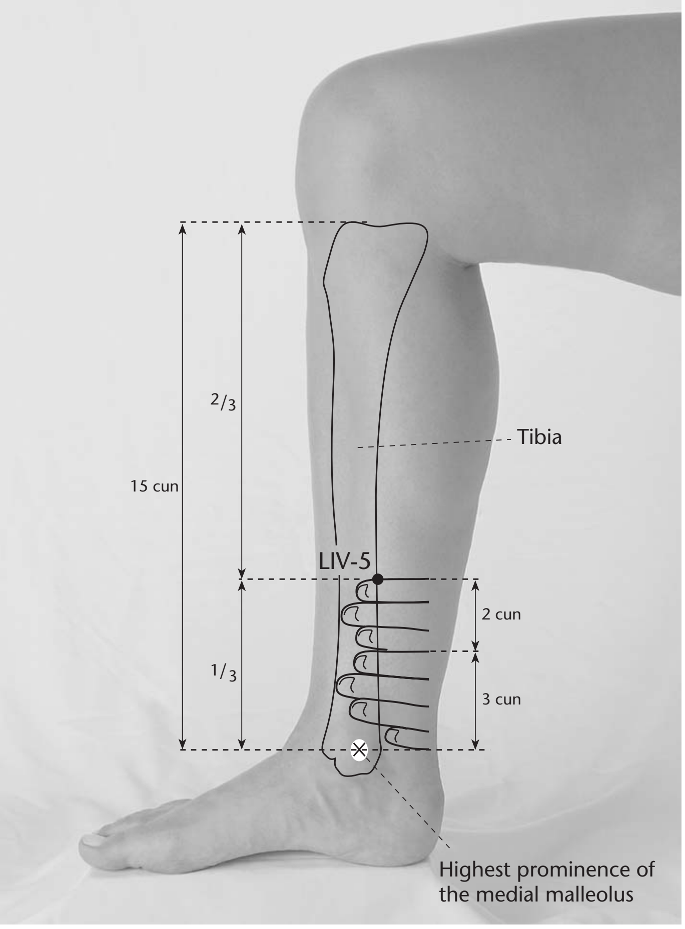
Jing-river point, Metal point.

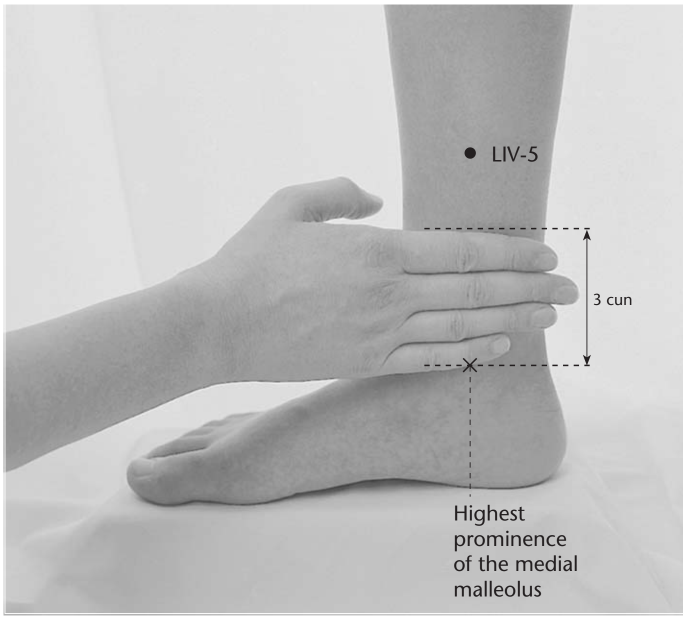

SP-6
KID-7
KID-8
LIV-4
KID-3
KID-4
SP-5
KID-6
KID-5
SP-1
KID-2
SP-4
SP-3
SP-2

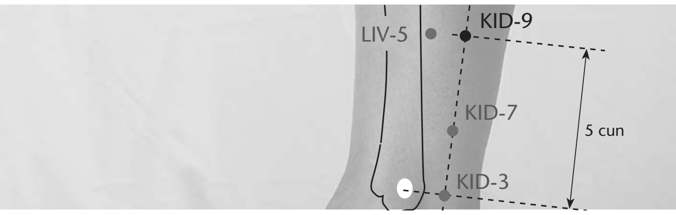

BL-63
G.B.-40
ST-41
Mi-5
LIV-4
BL-64
ST-42
G.B.-41
Mi-4
BL-65
LIV-3
G.B.-42
G.B.-43
ST-43
Mi-3
BL-66
BL-67
ST-44
Mi-2
G.B.-44
Ex-LIV-10
(bafeng)
LIV-1
Mi-1
ST-45


Tibia
Fibula
Trochlea tali
Talocrural joint
Medial malleolus
Subtalar joint
Lateral malleolus

Woodworm Canal LIGOU LIV-5


2/3
15 cun
Tibia
LIV-5
2 cun
1/3
3 cun
Highest prominence of the medial malleolus


LIV-5
3 cun
Highest prominence of the medial malleolus


LIV-5
KID-9
KID-7
5 cun
KID-3

Location

On the medial aspect of the lower leg, 5 cun proximal to the highest prominence of the medial malleolus, just posterior to the medial crest of the tibia, between the crest of the tibia and the gastrocnemius muscle.

How to find

First, locate the highest prominence of the medial malleolus (→ 3.6.2). From there, palpate 5 cun in a proximal direction and there locate **LIV-5** in a depression directly posterior to the medial crest of the tibia. **Or quick method:** Divide the distance between the medial end of the popliteal crease and the highest prominence of the medial malleolus (=approximately 15 cun, → 2.2) into thirds and locate **LIV-5** a third of the distance from the medial malleolus. Note: Some texts locate **LIV-5 on** the tibia, others on the **posterior** border of the tibia; sensitivity to pressure should be the determining factor. → **KID-9** is located on the same level but directly superior to → **KID-3** (between the medial malleolus and the Achilles tendon).

Needling

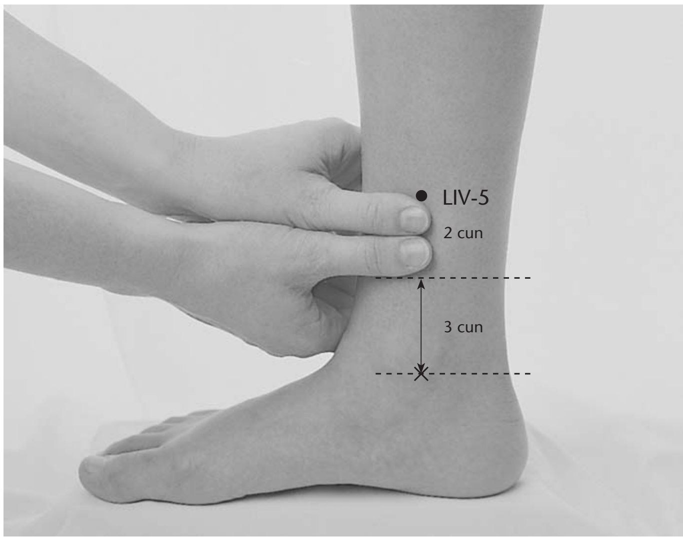
0.5–1 cun vertically or obliquely in a posterior direction towards the fibula or transversely (subcutaneously) along the tibia towards the abdomen.

Actions/Indications

- Regulates Liver Qi, benefits the genitals, clears Damp-Heat from the Lower Burner, regulates menstruation
- Eliminates 'plum-pit' Qi
- Moves Qi locally

Special features

Luo-connecting point. Important distal point for the urogenital region (especially with Liver Qi stagnation and Damp-Heat).


LIV-5
2 cun
3 cun

LIV-6 *Central Capital* ZHONGDU

Location

7 cun proximal to the highest prominence of the medial malleolus, just posterior to the medial crest of the tibia.

How to find

First, locate the highest prominence of the medial malleolus (→ 3.6.2). From there, palpate 7 cun (= the width of 2 hands and 1 thumb) in a proximal direction and there locate **LIV-6** in a depression directly posterior to the medial crest of the tibia. **Or quick method:** Spreading hands technique (→ 2.3.3): Place the little fingers on the medial end of the popliteal crease and the highest prominence of the medial malleolus respectively and join the thumbs on the posterior border of the tibia at the midpoint of this distance (= approximately 15 cun, 2.2). From there, measure 0.5 cun in a distal direction and here locate **LIV-6** posterior to the medial crest of the tibia. Note: Some texts locate **LIV-6 on** the tibia, others on the **posterior** border of the tibia; sensitivity to pressure should be the determining factor.

Needling

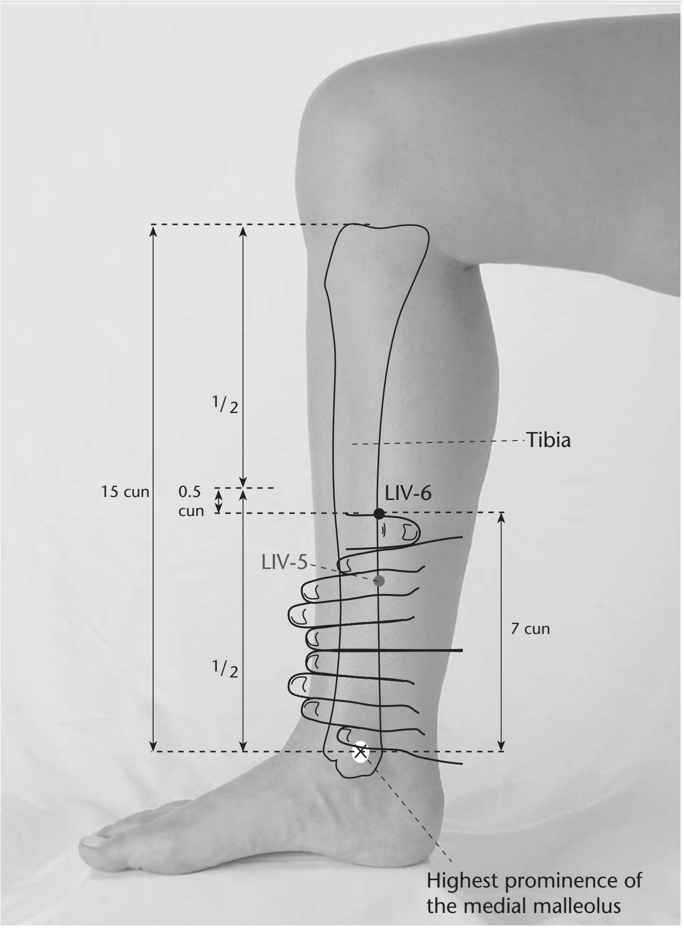
0.5–1 cun vertically or obliquely in a posterior direction towards the fibula or transversely (subcutaneously) in a proximal direction along the tibia.

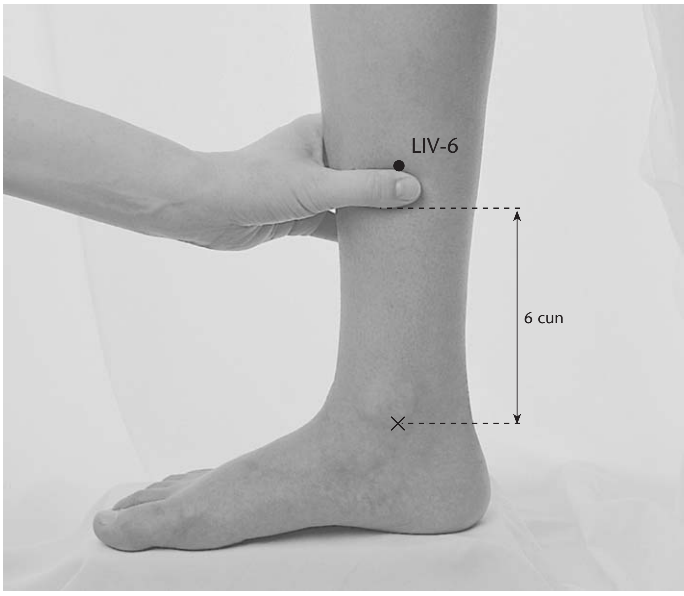
Actions/Indications

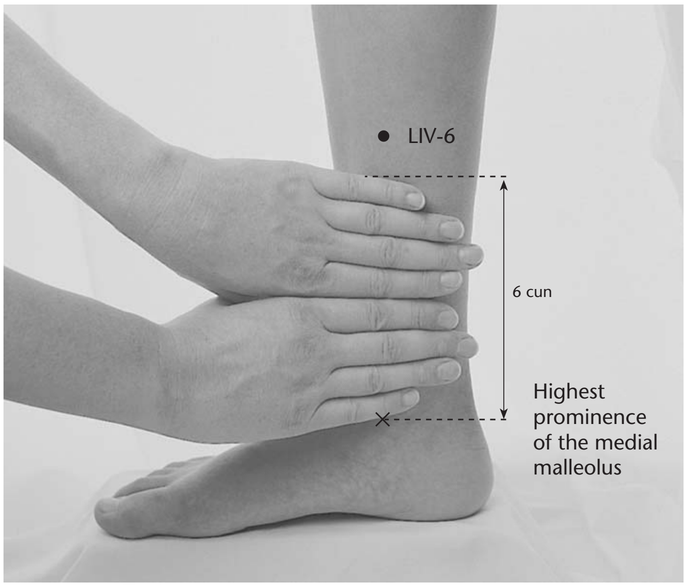
- Spreads Liver Qi, regulates the Lower Burner, regulates Blood, eliminates Dampness

Special features

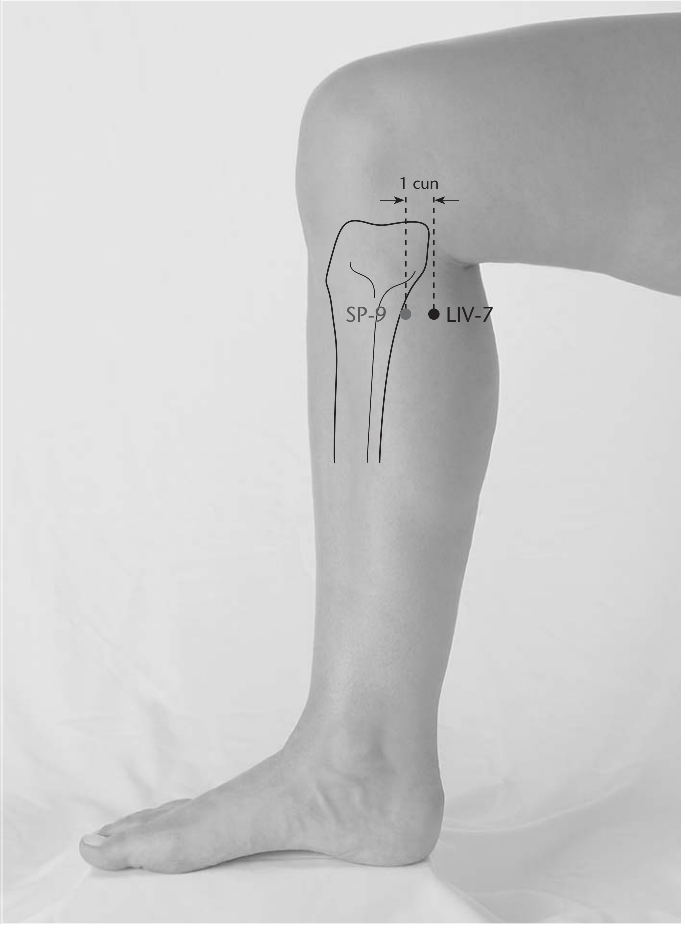
Xi-cleft point


1/2
Tibia
15 cun
0.5 cun
LIV-6
LIV-5
7 cun
1/2
Highest prominence of the medial malleolus




LIV-6
6 cun
Highest prominence of the medial malleolus

Knee Joint XIGUAN **LIV-7**


1 cun
SP-9
LIV-7

Location

At the junction of the shaft and the medial condyle of the tibia, 1 cun posterior to → **SP-9**.

How to find

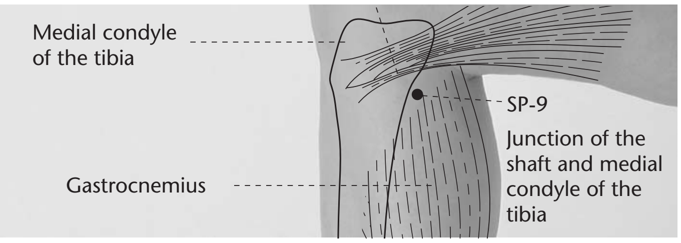
The junction of the shaft and the medial condyle of the tibia can be easily palpated. There, locate → **SP-9** and **LIV-7** 1 cun posterior to it. Both points tend to be sensitive to pressure if indicated.

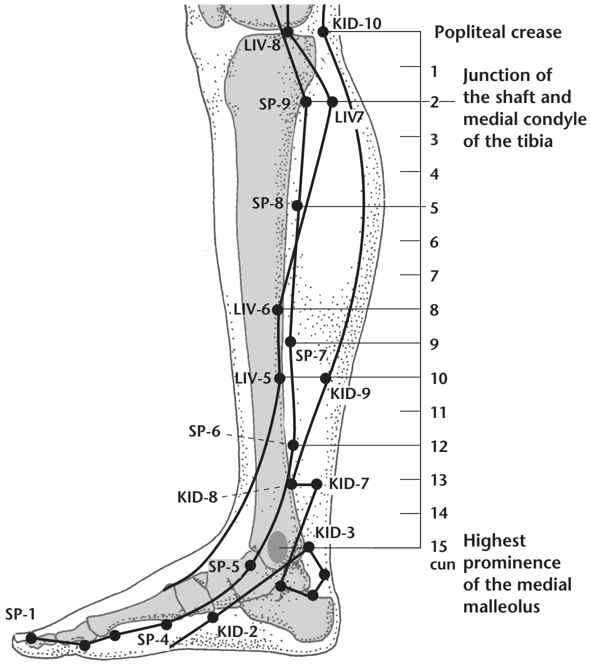
Needling

Vertically 1–2 cun

Actions/Indications

- Opens the channel
- Expels Wind and Dampness


Medial condyle of the tibia
SP-9
Junction of the shaft and medial condyle of the tibia
Gastrocnemius


KID-10
Popliteal crease
LIV-8
1
Junction of the shaft and medial condyle of the tibia
SP-9
2
LIV7
3
4
SP-8
5
6
7
LIV-6
8
9
SP-7
LIV-5
10
KID-9
11
SP-6
12
KID-7
13
KID-8
14
KID-3
15 cun
Highest prominence of the medial malleolus
SP-5
SP-1
SP-4
KID-2

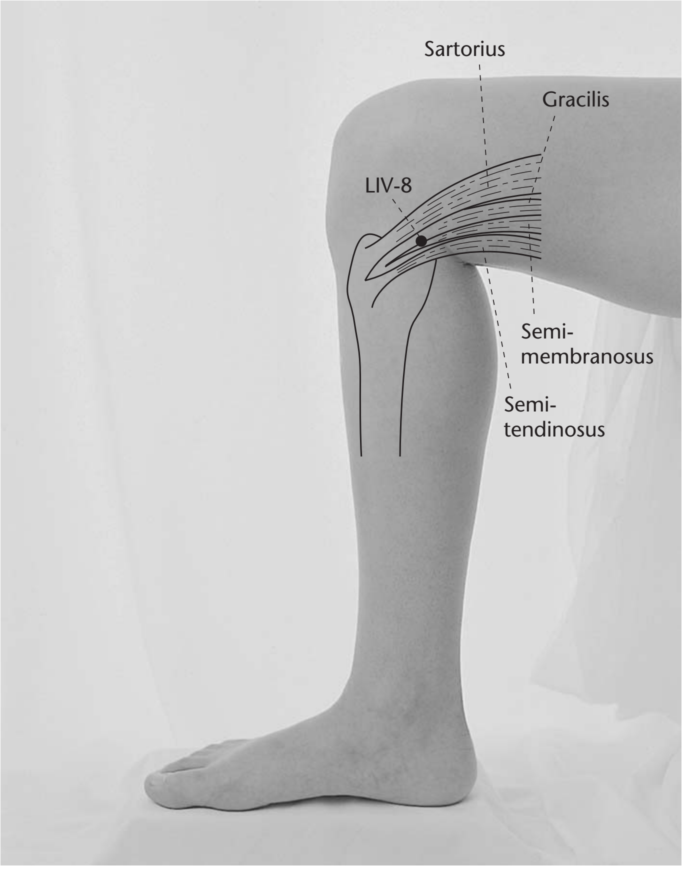
LIV-8 *Spring at the Crook* QUQUAN

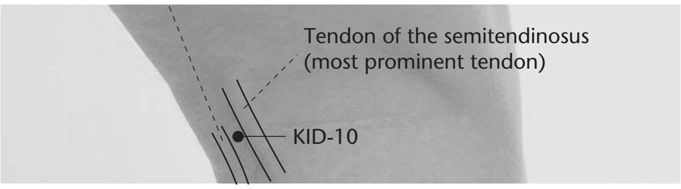
Location

With the knee flexed, **LIV-8** is located directly proximal to the medial end of the popliteal crease, in a depression anterior to the tendons of the semitendinosus and semimembranosus muscles.

How to find

LIV-8 is best located with the patient's knee flexed and slight external rotation of the hip. First, palpate the prominent, ropey tendon of the semitendinosus muscle, which becomes more pronounced with the knee flexed. The tendon of the semimembranosus muscle lies deep to the semitendinosus and is often more difficult to isolate. With the palpating finger, glide from the tendon of the semitendinosus towards the patella. Approximately after 1 cun, you can feel a depression between the muscle bellies. **LIV-8** is located anterior to both tendons. Some authors locate **LIV-8** 1 cun superior and anterior to → **KID-10**. Sensitivity to pressure should determine the location.
→ **KID-10** is located approximately 1 cun in the direction of the popliteal crease and, from a medial perspective, posterior to the tendon of the semimembranosus and anterior to the tendon of the semitendinosus.





Needling

Vertically 0.5–1.5 cun

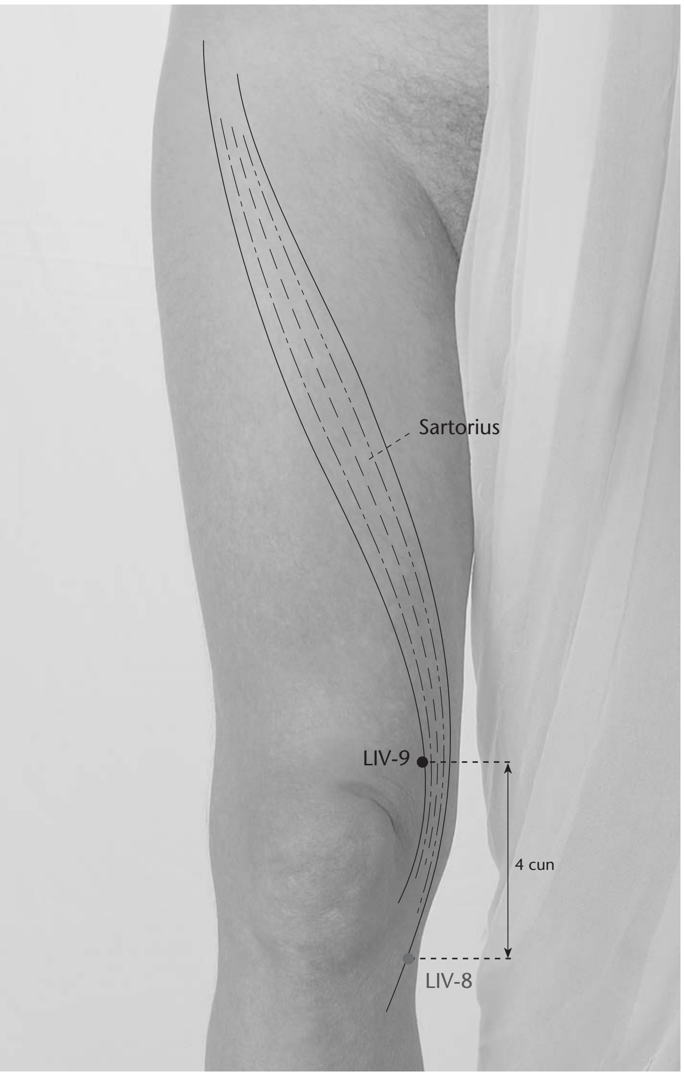
Actions/Indications

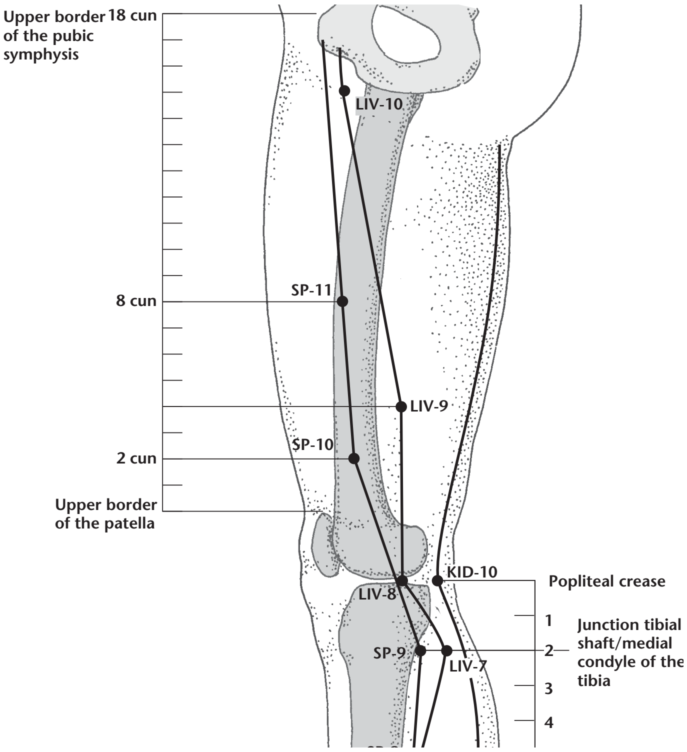
- Clears and eliminates Dampness and Damp-Heat from the Lower Burner (major action), benefits the genitals and the Uterus
- Nourishes Blood and Yin
- Moves Qi locally

Special features

he-sea point, Water point, tonification point.

Yin Wrapping YINBAO LIV-9


Sartorius
LIV-9
4 cun
LIV-8


Upper border of the pubic symphysis
18 cun
LIV-10
8 cun
SP-11
LIV-9
2 cun
SP-10
Upper border of the patella
KID-10
Popliteal crease
LIV-8
1
SP-9
2
Junction tibial shaft/medial condyle of the tibia
LIV-7
3
4

Location

4 cun proximal to the medial condyle of the femur, between the sartorius and vastus medialis muscles. Alternative locations: 4 cun proximal to → **LIV-8** (for example, Deadman et al 1998, → photo), 4 cun proximal to the junction of the shaft and the condyle of the femur (for example, Hecker et al → see line drawing) or 4 cun proximal to the midpoint of the condyle of the femur (for example, Ogal and Stör 1999, → illustration on p. 443).

How to find

From → **LIV-8**, measure 4 cun in a proximal direction. There, locate **LIV-9** on the border between the more medial, narrow sartorius muscle and the anteromedial vastus medialis muscle. Sensitivity to pressure should determine the location of this point.

Needling

Vertically 1–2 cun

Actions/Indications

- Benefits the Lower Burner
- Opens the channel

LIV-10 *Leg Five Miles* ZUWULI

Location

On the anterior aspect of the thigh, 3 cun inferior to the upper border of the symphysis, on the lateral border of the adductor longus muscle.

How to find

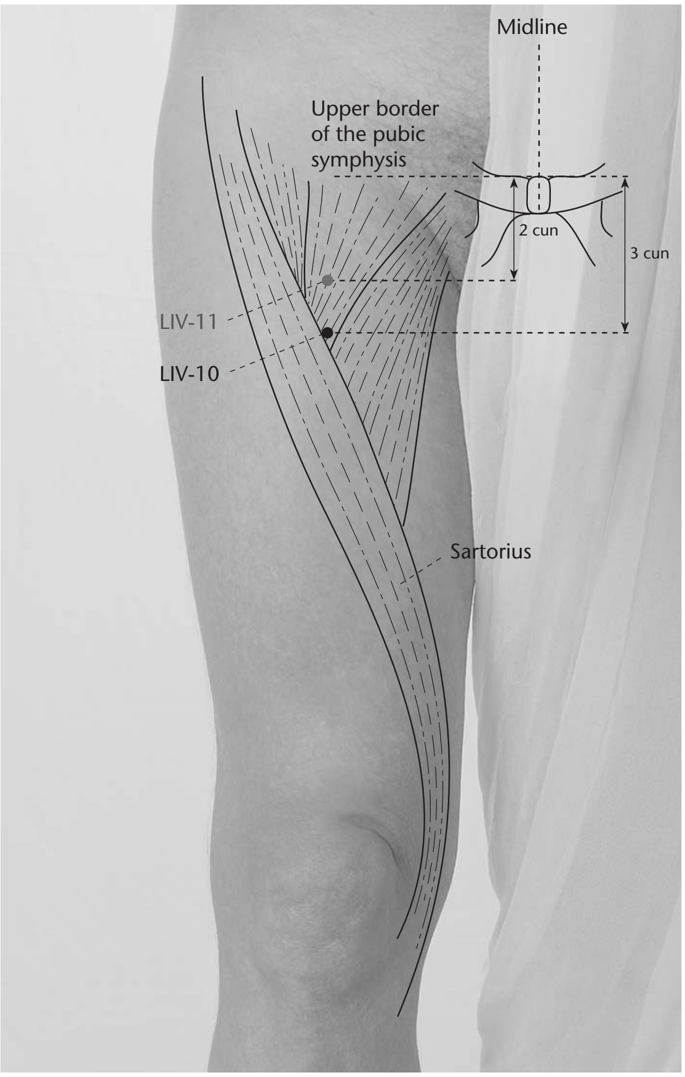
Ask the patient to flex their adductors by pressing their feet against each other. **LIV-10** is located in a groove on the medial border of the adductor longus muscle, where it forms an angle with the sartorius muscle.

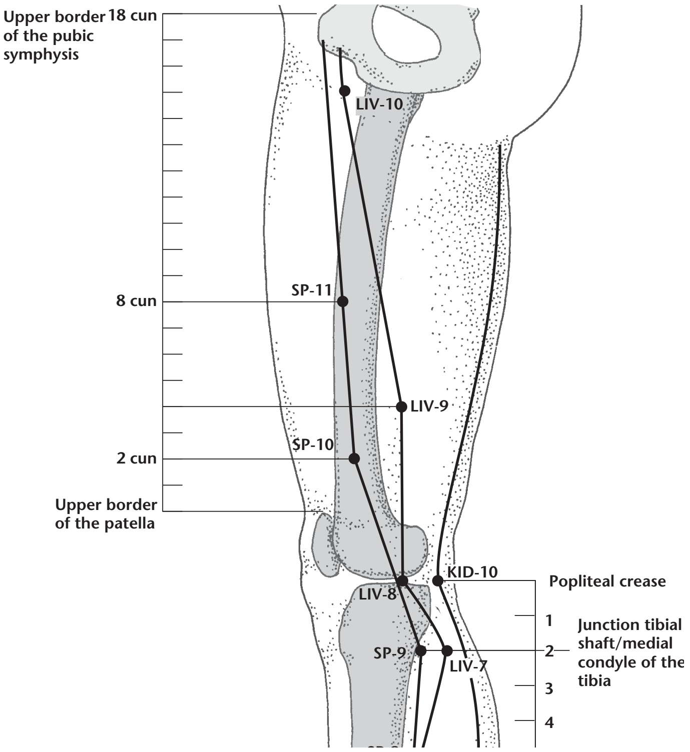
Needling

Vertically 0.5–1.5 cun. Caution: Great saphenous vein, femoral artery/nerve.

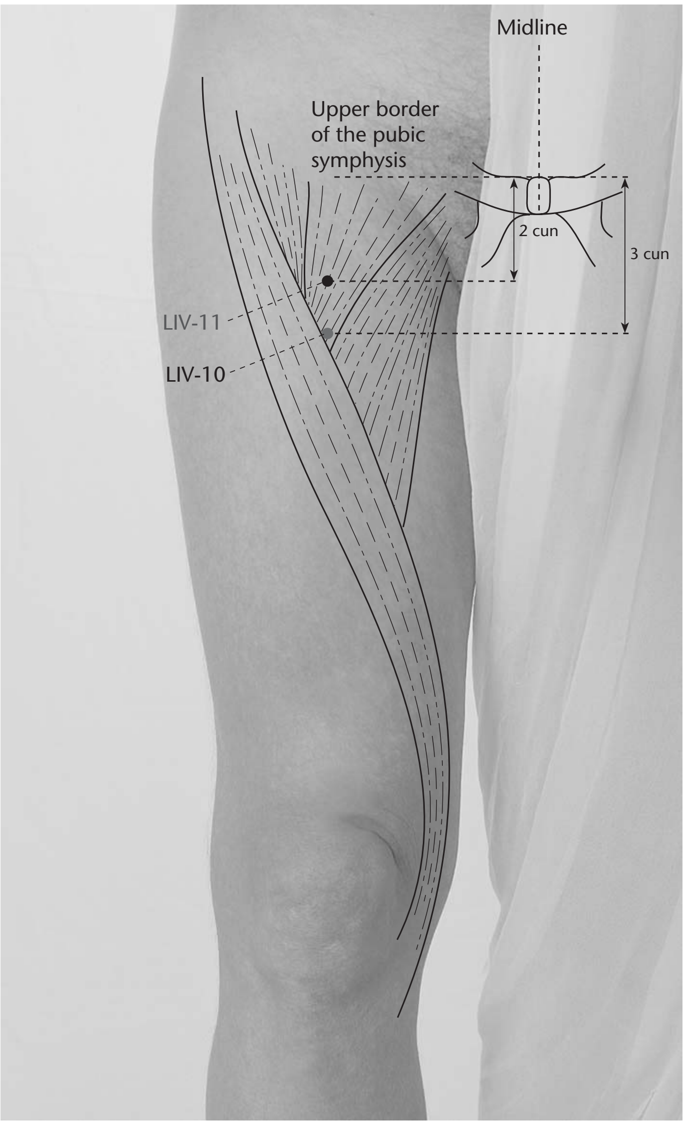
Actions/Indications

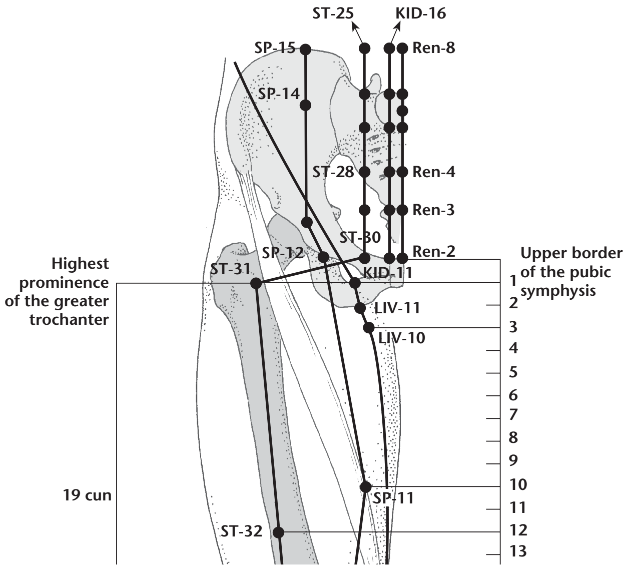
- Relaxes the tendons and muscles
- Clears Damp-Heat from the Lower Burner
- Regulates the water passages


Midline
Upper border of the pubic symphysis
2 cun
3 cun
LIV-11
LIV-10
Sartorius


Upper border of the pubic symphysis
18 cun
LIV-10
8 cun
SP-11
LIV-9
SP-10
2 cun
Upper border of the patella
KID-10
Popliteal crease
LIV-8
1
2
3
4
Junction tibial shaft/medial condyle of the tibia
SP-9
LIV-7

Yin Corner YINLIAN LIV-11


Midline
Upper border of the pubic symphysis
2 cun
3 cun
LIV-11
LIV-10


ST-25
KID-16
SP-15
Ren-8
SP-14
ST-28
Ren-4
Ren-3
ST-30
SP-12
Ren-2
Upper border of the pubic symphysis
Highest prominence of the greater trochanter
ST-31
KID-11
LIV-11
LIV-10
1
2
3
4
5
6
7
8
9
10
11
12
13
19 cun
SP-11
ST-32

Location

On the anterior aspect of the thigh, 2 cun inferior to the upper border of the symphysis and on the lateral border of the adductor longus muscle.

How to find

Ask the patient to flex their adductors by pressing their feet against each other. **LIV-11** is located 2 cun inferior to the upper border of the pubic symphysis, in a groove on the medial border of the adductor longus muscle.

LIV-11 is located approximately 1 cun inferior to where the femoral artery passes under the inguinal ligament.

Needling

Vertically 0.5–1.5 cun. Caution: Great saphenous vein, femoral artery/vein/nerve. Classical texts recommend moxibustion for female sterility.

Actions/Indications

- Relaxes the tendons
- Benefits the Uterus and regulates menstruation
- For disorders of the lumbar spine

LIV-12 *Urgent Pulse* JIMAI

Location

In the inguinal groove, 2.5 cun lateral to the anterior midline and 1 cun inferior to the upper border of the symphysis.

How to find

From the upper border of the pubic symphysis, measure 2.5 cun in a lateral and 1 cun in an inferior direction. In this area, you can palpate the pulse of the femoral artery. **LIV-12** is located medial to the pulsating of the artery. As the femoral vein also runs medial to the artery, **LIV-12** should be needled in a medial direction, at least 1 fingerbreadth from the artery.

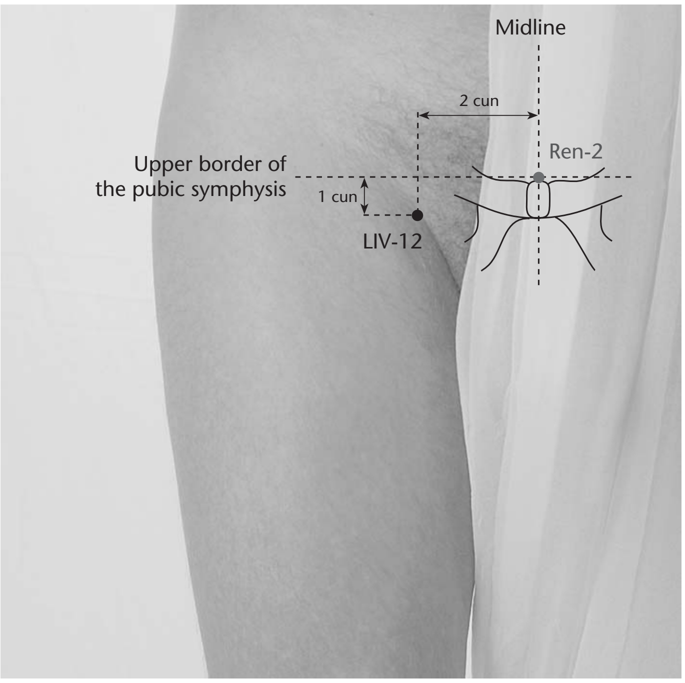
→ **ST-30** is located 1 cun superior and 0.5 cun medial to **LIV-12**.

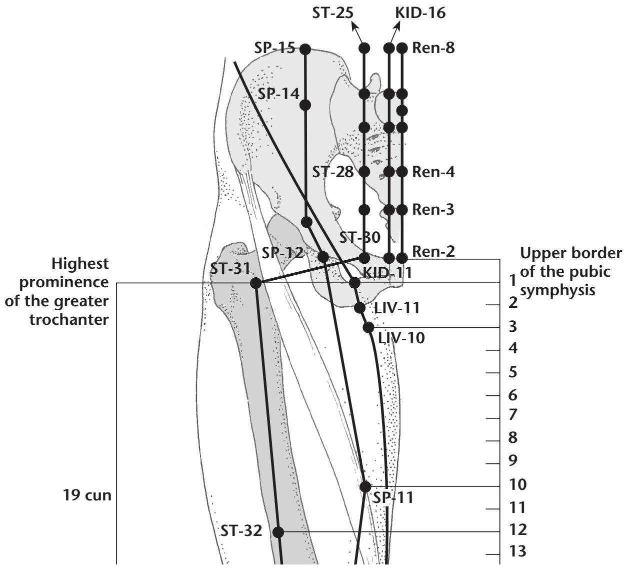
Needling

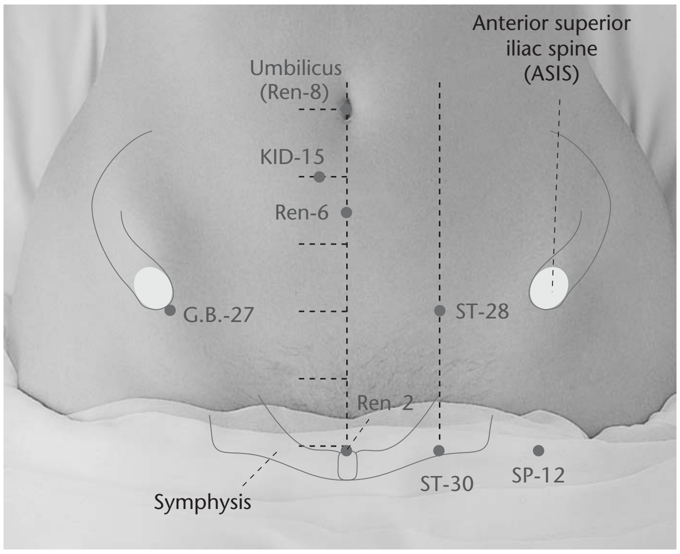
Slightly obliquely 0.5–0.8 cun. Caution: Femoral artery/vein. The femoral vein is located medial to the artery and is approximately the breadth of a finger. To avoid injury to the vein, **LIV-12** should not be needled medial to the artery. Owing to its tricky location, classical texts recommend moxibustion only, while in modern texts moxibustion is contraindicated for the same reason.

Actions/Indications

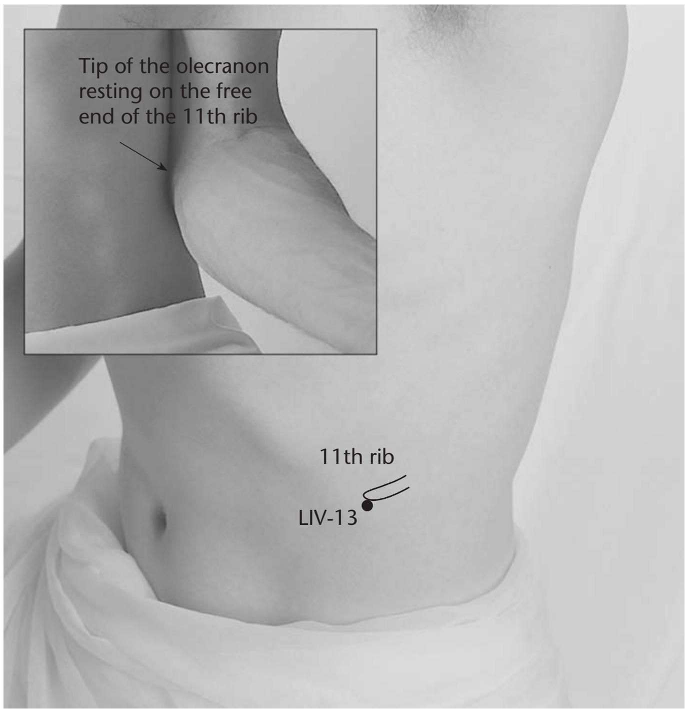
- Dispels Cold from the Liver channel and benefits the Lower Burner


Midline
2 cun
Ren-2
Upper border of the pubic symphysis
1 cun
LIV-12


ST-25
KID-16
SP-15
Ren-8
SP-14
ST-28
Ren-4
Ren-3
ST-30
Ren-2
SP-12
ST-31
KID-11
Highest prominence of the greater trochanter
Upper border of the pubic symphysis
LIV-11
LIV-10
1
2
3
4
5
6
7
8
9
10
11
12
13
19 cun
SP-11
ST-32


Anterior superior iliac spine (ASIS)
Umbilicus (Ren-8)
KID-15
Ren-6
G.B.-27
ST-28
Ren-2
Symphysis
ST-30
SP-12

Completion Gate ZHANGMEN LIV-13


Tip of the olecranon resting on the free end of the 11th rib
11th rib
LIV-13

Location

Anterior and inferior to the free end of the 11th rib, approximately 1 cun superior to the umbilicus.

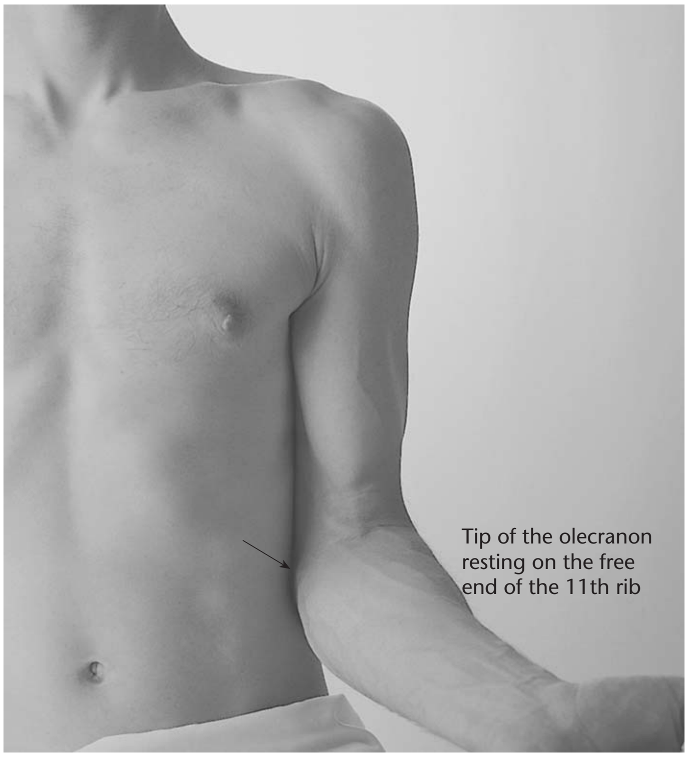
How to find

Quick method: Ask the patient to press their flexed elbow (90°) against the lateral aspect of the thorax and the tip of the olecranon will be pointing to the free end of the 11th rib. **LIV-13** can then be located on its anterior and inferior border. **Or:** Place the hand on the upper abdomen and, with gentle pressure, palpate along the lower border of the rib cage until you can feel the free end of the 11th rib just superior to the umbilicus. Locate **LIV-13** on its anterior and inferior border.

Located on approximately the same level (1 cun superior to the umbilicus) are → **Ren-9** (on the midline) and → **ST-24** (2 cun lateral to the midline). → **G.B.-25** is located more laterally and inferiorly, at the free end of the 12th rib.

Needling

0.5–1 cun vertically or better obliquely in a lateral direction. Caution: Peritoneum, hypertrophied organs (right: liver, left: spleen).

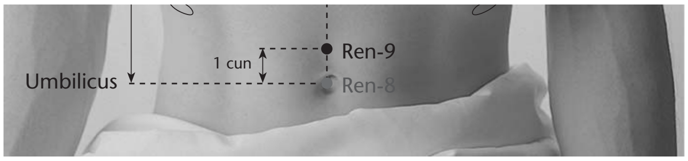

Tip of the olecranon resting on the free end of the 11th rib

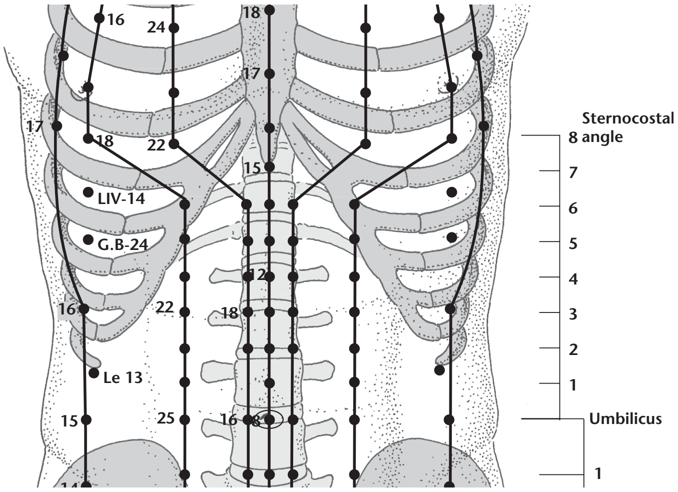
Actions/Indications

- Harmonises the Liver and the Spleen, regulates Liver Qi (especially in the Middle and Lower Burner), strengthens the Spleen
- Opens the channel

Special features

Front-*mu* point of the Spleen, meeting point with the *dai mai* and the G.B. channel. *Hui*-meeting point of the *zang*-Organs.


Umbilicus
1 cun
Ren-9
Ren-8


16
24
18
17
17
18
22
15
LIV-14
G.B-24
12
16
22
18
Le 13
15
25
16
8
Sternocostal angle
8
7
6
5
4
3
2
1
Umbilicus
1

LIV-14 *Cycle Gate* QIMEN

Location

In the 6th intercostal space, on the mamillary line or 4 cun lateral to the midline.

How to find

Quick method, especially in men: The nipple is generally located on the level of the 4th intercostal space. From there, palpate downward 2 intercostal spaces and locate **LIV-14** in the 6th intercostal space. **Or:** For more precise orientation on the ribcage (→ 3.5), palpate for the manubriosternal synchondrosis, a well-defined horizontal bony structure on the sternum. Lateral to it, locate the 2nd rib and below it the 2nd intercostal space. From there, count downward 4 intercostal spaces to the 6th intercostal space and there locate **LIV-14** on the mamillary line (4 cun lateral to the midline).
→ **G.B.-24** is located in the 7th intercostal space. Located on the same level (2 cun inferior to the sternocostal angle → 3.5) are → **Ren-14** (on the midline), → **KID-21** (0.5 cun lateral to the midline) and → **ST-19** (2 cun lateral to the midline).

Needling

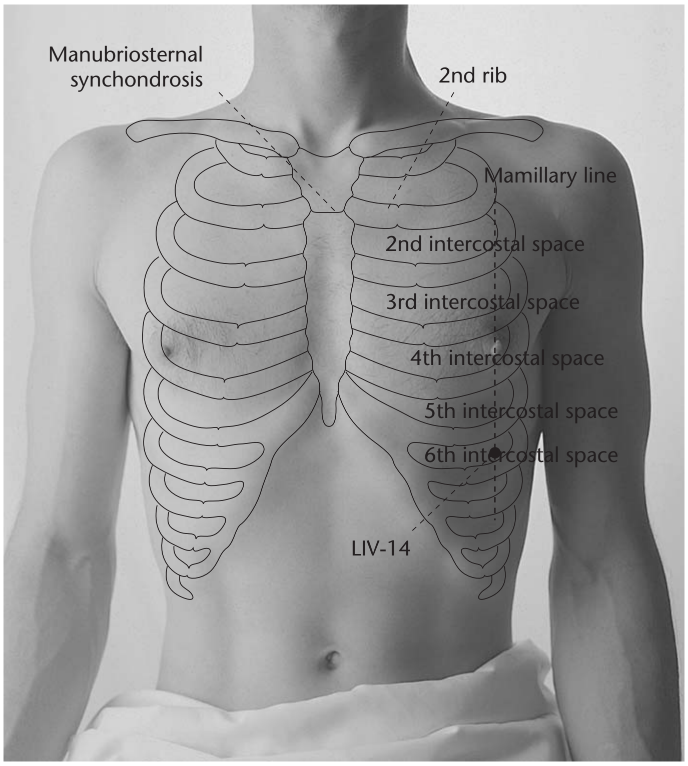
0.5–1 cun obliquely, either in a lateral or medial (along the course of the ICS) direction. The latter is recommended for disorders of the breasts. Caution: Pneumothorax.

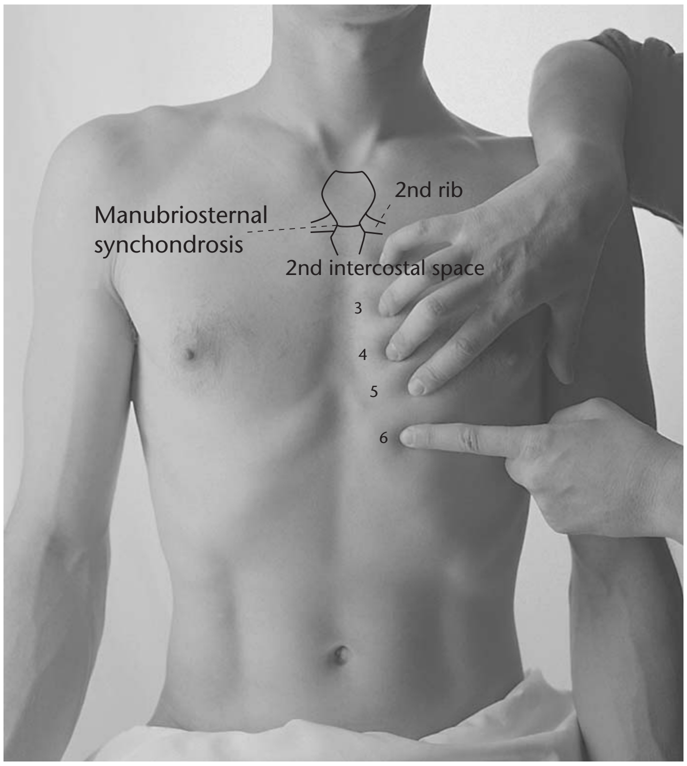
Actions/Indications

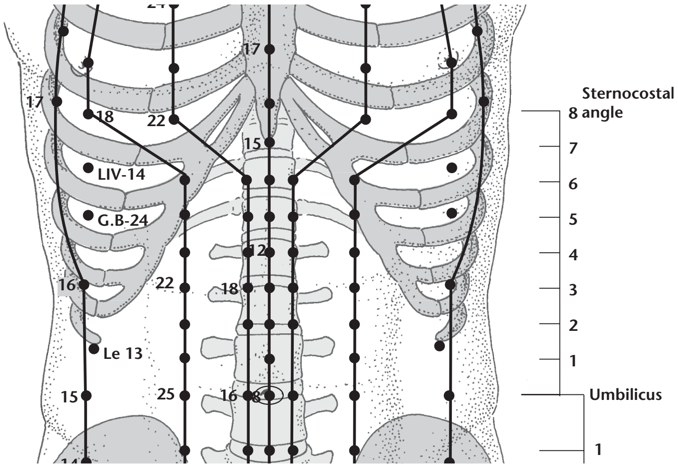
- Regulates Liver Qi and Liver Blood (especially in the Upper and Middle Burner), cools the Blood, disperses accumulations, harmonises the Liver and the Stomach

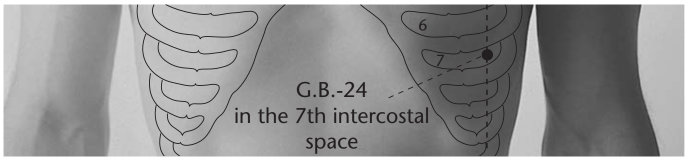
Special features

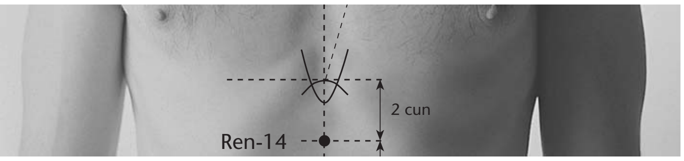
Front-*mu* point of the Liver, meeting point with the *yin wei mai* and the Spleen channel, exit point.


Manubriosternal synchondrosis
2nd rib
Mamillary line
2nd intercostal space
3rd intercostal space
4th intercostal space
5th intercostal space
6th intercostal space
LIV-14


Manubriosternal synchondrosis
2nd rib
2nd intercostal space
3
4
5
6


17
17
18
22
15
LIV-14
G.B-24
12
16
22
18
Le 13
15
25
16
8
Sternocostal angle
8
7
6
5
4
3
2
1
Umbilicus
1


6
7
G.B.-24 in the 7th intercostal space



5 The Eight Extraordinary Vessels (*qi jing ba mai*) with Points

Claudia Focks, Ulrich März

For an overview of the theoretical background of the eight extraordinary vessels ➞ 1.7.

5.1 *Chong mai*

Synonym: Penetrating Vessel

Relationships (➞ 1.7.3)

- **Yin/Yang:** *chong mai*/*dai mai*
- **Central/peripheral:** *chong mai*/*yin wei mai*. Regions supported by this pairing: Heart, thorax, Stomach. Opening point: SP-4 (*gongsun*), coupled point: P-6 (*neiguan*)

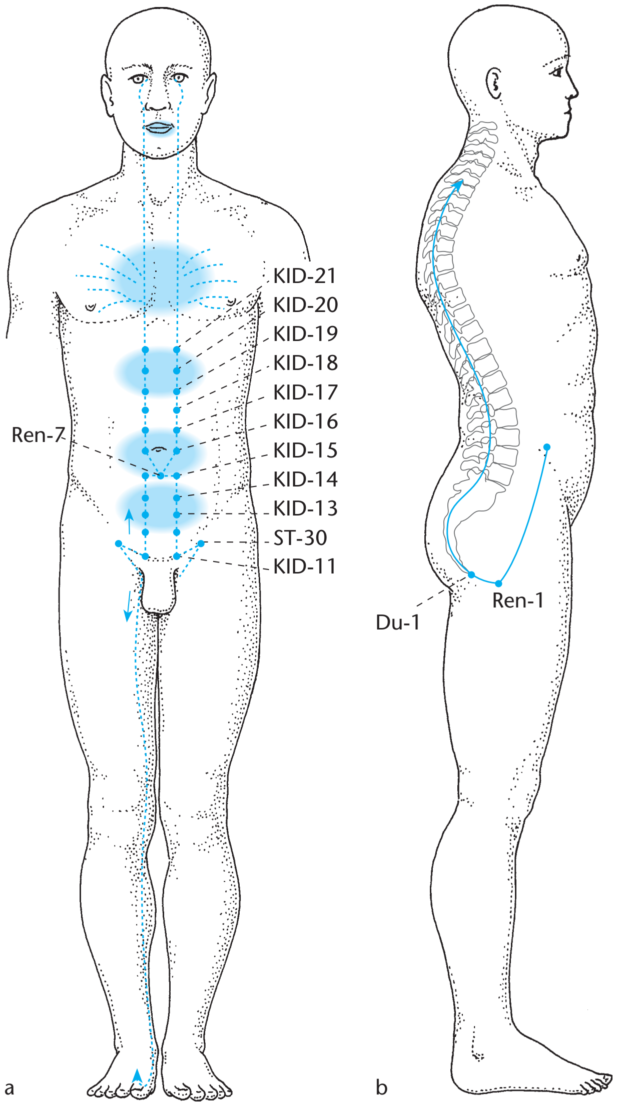
Pathway

The extraordinary vessel *chong mai* originates like the *du mai* and *ren mai* in the lower abdomen at *bao zhong* (in women in the Uterus) or, according to some authors, at the Kidneys. It crosses the genital area and divides into two branches:

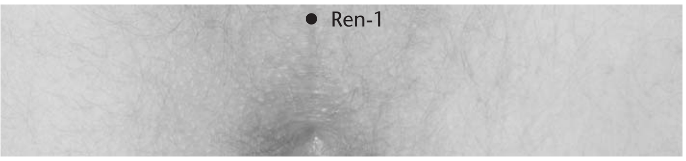
➡ A **deep branch** reaches the perineum at ➞ **Ren-1** (*huiyin*), travels to the spine, penetrates the spinal canal and ascends to the level of T1 and T2. (According to some authors the vessel ascends the anterior aspect of the spine.)

➡ The **other branch** emerges at ➞ **ST-30** (*qichong*) to the surface of the body and divides into **two external branches**, one descending and one ascending branch:

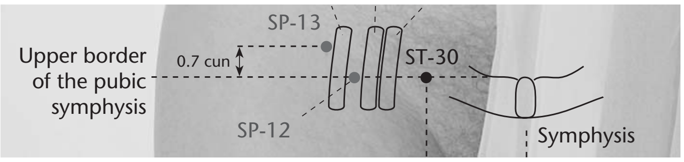
- the **ascending** branch reaches ➞ **KID-11** (*henggu*) 0.5 cun lateral to the midline at the level of the pubic symphysis and from there follows the KID channel to ➞ **KID-21** (*youmen*). The KID channel initially ascends the abdomen at a distance of 0.5 cun from the midline, passing ➞ **KID-12** (*dahe*), ➞ **KID-13** (*qixue*), ➞ **KID-14** (*siman*) and ➞ **KID-15** (*zhongzhu*), runs to the midline, meeting ➞ **Ren-7** (*yinjiao*) 1 cun inferior to the umbilicus, and again returns to its pathway 0.5 cun lateral to the midline, passing ➞ **KID-16** (*huangshu*), ➞ **KID-17** (*shangqu*), ➞ **KID-18** (*shiguan*), ➞ **KID-19** (*yindu*), ➞ **KID-20** (*futonggu*) and ➞ **KID-21** (*youmen*). The vessel then disperses into the intercostal spaces, ascends the neck, circles the inner surface of the lips and spreads in the upper pharynx and the nasal cavities.



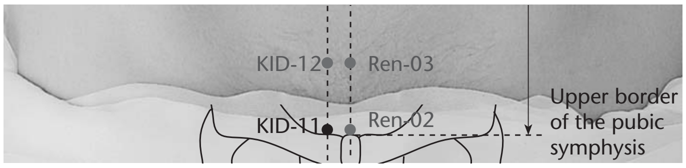
- the **descending branch** meets the Kidney primary channel and descends the medial aspect of the thigh (according to the *Ling Shu* it divides into the three foot Yin channels), penetrates the popliteal fossa, follows the medial border of the tibia and emerges posterior to the medial malleolus, where it divides into two sub-branches: one branch travels along the anteromedial aspect of the foot to the big toe, the other branch reaches the sole of the foot.



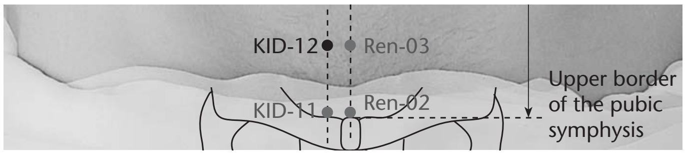
Ren-1 (*huiyin*): In the centre of the perineum.


SP-13
Upper border of the pubic symphysis
0.7 cun
ST-30
SP-12
Symphysis

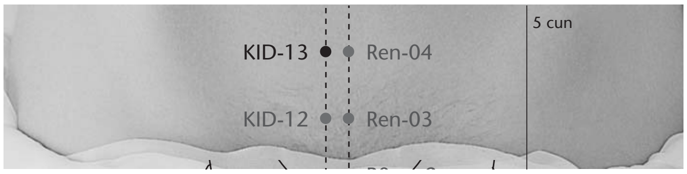
ST-30 (*qichong*): 2 cun lateral to the upper border of the pubic symphysis, medial to the femoral artery; at the level of Ren-2


KID-12
Ren-03
KID-11
Ren-02
Upper border of the pubic symphysis

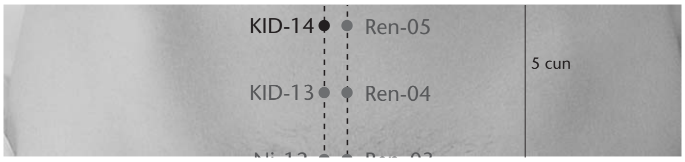
KID-11 (*henggu*): On the upper border of the pubic symphysis, 0.5 cun lateral to the anterior midline


KID-12
Ren-03
KID-11
Ren-02
Upper border of the pubic symphysis

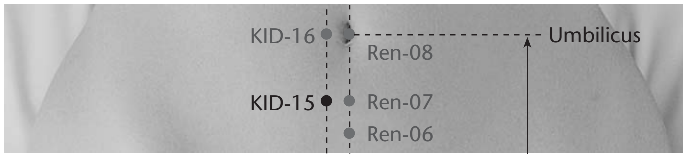
KID-12 (*dahe*): 1 cun superior to the upper border of the pubic symphysis, 0.5 cun lateral to the anterior midline


5 cun
KID-13
Ren-04
KID-12
Ren-03

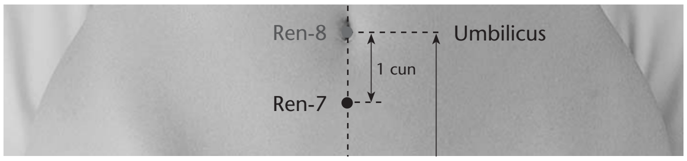
KID-13 (*qixue*): 2 cun superior to the upper border of the pubic symphysis, 0.5 cun lateral to the anterior midline


KID-14
Ren-05
5 cun
KID-13
Ren-04

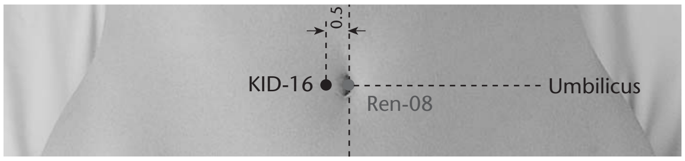
KID-14 (*siman*): 2 cun inferior to the umbilicus, 0.5 cun lateral to the anterior midline


KID-16
Umbilicus
Ren-08
KID-15
Ren-07
Ren-06

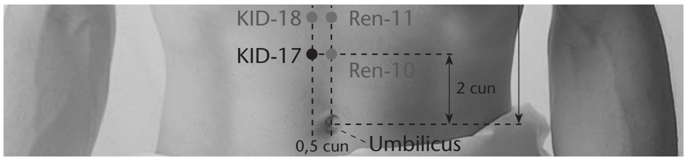
KID-15 (*zhongzhu*): 1 cun inferior to the umbilicus, 0.5 cun lateral to the anterior midline


Ren-8
Umbilicus
1 cun
Ren-7

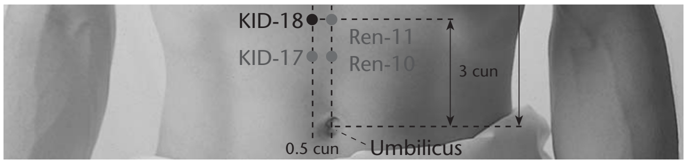
Ren-7 (*yinjiao*): On the anterior midline, 1 cun inferior to the umbilicus


0.5
KID-16
Umbilicus
Ren-08

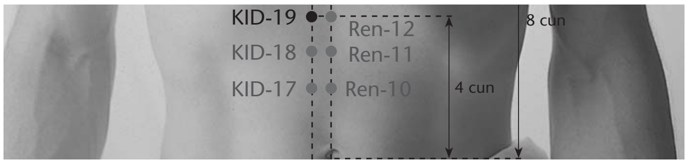
KID-16 (*huangshu*): 0.5 cun lateral to the centre of the umbilicus


KID-18
Ren-11
KID-17
Ren-10
2 cun
0,5 cun
Umbilicus

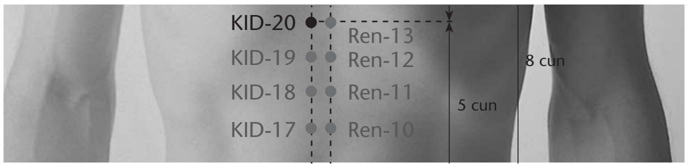
KID-17 (*shangqu*): 2 cun superior to the umbilicus, 0.5 cun lateral to the anterior midline


KID-18
Ren-11
KID-17
Ren-10
3 cun
0.5 cun
Umbilicus

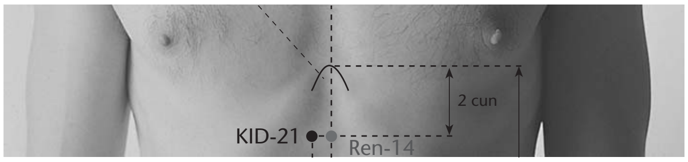
KID-18 (*shiguan*): 3 cun superior to the umbilicus, 0.5 cun lateral to the anterior midline


KID-19
Ren-12
8 cun
KID-18
Ren-11
KID-17
Ren-10
4 cun

KID-19 (*yindu*): Midway between the sternocostal angle and the centre of the umbilicus, 0.5 cun lateral to the anterior midline



KID-20 (*futonggu*): 5 cun superior to the umbilicus or 3 cun inferior to the sternocostal angle, 0.5 cun lateral to the anterior midline



KID-21 (*youmen*): 2 cun inferior to the sternocostal angle, 0.5 cun lateral to the anterior midline

Connections with other channels and organs

- Kidney primary channel, *ren mai*, *du mai*, Stomach and Liver primary channels
- Kidney, Uterus

Clinical importance (→ 1.7.2, 1.7.3)

- **Sea of Blood**, strong connection to the various functions of the Blood
- Strong relationship to the Uterus, regulates the menses
- Regulates the 12 primary channels, effectively regulates the circulation of the Blood (*xue*) in the whole body
- Regulates counterflow Qi
- Connects the Stomach and Kidney primary channels and strengthens the relationship between the *ren mai* and *du mai*

5.2 *Ren mai*

Synonym: Conception Vessel

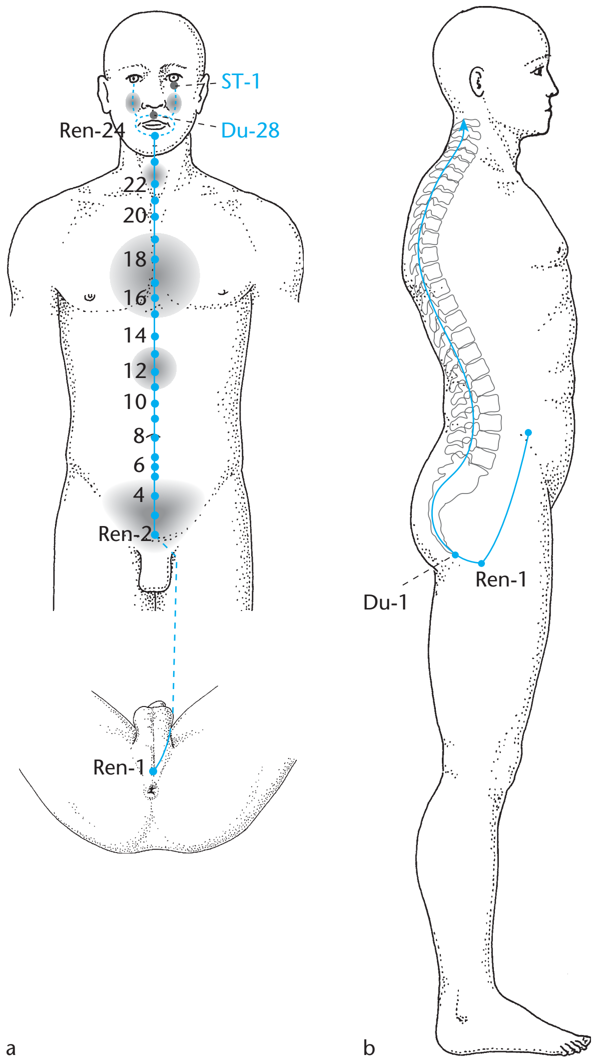
Relationships (→ 1.7.3)

- **Yin/Yang:** *ren mai*/*du mai*
- **Central/peripheral:** *ren mai*/*yin qiao mai*. Regions supported by this pairing: face, throat, thorax, Lungs, diaphragm, abdomen. Opening point: **LU-7** (*lieque*); coupled point: **KID-6** (*zhaohai*)

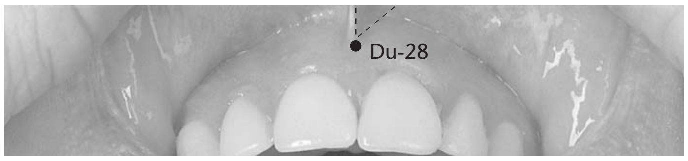
Pathway

The extraordinary vessel *ren mai* originates like the *chong mai* and *du mai* in the lower abdomen (*bao zhong*) or, according to some authors, at the Kidneys, connects with the urogenital area and emerges at the perineum at **Ren-1** (*huiyin*). From there the **external** pathway ascends the anterior midline, passing the abdomen, the chest, and the throat. It terminates on the chin in the mentolabial groove at **Ren-24** (*chengjiang*), where it meets the Stomach primary channel and the extraordinary vessel *du mai*. From here the vessel continues internally, encircles the inner surface of the lips and connects with the *du mai* at → **Du-28** (*yinjiao*) beneath the upper frenulum. It divides into **two branches**, which both reach the infraorbital ridge at → **ST-1** (*chengqi*), where they cross the Stomach primary channel as well as the extraordinary vessel *yin qiao mai*, and terminate near the eyes.

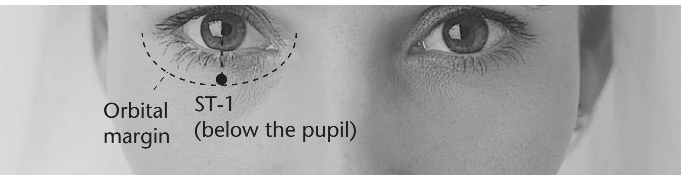
- **An internal branch** runs from the perineum to the spine, penetrates the spinal canal at **Du-1** (*changqiang*) and ascends in the spine.



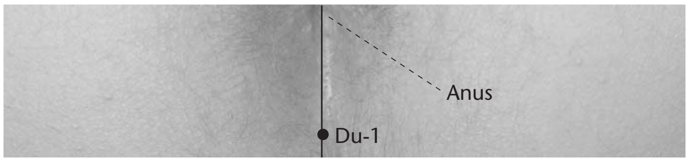
Meeting Points of other channels with the *ren mai*



Du-28 (*yinjiao*): On the inside of the upper lip, at the junction of the frenulum and the upper gum



ST-1 (*chengqi*): With the eyes looking straight ahead, directly below the centre of the pupil, between the eyeball and the infraorbital ridge



Du-1 (*changqiang*): On the midline, midway between the tip of the coccyx and the anus

Connections with other channels and organ systems

- *Du mai*, *chong mai*, Kidney and Stomach primary channels
- Uterus, Kidney

Clinical importance (→ 1.7.2, 1.7.3)

- **Sea of the Yin Qi**, regulates and circulates the Yin Qi (including the Blood, Essence (*jing*) and body fluids) in order to nourish and moisten the body
- Connects all Yin channels, especially those of the lower abdomen
- Controls the anterior thoracic region and the abdomen
- Close relationship to the functions of the abdominal organs, particularly the Kidney, Bladder, Uterus and Lung
- Regulates reproduction
- Stores the Essence Qi (*jing qi*) overflowing from the Yin channels
- Absorbs excess from the Yin channels, especially stagnant Qi and Blood

Notes about the *ren mai*

Both the *ren mai* and *du mai* have a unique position among the eight extraordinary vessels. They are the only two extraordinary vessels with their own specific points – all other extraordinary vessels can only be accessed through points on the primary channels. For this reason the *ren mai* and the *du mai* together with the primary channels are often categorised as 14 channels. However, from the point of view of channel energetics this is not correct, since the extraordinarily vessels occupy a special position, both evolutionary as well as functionally (→ 1.7).

The pathway of the *ren mai*, like that of the *du mai*, is limited to the torso and the head. While it does not course along the extremities and does not have any points on the limbs (neither general points nor specific points such as the five *shu*-transporting points, *yuan*-source point, etc.) it does have an opening point (or Master point) (→ 8.1.8). The *ren mai* is also referred to as the Sea of Yin and governs the Yin in the whole body. Along its pathway are located the anterior aspects of the energy centres (or chakras according to Yogi tradition). Daoist tradition describes three energy centres, the three cinnabar fields (*dantian*) on the anterior aspect of the body, which play an important role in *Qigong* practice as centres where the Qi pools and originates. While all three centres are located on the pathway of the *ren mai*, they do not correspond to specific points but rather to certain areas.

The *ren mai* runs along the Yin side of the body. It contains not only several Front-*mu* points acting directly on the *zangfu*-Organs, but also multiple meeting points with other channels. This clearly denotes the outstanding importance of the *ren mai*.

Specific points according to their function

- ***Yuan*-Source point (→ 8.1.1): –**
- ***Luo*-Connecting point (→ 8.1.2.): Ren-15** (*jiuwei*) 🟦■
- ***Xi*-Cleft point (→ 8.1.3): –**
- **Associated Back-*shu* point (→ 8.1.4): –**
- **Associated Front-*mu* point (→ 8.1.5): –**
- **Five *shu*-transporting points (→ 8.1.6): –**
- **Hui-meeting point (→ 8.1.7)**
  – of the Qi: **Ren-17** (*danzhong*) 🟦🟦
  – of the *fu*-Organs: **Ren-12** (*zhongwan*) 🟦■
- **Pertaining opening point (→ 8.1.8): LU-7** (*lieque*)
- **Pertaining coupled point (→ 8.1.8): KID-6** (*zhaohai*)
- **Lower *he*-Sea point (→ 8.1.9): –**
- ***Jiaohui*-meeting points (→ 8.1.10):**
  – with the *chong mai* and the *du mai*: **Ren-1** (*huiyin*)
  – with the LIV channel: **Ren-2** (*qugu*) 🟦■
  – with the SP, LIV, KID channels: **Ren-3** (*zhongji*) 🟦🟦, **Ren-4** (*guanyuan*) 🟦🟦
  – with the *chong mai* and the KID channel*: **Ren-7** (*yinjiao*)
  – with the SP and ST* channels: **Ren-10** (*xiawan*)
  – with the S.I., T.B.* and ST channels: **Ren-12** (*zhongwan*) 🟦🟦
  – with the ST and S.I. channels: **Ren-13** (*shangwan*)
  – with the SP*, KID, S.I.* and T.B. channels: **Ren-17** (*danzhong*) 🟦🟦
  – with the *yin wei mai*: **Ren-22** (*tiantu*) 🟦🟦, **Ren-23** (*lianquan*)

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* Mentioned by only some authors

–468 with the *du mai*, the L.I. and ST channels: **Ren-24** (*chengjiang*) 🟦⬛
  - – of other channels with the *ren mai*: **Du-28, ST-1, Du-1**
- **Gao Wu command point (→ 8.1.11):** –
- **Window of Heaven point (→ 8.1.12): Ren-22** (*tiantu*) 🟦🟦
- **Points of the Four Seas (→ 8.1.13) Qi: Ren-17** (*danzhong*) 🟦🟦
- **Ma Dan Yang Heavenly Star point (→ 8.1.14):** –
- **Sun Si Miao Ghost points (→ 8.1.15): Ren-1** (*huiyin*), **Ren-24** (*chengjiang*) 🟦⬛
- **Other functional points:**
  - – Front-*mu* point of the Bladder: **Ren-3** (*zhongji*) 🟦🟦
  - – Front-*mu* point of the Small Intestine: **Ren-4** (*guanyuan*) 🟦🟦
  - – Front-*mu* point of the Triple Burner: **Ren-5** (*shimen*)
  - – important, general tonification point: **Ren-6** (*qihai*) 🟦🟦
  - – Front-*mu* point of the Stomach: **Ren-12** (*zhongwan*) 🟦🟦
  - – Front-*mu* point of the Heart: **Ren-14** (*juque*) 🟦🟦
  - – important calming point: **Ren-15** (*jiuwei*) 🟦⬛
  - – Front-*mu* point of the Pericardium, point of the Sea of Qi: **Ren-17** (*danzhong*) 🟦🟦

Points according to region

- **Local points (→ 8.2.1):** throat – **Ren-23** (*lianquan*); Lungs – **Ren-22** (*tiantu*) 🟦🟦, **Ren-17** (*danzhong*) 🟦🟦; Heart – **Ren-17** (*danzhong*) 🟦🟦; Spleen/Stomach – **Ren-12** (*zhongwan*) 🟦🟦; Small Intestine – **Ren-4** (*guanyuan*) 🟦🟦, **Ren-9** (*shuifen*); Bladder – **Ren-3** (*zhongji*) 🟦🟦; urogenital region – **Ren-3** (*zhongji*), **Ren-4** (*guanyuan*) 🟦🟦; epigastrium – **Ren-12** (*zhongwan*) 🟦🟦, **Ren-13** (*shangwan*); abdomen – **Ren-3** (*zhongji*) 🟦🟦, **Ren-4** (*guanyuan*) 🟦🟦, **Ren-6** (*qihai*) 🟦🟦
- **Adjacent points (→ 8.2.1):** throat – **Ren-22** (*tiantu*) 🟦🟦; tongue – **Ren-23** (*lianquan*); Heart – **Ren-14** (*juque*) 🟦🟦; Gall Bladder – **Ren-11** (*jianli*); Kidney – **Ren-4** (*guanyuan*) 🟦🟦; epigastrium – **Ren-8** (*shenque*)
- **Distal points (→ 8.2.1):** –

Specific points according to the vessel pathway (in numerical order)

- **Ren-1** (*huiyin*): *jiaohui*-meeting point with the *chong mai* and *du mai* (→ 8.1.10); Sun Si Miao Ghost point (→ 8.1.15)
- **Ren-2** (*qugu*) 🟦⬛: *jiaohui*-meeting point with the LIV channel (→ 8.1.10)
- **Ren-3** (*zhongji*) 🟦🟦: *jiaohui*-meeting point with the SP, LIV, KID channels (→ 8.1.10); Front-*mu* point of the Bladder; local point for the Bladder, urogenital region and lower abdomen (→ 8.2.1)
- **Ren-4** (*guanyuan*) 🟦🟦: Front-*mu* point of the Small Intestine (→ 8.1.5); *jiaohui*-meeting point with the SP, LIV, KID channels (→ 8.1.10); local point for the Small Intestine, urogenital region and lower abdomen (→ 8.2.1); adjacent point for the Kidneys
- **Ren-5** (*shimen*): Front-*mu* point of the Triple Burner
- **Ren-6** (*qihai*) 🟦🟦: important general tonification point; local point for the lower abdomen (→ 8.2.1); adjacent point for the Lung (→ 8.2.1)
- **Ren-7** (*yinjiao*): *jiaohui*-meeting point with the *chong mai* and the KID channel (→ 8.1.10)
- **Ren-8** (*shenque*): adjacent point for the epigastrium (→ 8.2.1)
- **Ren-9** (*shuifen*): local point for the Small Intestine (→ 8.2.1)
- **Ren-10** (*xiawan*): *jiaohui*-meeting point with the SP and ST* channels (→ 8.1.10)
- **Ren-11** (*jianli*): adjacent point for the Gall Bladder (→ 8.2.1)
- **Ren-12** (*zhongwan*) 🟦🟦: *hui*-meeting point (→ 8.1.7) of the *fu*-Organs; *jiaohui*-meeting point with the S.I., T.B.* and ST channels (→ 8.1.10); Front-*mu* point of the Stomach (→ 8.1.5); local point for the SP/ST and the epigastrium (→ 8.2.1)
- **Ren-13** (*shangwan*): *jiaohui*-meeting point with the ST and S.I. channels (→ 8.1.10); local point for the epigastrium (→ 8.2.1)
- **Ren-14** (*juque*) 🟦🟦: Front-*mu* point of the Heart (→ 8.1.5); adjacent point for the Heart
- **Ren-15** (*jiuwei*) 🟦⬛: *luo*-connecting point (→ 8.1.2); important point for calming
- **Ren-17** (*danzhong*) 🟦🟦: *hui*-meeting point (→ 8.1.7) of the Qi; *jiaohui*-meeting point with the SP, KID, S.I. and T.B. channels (→ 8.1.10); Front-*mu* point of the Pericardium, point of the Sea of Qi; local point for the Lung and Heart (→ 8.2.1)
- **Ren-22** (*tiantu*) 🟦🟦: *jiaohui*-meeting point with the *yin wei mai* (→ 8.1.10); Window of Heaven point (→ 8.1.12); local point for the Lungs (→ 8.2.1); adjacent point for the throat (→ 8.2.1)
- **Ren-23** (*lianquan*): *jiaohui*-meeting point with the *yin wei mai* (→ 8.1.10); local point for the throat (→ 8.2.1); adjacent point for the tongue (→ 8.2.1)
- **Ren-24** (*chengjiang*) 🟦⬛: *jiaohui*-meeting point with the *du mai*, the L.I. and ST channels (→ 8.1.10); Sun Si Miao Ghost point

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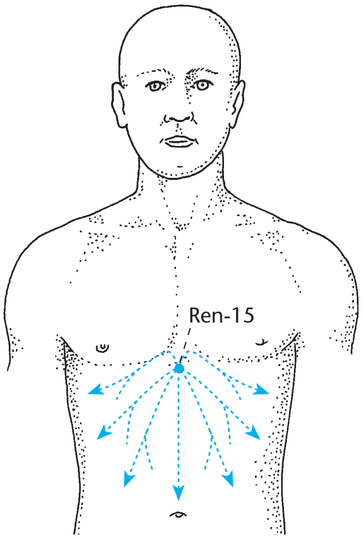
* Mentioned by only some authors



Luo-Connecting Vessel of the *Ren Mai* (→ 1.6)

Pathway

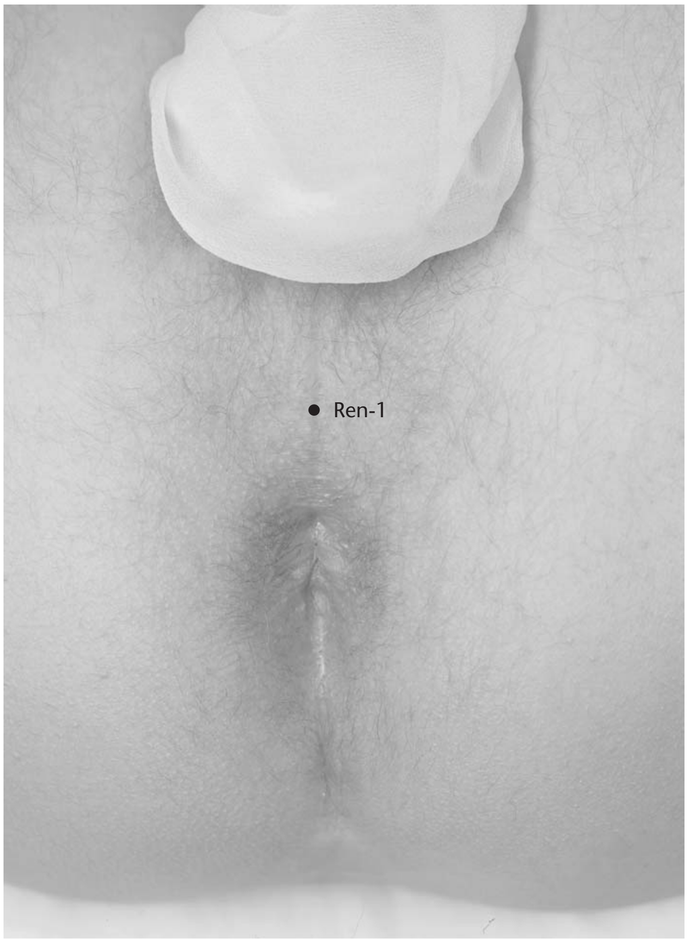
The *luo*-connecting vessel of the *ren mai* originates at **Ren-15** (*jiuwei*), below the xiphoid process (→ 3) and disperses over the skin of the abdomen.

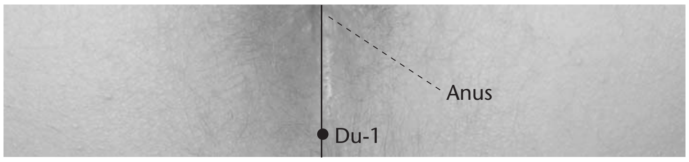
Clinical importance

Pathology

Excess (*shi*): pain of the abdominal skin
Deficiency (*xu*): itching of the abdominal skin

Meeting of the Yin HUIYIN Ren-1





Location

In the centre of the perineum.

How to find

In women: midway between the anus and the posterior labial commissure. In men: midway between the anus and the scrotum.

Needling

Vertically 0.5–1 cun. Caution: Contraindicated during pregnancy. Some classic texts prohibit needling this point. Particular attention should be paid to the prevention of infection.

Actions/Indications

- Clears Heat, strengthens the Kidneys and drains Dampness
- Regulates menstruation

Special features

Meeting point with the *du mai* and the *chong mai*. As a Sun Si Miao Ghost point, **Ren-1** is traditionally indicated for treating epilepsy and psychoses.

Ren-2 *Curved Bone* QUGU

Location

On the anterior midline, on the upper border of the pubic symphysis.

How to find

In the pubic area, locate the upper border of the pubic symphysis. **Ren-2** is located directly superior to its upper border, on the anterior midline.

Located on the same level are → **KID-11** (0.5 cun lateral to the midline), → **ST-30** (2 cun lateral to the midline) and → **SP-12** (3.5 cun lateral to the midline).

Needling

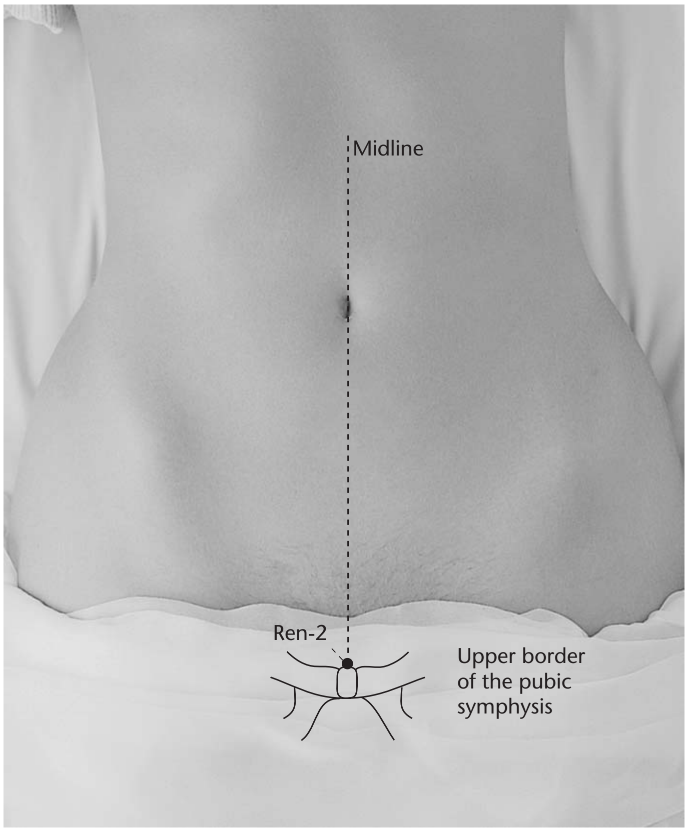
Vertically 0.5–1 cun. Caution: Peritoneum. Also caution with a full bladder and during pregnancy.

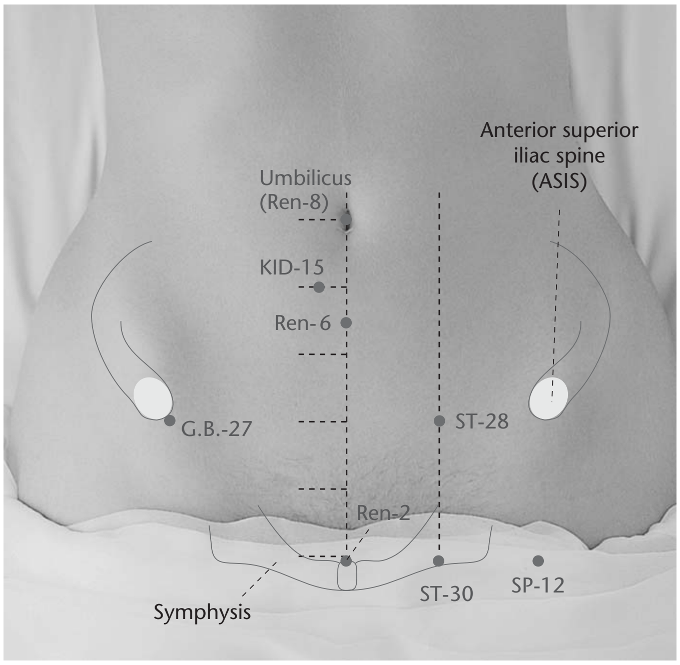
Actions/Indications

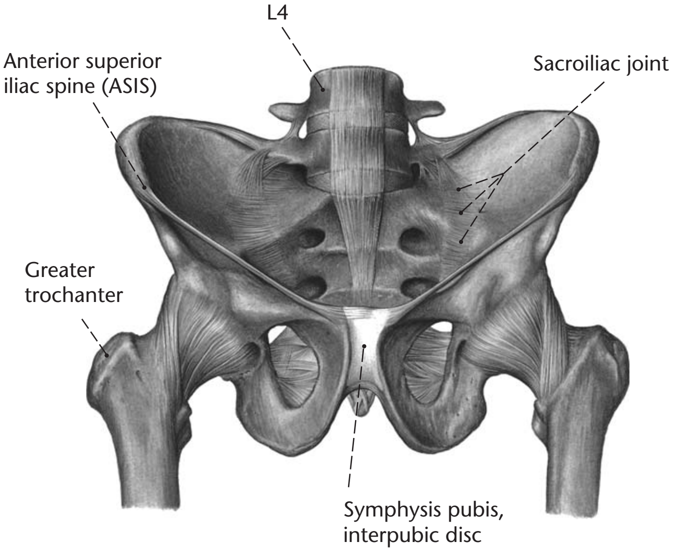
- Benefits urination, warms the Yang and strengthens the Kidneys
- Regulates the Lower Burner

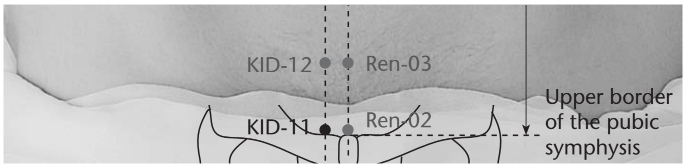
Special features

Meeting point with the LIV channel

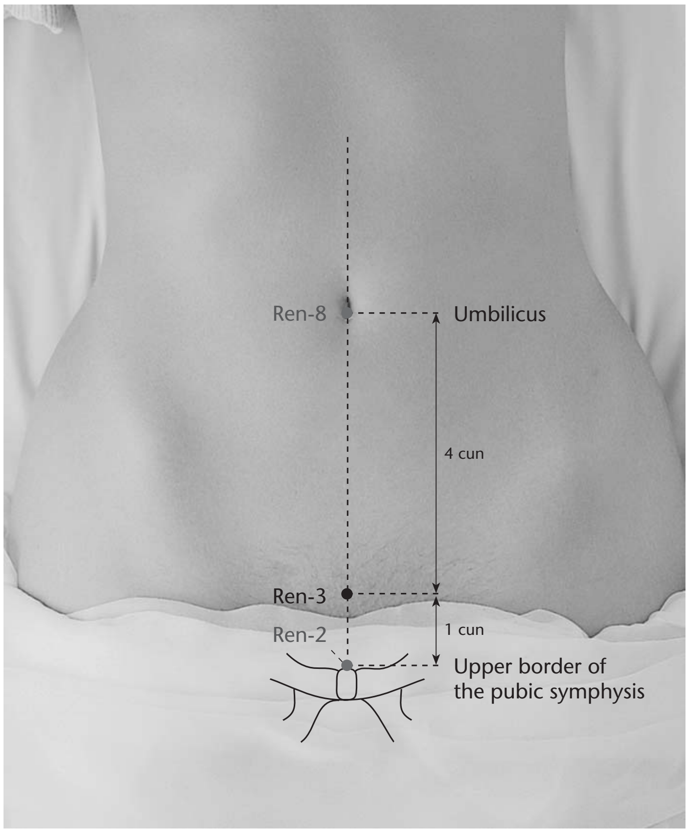

Midline
Ren-2
Upper border of the pubic symphysis

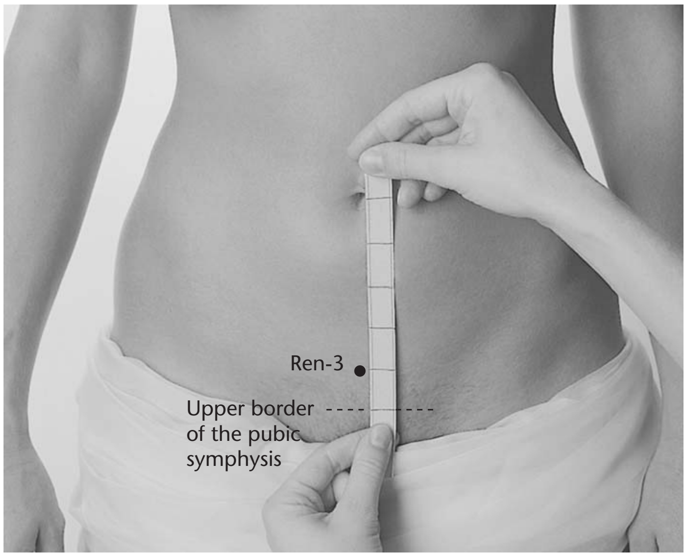

Anterior superior iliac spine (ASIS)
Umbilicus (Ren-8)
KID-15
Ren-6
G.B.-27
ST-28
Ren-2
Symphysis
ST-30
SP-12

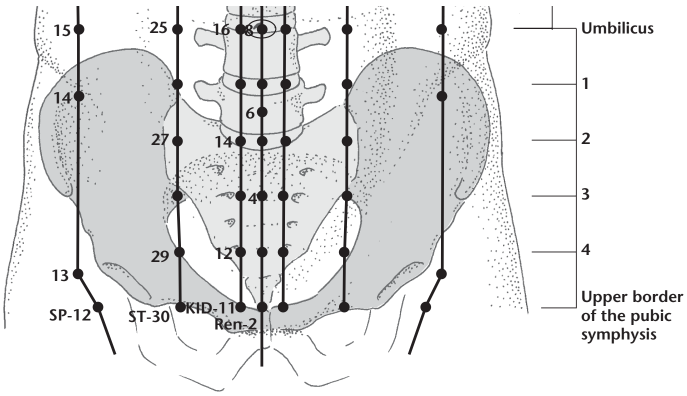

L4
Anterior superior iliac spine (ASIS)
Sacroiliac joint
Greater trochanter
Symphysis pubis, interpubic disc


KID-12
Ren-03
Upper border of the pubic symphysis
KID-11
Ren-02

Middle Pole ZHONGJI Ren-3


Ren-8
Umbilicus
4 cun
Ren-3
Ren-2
1 cun
Upper border of the pubic symphysis


Ren-3
Upper border of the pubic symphysis


15
25
16
8
14
6
27
14
4
29
12
13
SP-12
ST-30
KID-11
Ren-2
Umbilicus
1
2
3
4
Upper border of the pubic symphysis

Location

On the anterior midline, 1 cun superior to the upper border of the pubic symphysis or 4 cun inferior to the umbilicus.

How to find

The distance between the centre of the umbilicus and the upper border of the pubic symphysis is divided into 5 cun. As these can vary considerably from the patient's finger cun, only proportional cun measurements should be used here (helpful device: elastic tape → 2.3.1). Locate **Ren-3** on the midline, 1 cun superior to the midpoint of the upper border of the pubic symphysis.

Located on the same level are → **KID-12** (0.5 cun lateral to the midline) and → **ST-29** (2 cun lateral to the midline).

Needling

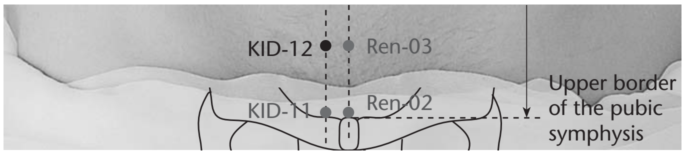
Vertically 0.5–1 cun. Caution: Peritoneum, bladder. Contraindicated during pregnancy. Ask the patient to void their bladder before needling.

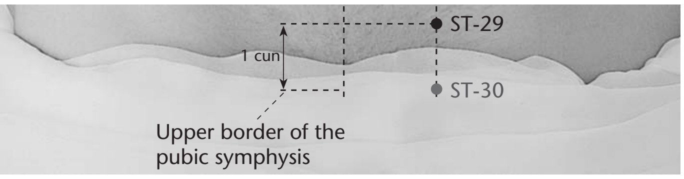
Actions/Indications

- Benefits the Bladder, drains Dampness and Damp-Heat, dispels stagnation, benefits the Lower Burner
- Regulates menstruation
- Strengthens the Kidneys (→ **Ren-4** is more commonly used for this purpose)

Special features

Front-*mu* point of the Bladder, meeting point with the LIV, KID and SP channels. Important point for disorders of the urogenital tract, with its main action on the Bladder (especially for acute cases).


KID-12
Ren-03
KID-11
Ren-02
Upper border of the pubic symphysis


ST-29
1 cun
ST-30
Upper border of the pubic symphysis

Ren-4 *Gate of the Source* GUANYUAN

Location

On the anterior midline, 2 cun superior to the upper border of the pubic symphysis or 3 cun inferior to the umbilicus.

How to find

The distance between the centre of the umbilicus and the upper border of the pubic symphysis is divided into 5 cun, which can vary considerably from the patient's finger cun. Therefore, only proportional cun measurements should be used here (helpful device: elastic tape → 2.3.1). **Ren-4** is located on the midline, either 2 cun superior to the midpoint of the upper border of the pubic symphysis or 3 cun inferior to the umbilicus.

Located on the same level are → **KID-13** (0.5 cun lateral to the midline), → **ST-28** (2 cun lateral to the midline) and three extra points → **Ex-CA** (*yijing*: 1 cun lateral to the midline; *qimen*: 3 cun lateral to the midline; *tituo*: 4 cun lateral to the midline). Also located on approximately this level is → **G.B.-27** (medial to the ASIS).

Needling

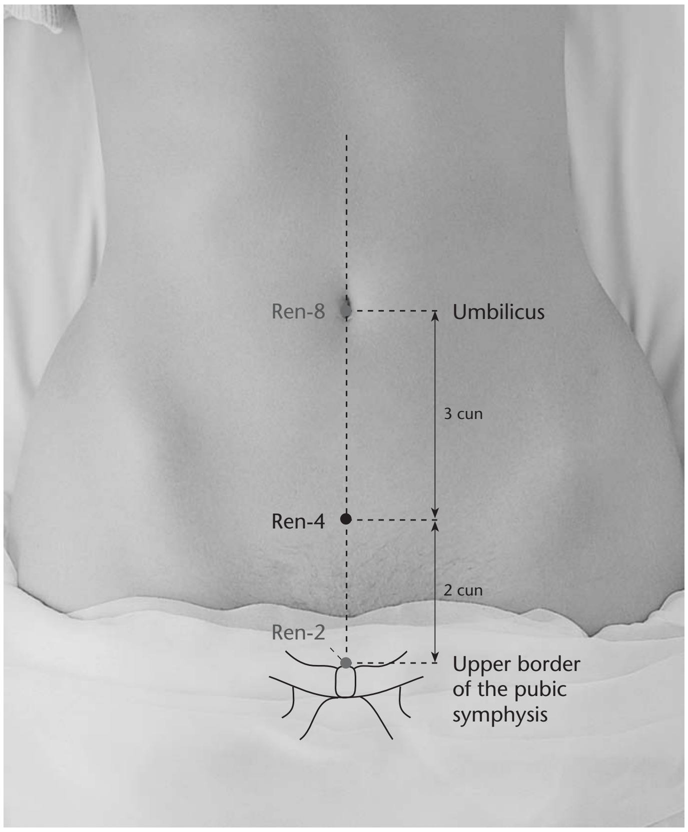
Vertically 0.5–1.2 cun. Caution: Peritoneum. Needling contraindicated during pregnancy.

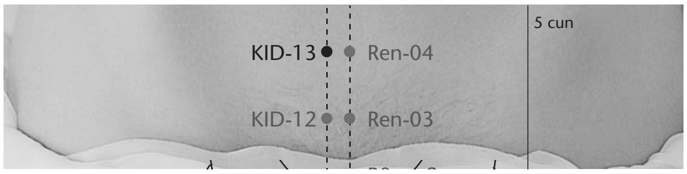
Actions/Indications

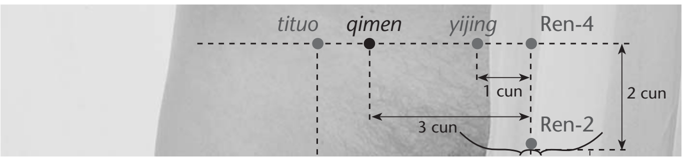
- Tonifies the Original Qi (*yuan qi*), benefits the Essence (*jing*), strengthens and nourishes the Kidneys as well as the Blood and Yin
- Eliminates Cold and Dampness from the Lower Burner (especially with moxibustion)

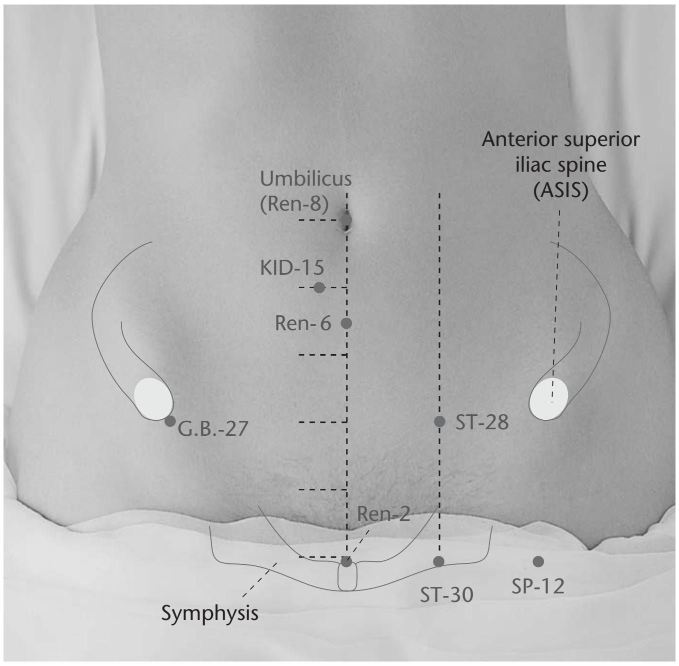
Special features

Front-*mu* point of the Small Intestine, meeting point with the SP, KID and LIV channels. Important point for tonification. Major point for urogenital disorders (especially gynaecological disorders).

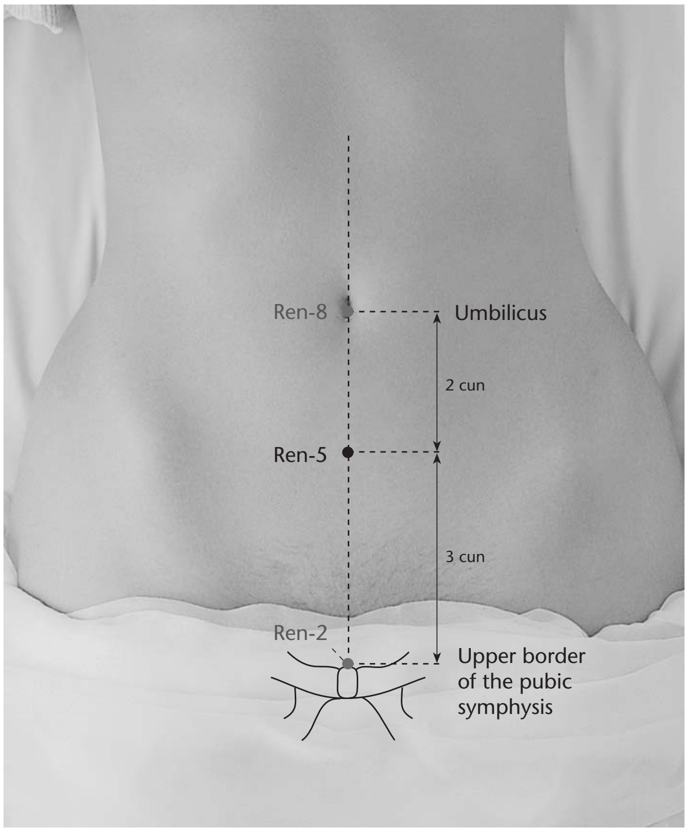

Ren-8
Umbilicus
3 cun
Ren-4
2 cun
Ren-2
Upper border of the pubic symphysis

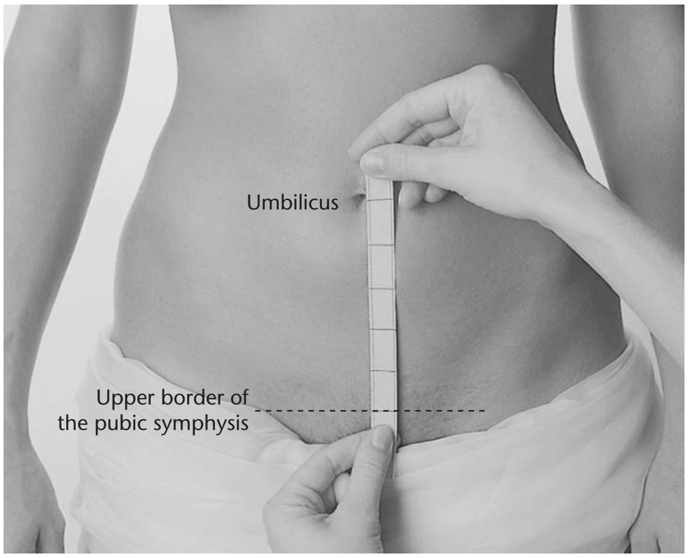

5 cun
KID-13
Ren-04
KID-12
Ren-03

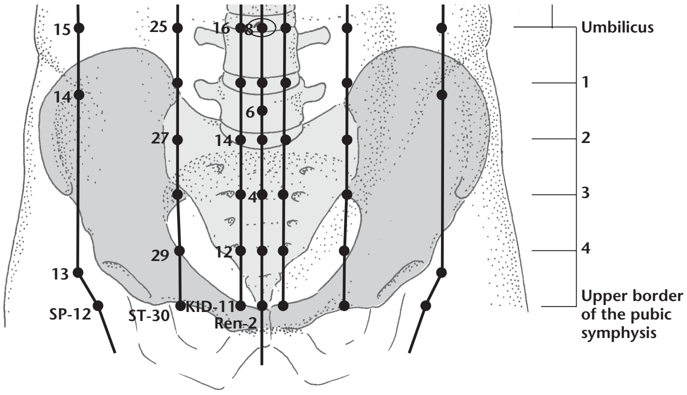

tituo
qimen
yijing
Ren-4
1 cun
2 cun
3 cun
Ren-2


Anterior superior iliac spine (ASIS)
Umbilicus (Ren-8)
KID-15
Ren-6
G.B.-27
ST-28
Ren-2
Symphysis
ST-30
SP-12

Stone Gate SHIMEN Ren-5


Ren-8
Umbilicus
2 cun
Ren-5
3 cun
Ren-2
Upper border of the pubic symphysis


Umbilicus
Upper border of the pubic symphysis


15
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12
13
SP-12
ST-30
KID-11
Ren-2
Umbilicus
1
2
3
4
Upper border of the pubic symphysis

Location

On the anterior midline, 2 cun inferior to the umbilicus or 3 cun superior to the upper border of the pubic symphysis.

How to find

The distance between the centre of the umbilicus and the upper border of the pubic symphysis is divided into 5 cun, which can vary considerably from the patient's finger cun. Therefore, only proportional cun measurements should be used here (helpful device: elastic tape ➞ 2.3.1). **Ren-5** is located on the midline, 2 cun inferior to the umbilicus. Located on the same level are ➞ **KID-14** (0.5 cun lateral to the midline) and ➞ **ST-27** (2 cun lateral to the midline).

Needling

Vertically 0.5–1 cun. Caution: Peritoneum, pregnancy.

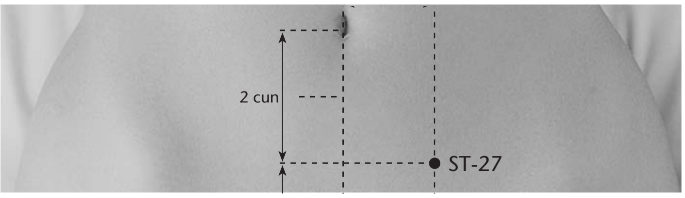
Actions/Indications

- Moves and benefits the water passages
- Regulates the Qi and Blood in the Lower Burner
- Regulates the Uterus

Special features

Front-*mu* point of the Triple Burner. Some classic texts warn that needling this point in women can lead to infertility (hence the name: infertile women were referred to as 'stone women'). There are no such warnings in modern texts.

KID-14
Ren-05
KID-13
Ren-04
5 cun



Ren-6 *Sea of Qi* QIHAI

Location

On the anterior midline, 1.5 cun inferior to the umbilicus or 3.5 cun superior to the upper border of the pubic symphysis.

How to find

The distance between the centre of the umbilicus and the upper border of the pubic symphysis is divided into 5 cun, which can vary considerably from the patient's finger cun. Therefore, only proportional cun measurements should be used here (helpful device: elastic tape → 2.3.1). **Ren-6** is located on the midline, 1.5 cun inferior to the umbilicus or 3.5 cun superior to the upper border of the pubic symphysis.

Needling

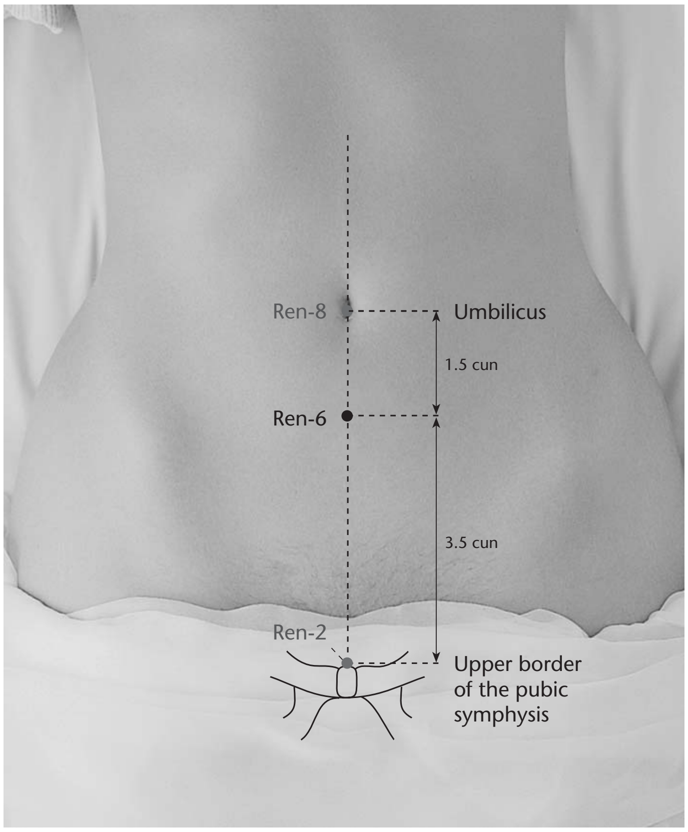
Vertically 0.8–1.5 cun. Caution: Peritoneum, pregnancy. According to some authors, this point should never be needled with strong reducing techniques owing to its strong Qi tonifying action. Moxibustion and cupping are recommended for this point.

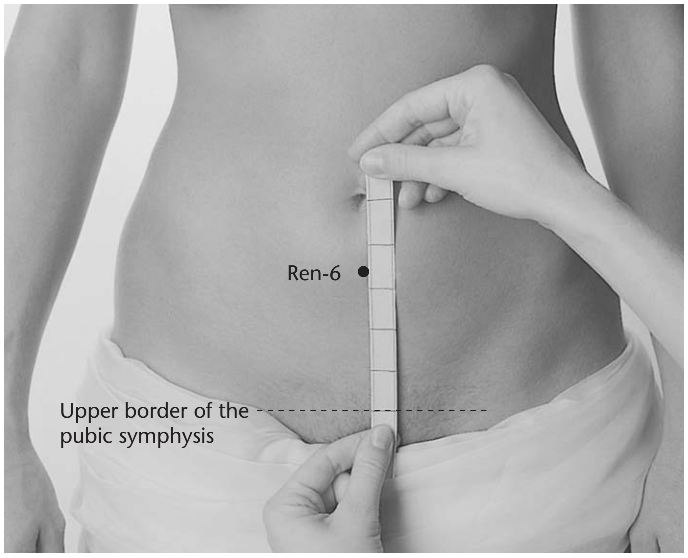
Actions/Indications

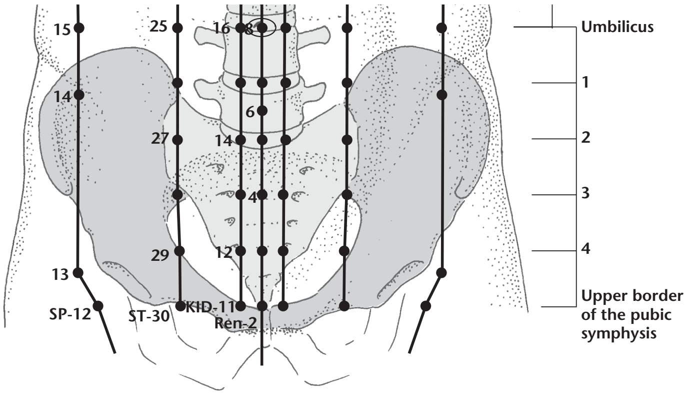
- Tonifies the Original Qi (*yuan qi*) as well as Qi in general, strengthens the Kidneys (especially Kidney Yang), regulates Qi, harmonises Blood and eliminates Dampness

Special features

Important tonification point for mental and physical exhaustion, strengthens especially the Qi and Yang with moxibustion. One of the most important acupuncture points.


Ren-8
Umbilicus
1.5 cun
Ren-6
3.5 cun
Ren-2
Upper border of the pubic symphysis


Ren-6
Upper border of the pubic symphysis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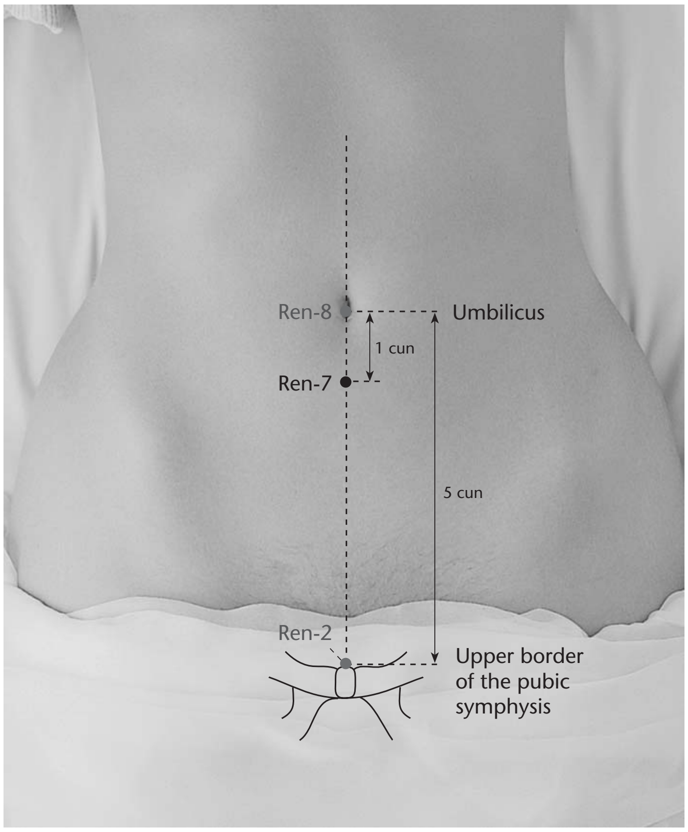
SP-12
ST-30
KID-11
Ren-2
Umbilicus
1
2
3
4
Upper border of the pubic symphysis

Yin Intersection YINJIAO Ren-7


Ren-8
Umbilicus
1 cun
Ren-7
5 cun
Ren-2
Upper border of the pubic symphysis

Location

On the anterior midline, 1 cun inferior to the umbilicus.

How to find

The distance between the centre of the umbilicus and the upper border of the pubic symphysis is divided into 5 cun, which can vary considerably from the patient's finger cun. Therefore, only proportional cun measurements should be used here (helpful device: elastic tape → 2.3.1). **Ren-7** is located on the midline, 1 cun inferior to the umbilicus.
Located on the same level are → **KID-15** (0.5 cun lateral to the midline) and → **ST-26** (2 cun lateral to the midline).

Needling

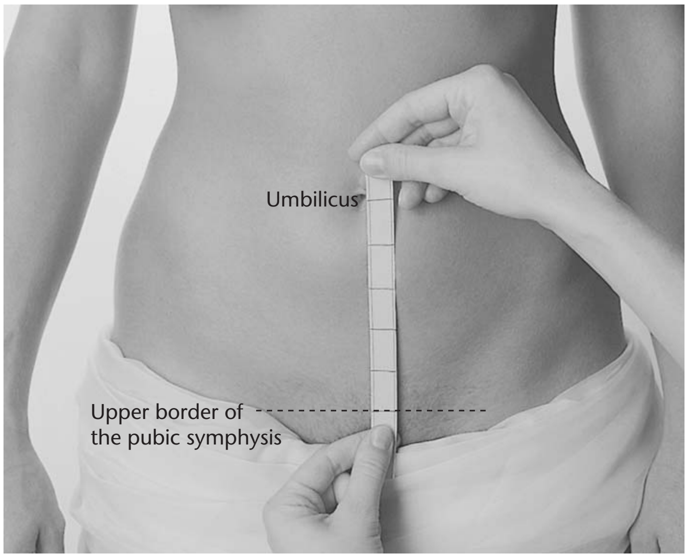
Vertically 0.5–1 cun. Caution: Peritoneum, pregnancy.

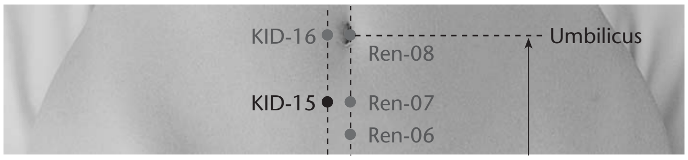
Actions/Indications

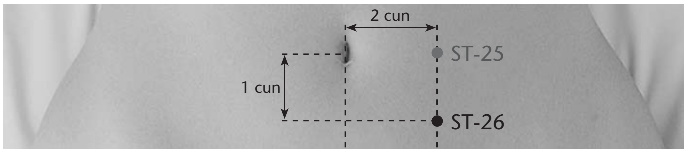
- Regulates menstruation
- Regulates the Qi flow in the abdomen and the genital area

Special features

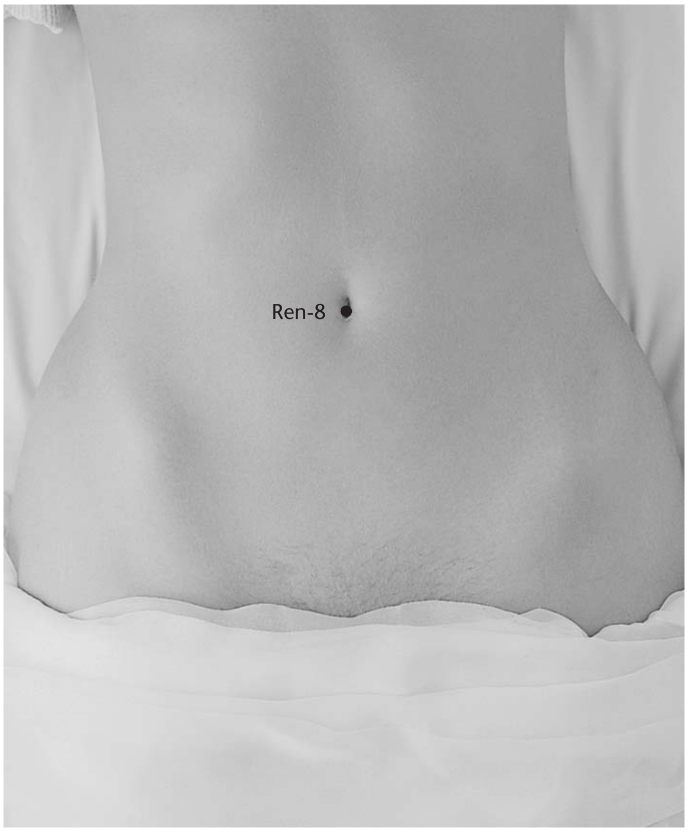
Meeting point with the *chong mai* and the KID channel


Umbilicus
Upper border of the pubic symphysis


KID-16
Umbilicus
Ren-08
KID-15
Ren-07
Ren-06


2 cun
ST-25
1 cun
ST-26

Ren-8 *Spirit Gateway* SHENQUE



Location

In the centre of the umbilicus.

How to find

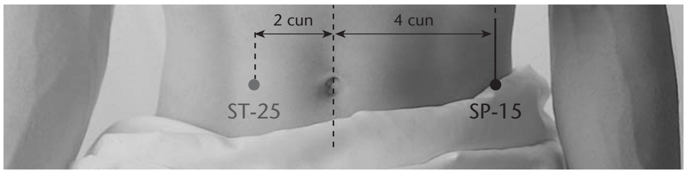
Located on the same level are → **KID-16** (0.5 cun lateral to the midline), → **ST-25** (2 cun lateral to the midline), → **SP-15** (4 cun lateral to the midline) as well as → **G.B.-26** (on a vertical line through the free end of the 11th rib).

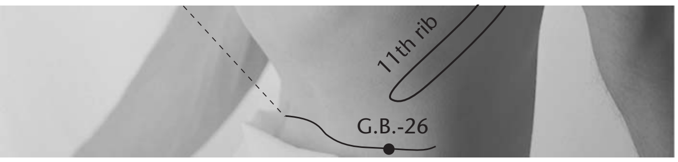
Needling

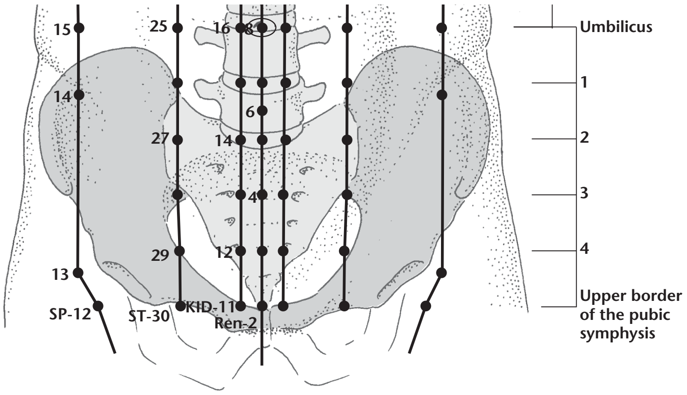
Needling contraindicated. Only indirect moxibustion (on salt or ginger, moxa pole, moxa box).

Actions/Indications

- Warms and stabilises the Yang and the Intestines


2 cun
4 cun
ST-25
SP-15


11th rib
G.B.-26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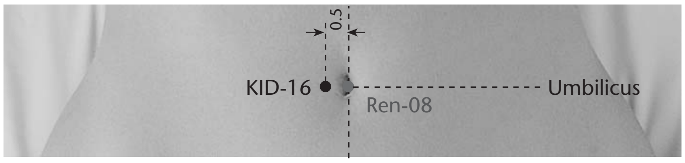
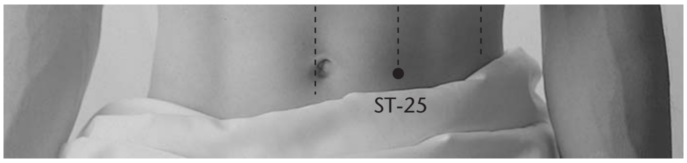
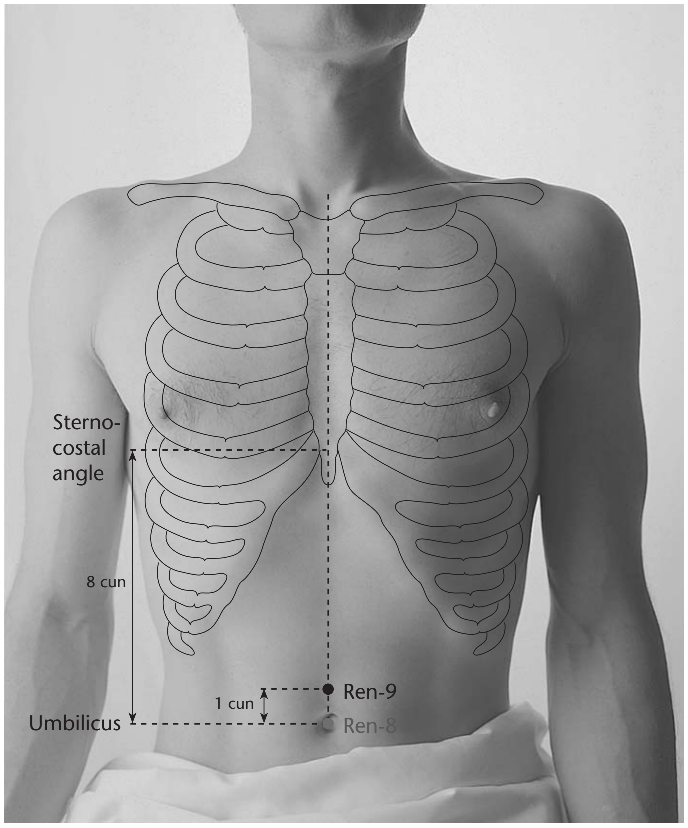
SP-12
ST-30
KID-11
Ren-2
Umbilicus
1
2
3
4
Upper border of the pubic symphysis


0.5
KID-16
Ren-08
Umbilicus



Water Separation SHUIFEN **Ren-9**


Sterno-
costal
angle
8 cun
1 cun
Ren-9
Umbilicus
Ren-8

Location

On the anterior midline, 1 cun superior to the umbilicus.

How to find

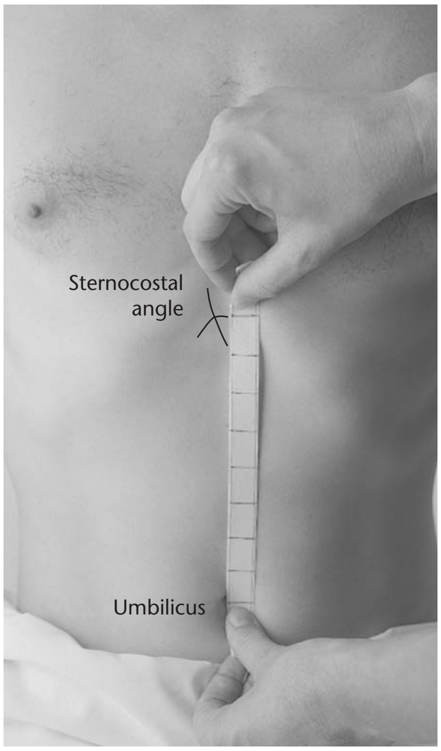
The distance between the sternocostal angle (→ 3.5) and the centre of the umbilicus is divided into 8 cun, which can vary considerably from the patient's finger cun. Therefore, only proportional cun measurements should be applied here (helpful device: elastic tape → 2.3.1). From the centre of the umbilicus, measure 1 cun in a superior direction and there locate **Ren-9** on the anterior midline.
Located on the same level is → **ST-24** (2 cun lateral to the midline). → **LIV-13** is also located on approximately this level (at the free end of the 11th rib).

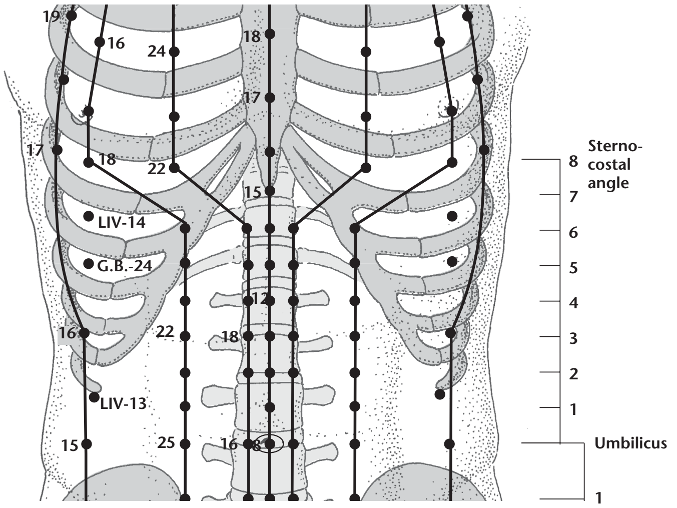
Needling

Vertically 0.5–1 cun. Caution: Peritoneum, pregnancy

Actions/Indications

- Eliminates water accumulations, drains Dampness and controls the water passages Regulates the Intestines and disperses accumulations
- Delayed closure of the fontanelles


Sternocostal
angle
Umbilicus


19
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LIV-14
G.B.-24
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LIV-13
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Sterno-
costal
angle
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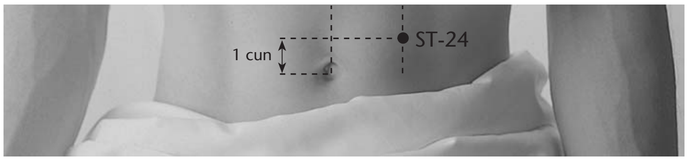
2
1
Umbilicus
1



Ren-10 *Lower Cavity* XIAWAN

Location

On the anterior midline, 2 cun superior to the centre of the umbilicus.

How to find

The distance between the sternocostal angle (→ 3.5) and the centre of the umbilicus is divided into 8 cun, which can vary considerably from the patient's finger cun. Therefore only proportional cun measurements should be applied here (helpful device: elastic tape → 2.3.1). From the centre of the umbilicus, measure 2 cun in a superior direction and there locate **Ren-10** on the anterior midline.

Located on the same level are → **KID-17** (0.5 cun lateral to the midline), → **ST-23** (2 cun lateral to the midline) and **Ex-CA** (*weishang*; 4 cun lateral to the midline).

Needling

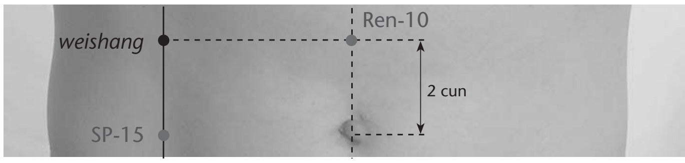
Vertically 0.5–1 cun. Caution: Peritoneum, pregnancy.

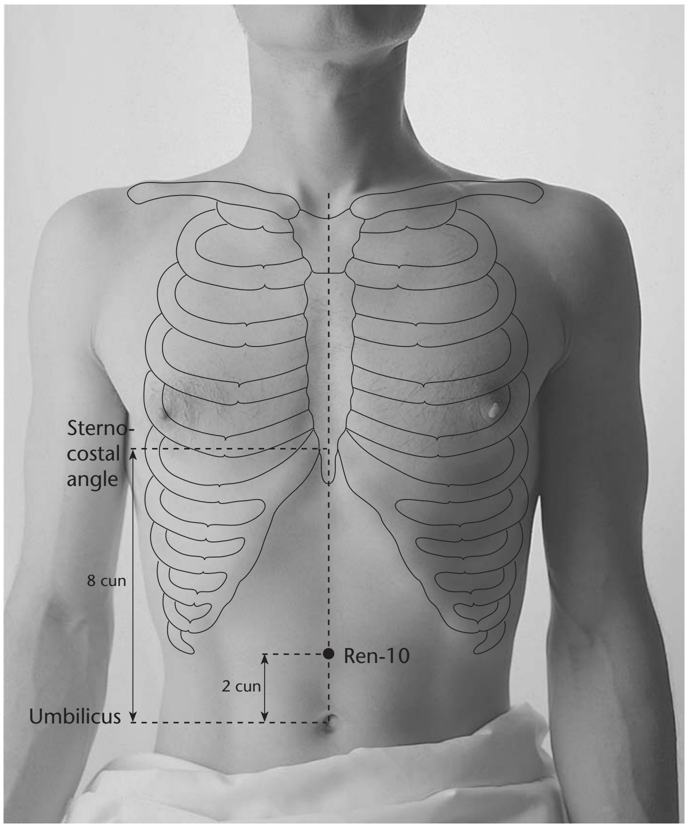
Actions/Indications

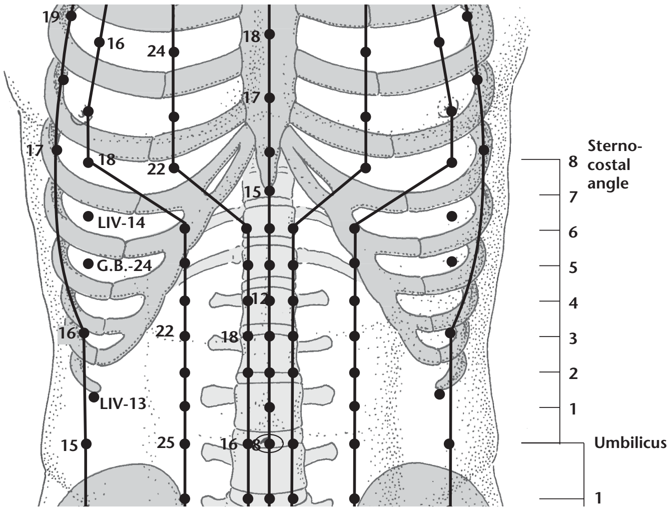
- Tonifies and regulates the Spleen and Stomach Qi, dispels food stagnation

Special features

Meeting point with the SP channel and according to some authors with the ST channel. According to some classical texts, this point is contraindicated during pregnancy (for both needling and moxibustion).


weishang
Ren-10
2 cun
SP-15


Sterno-
costal
angle
8 cun
Ren-10
2 cun
Umbilicus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LIV-14
G.B.-24
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LIV-13
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Sterno-
costal
angle
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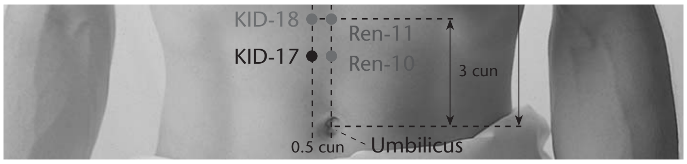
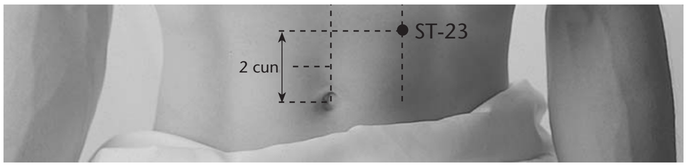
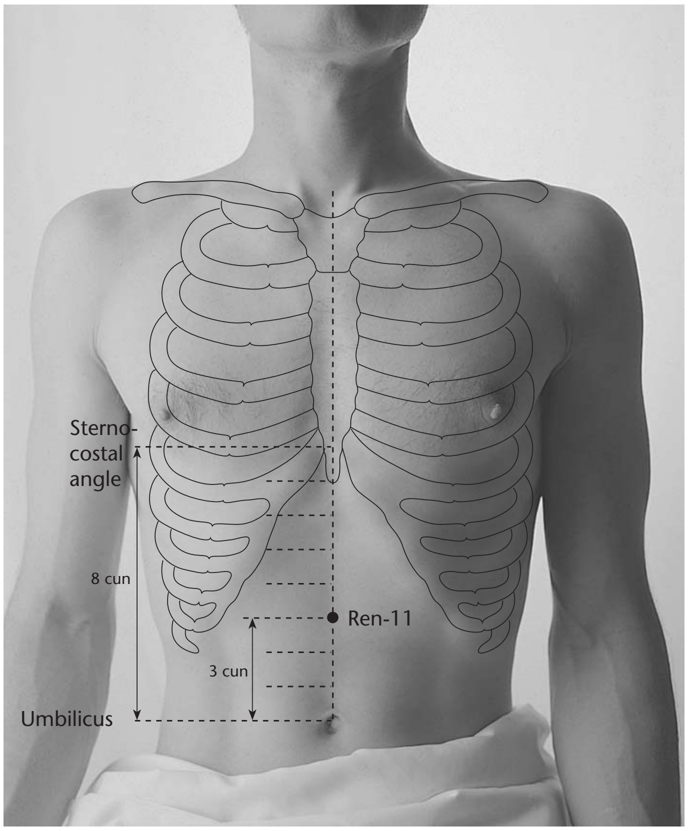
1
Umbilicus
1


KID-18
Ren-11
KID-17
Ren-10
3 cun
0.5 cun
Umbilicus



Interior Strengthening JIANLI **Ren-11**


Sterno-
costal
angle
8 cun
Ren-11
3 cun
Umbilicus

Location

On the anterior midline, 3 cun superior to the umbilicus.

How to find

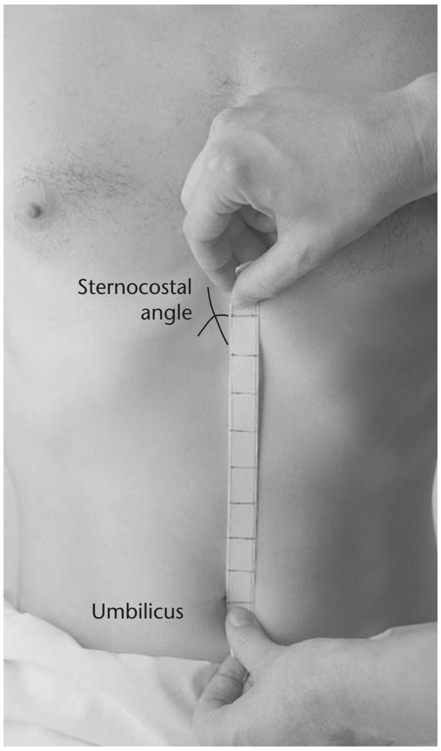
The distance between the sternocostal angle (→ 3.5) and the centre of the umbilicus is divided into 8 cun, which can vary considerably from the patient's finger cun. Therefore, only proportional cun measurements should be applied here (helpful device: elastic tape → 2.3.1). From the centre of the umbilicus, measure 3 cun in a superior direction and there locate **Ren-11** on the anterior midline. Located on the same level are → **KID-18** (0.5 cun lateral to the midline), → **ST-22** (2 cun lateral to the midline) and → **SP-16** (4 cun lateral to the midline).

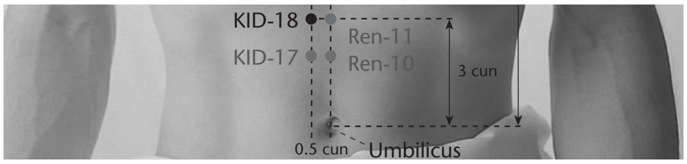
Needling

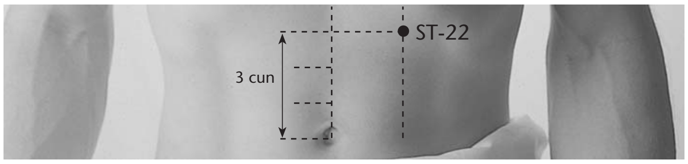
Vertically 0.5–1 cun. Caution: Peritoneum, pregnancy.

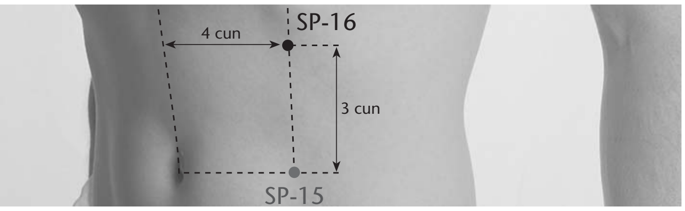
Actions/Indications

- Harmonises the Middle Burner, regulates the Qi flow


Sternocostal
angle
Umbilicus


KID-18
KID-17
Ren-11
Ren-10
3 cun
0.5 cun
Umbilicus




4 cun
SP-16
3 cun
SP-15

Ren-12 *Middle Cavity* ZHONGWAN

Location

On the anterior midline, 4 cun superior to the umbilicus or 4 cun inferior to the sternocostal angle.

How to find

The distance between the sternocostal angle (→ 3.5) and the centre of the umbilicus can be divided into 8 cun, which can vary considerably from the patient's finger cun. Therefore, only proportional cun measurements should be applied here (helpful device: elastic tape → 2.3.1). From the centre of the umbilicus, measure either 4 cun in a superior direction or from the sternocostal angle 4 cun in an inferior direction. There, locate **Ren-12** on the anterior midline. **Or:** Spreading hands technique (→ 2.3.3): Place the little fingers on the sternocostal angle and the centre of the umbilicus respectively and determine the midpoint (=**Ren-12**) of this distance by joining the index fingers.
Located on the same level are → **KID-19** (0.5 cun lateral to the midline) and → **ST-21** (2 cun lateral to the midline).

Needling

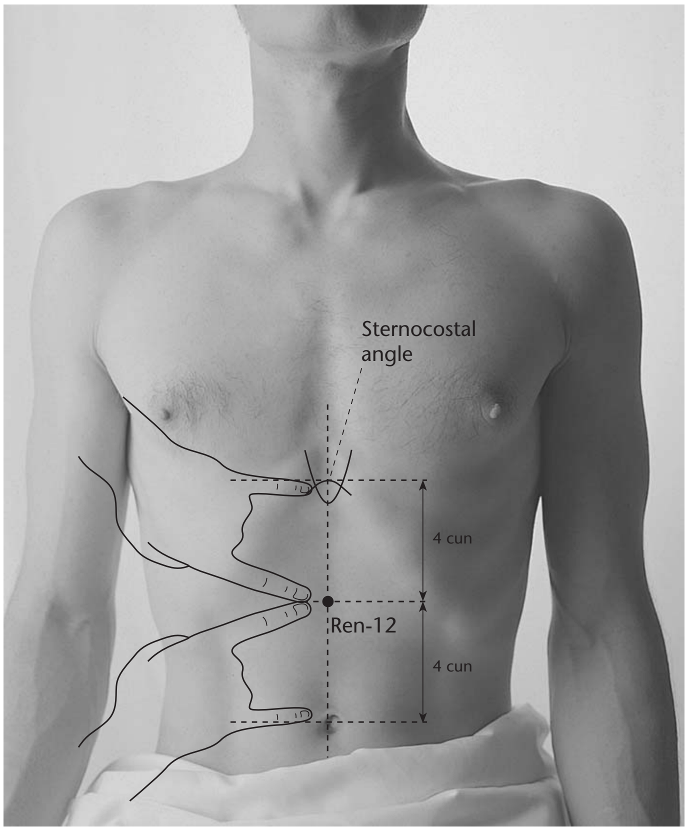
0.8–1.5 cun vertically or obliquely towards surrounding points (→ **ST-21**, **Ren-10**, **Ren-15**). Caution: Peritoneum, pregnancy. If indicated, moxa is recommended.

Actions/Indications

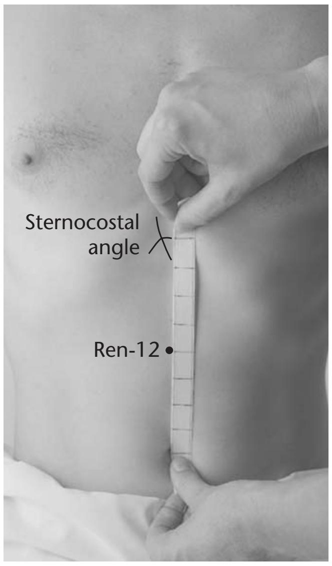
- Harmonises and tonifies the Middle Burner, descends counterflow Qi, regulates the Qi flow and alleviates pain, transforms Dampness

Special features

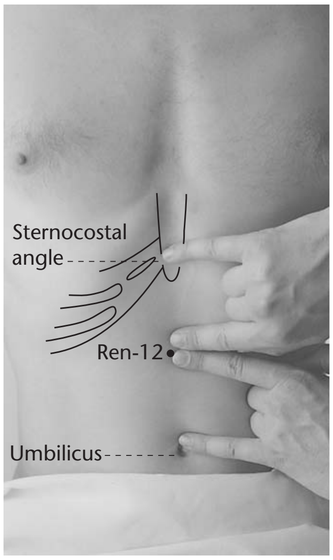
Front-*mu* point of the stomach, meeting point with the S.I., T.B.* and ST channels, *hui*-meeting point of the *fu*-Organs. Major point for (functional) stomach disorders.



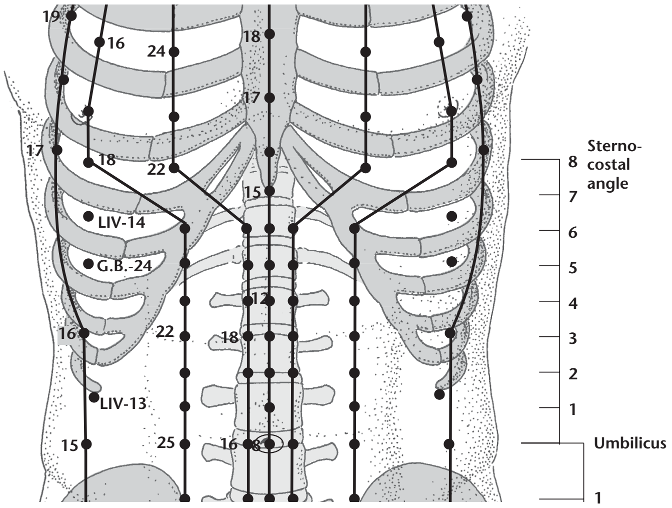
Sternocostal angle
4 cun
Ren-12
4 cun



Sternocostal angle
Ren-12



Sternocostal angle
Ren-12
Umbilicus



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LIV-14
G.B.-24
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LIV-13
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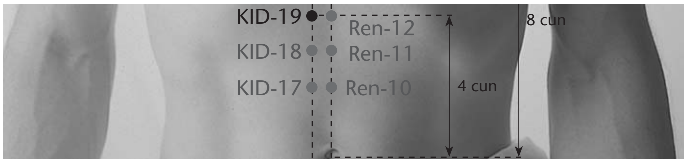
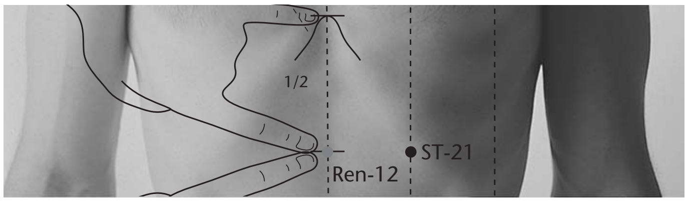
1
Sterno-costal angle
Umbilicus
1



KID-19
KID-18
KID-17
Ren-12
Ren-11
Ren-10
4 cun
8 cun



1/2
Ren-12
ST-21

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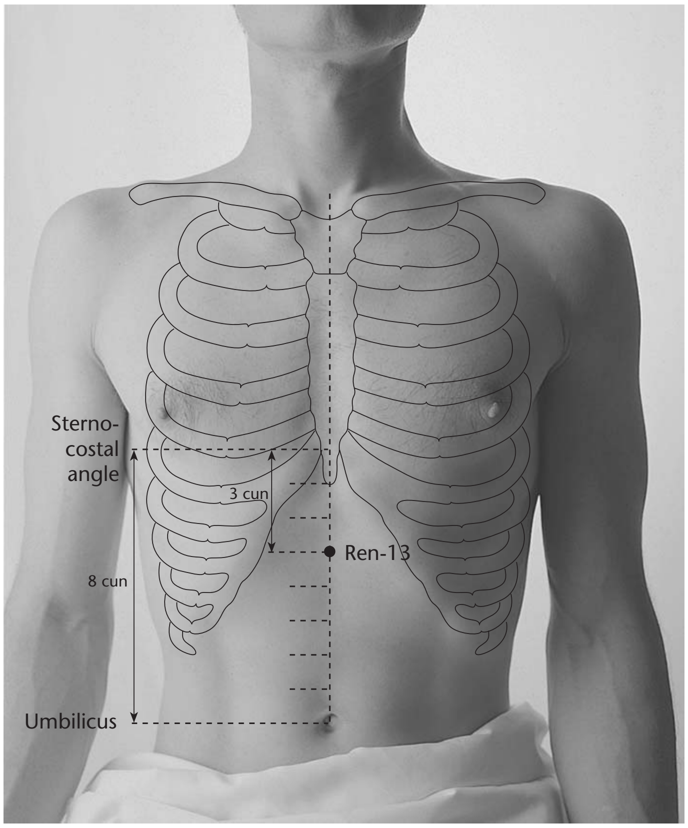
* Mentioned by only some authors

Upper Cavity SHANGWAN Ren-13


Sterno-
costal
angle
3 cun
Ren-13
8 cun
Umbilicus

Location

On the anterior midline, 3 cun inferior to the sternocostal angle.

How to find

The distance between the sternocostal angle (→ 3.5) and the centre of the umbilicus is divided into 8 cun, which can vary considerably from the patient's finger cun. Therefore, only proportional cun measurements should be applied here (helpful device: elastic tape → 2.3.1). From the sternocostal angle, measure 3 cun in an inferior direction and there locate **Ren-13** on the anterior midline.

Located on the same level are → **KID-20** (0.5 cun lateral to the midline), → **ST-20** (2 cun lateral to the midline) and → **G.B.-24** (approximately on this level, in the 7th intercostal space, on the mamillary line).

Needling

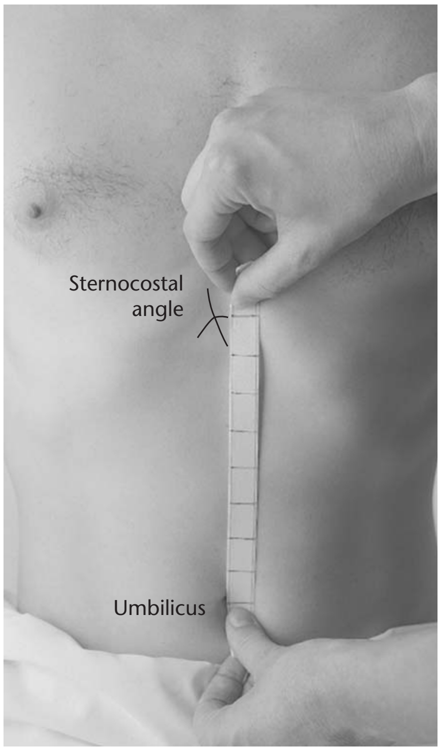
Vertically 0.5–1 cun. Caution: Peritoneum, pregnancy.

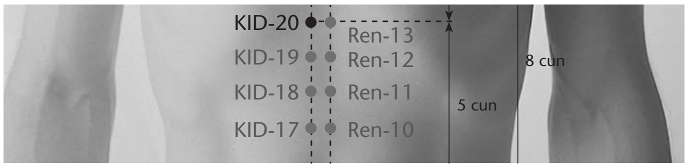
Actions/Indications

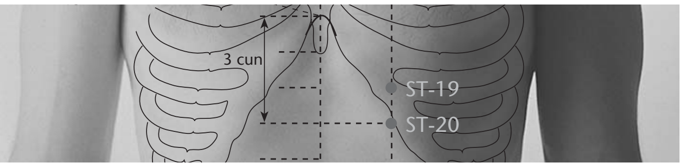
- Regulates the Stomach and counterflow Qi
- Regulates the Heart

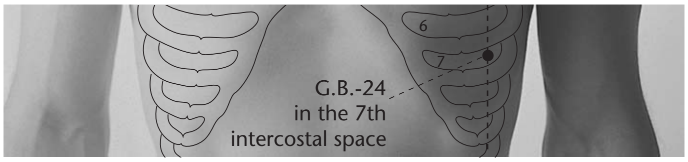
Special features

Meeting point with the ST and S.I. channel


Sternocostal
angle
Umbilicus


KID-20
KID-19
KID-18
KID-17
Ren-13
Ren-12
Ren-11
Ren-10
5 cun
8 cun


3 cun
ST-19
ST-20


6
7
G.B.-24
in the 7th
intercostal space

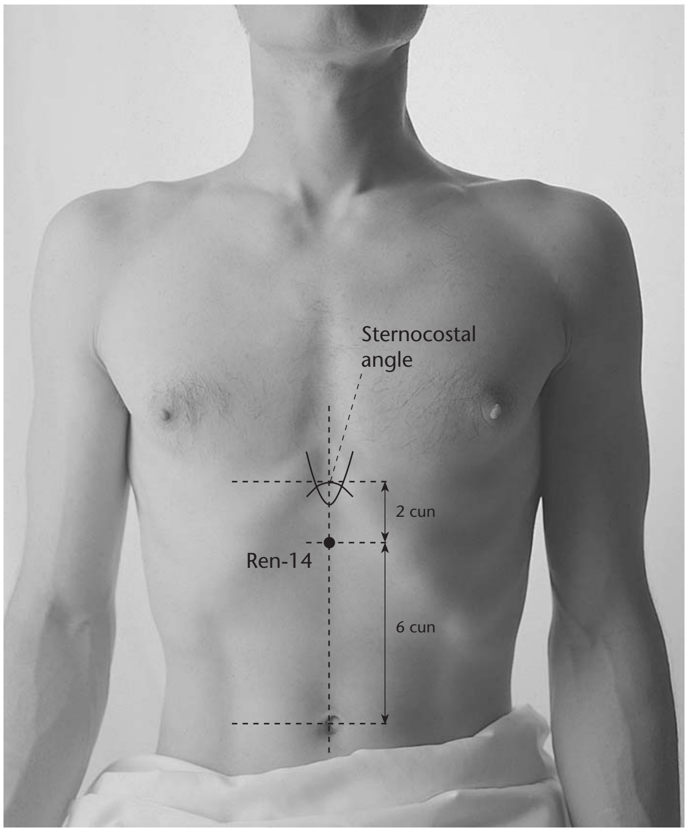
Ren-14 *Great Gateway* JUQUE

Location

On the anterior midline, 2 cun inferior to the sternocostal angle or 6 cun superior to the umbilicus.

How to find

The distance between the sternocostal angle (→ 3.5) and the centre of the umbilicus is divided into 8 cun (note: these are proportional cun → 2.2). **Ren-14** is located on the midline, 2 cun inferior to the sternocostal angle or 6 cun superior to the umbilicus. **Or:** Use spreading hands technique (→ Chapter 2): Place the little fingers on the sternocostal angle and the umbilicus respectively and determine the midpoint of this distance (→ **Ren-12**). Then locate **Ren-14** on the midpoint of the distance between → **Ren-12** and the sternocostal angle.
Located on the same level are → **KID-21** (0.5 cun lateral to the midline), → **ST-19** (2 cun lateral to the midline) and → **LIV-14** (approximately on this level, in the 6th intercostal space, on the mamillary line).


Sternocostal angle
2 cun
Ren-14
6 cun

Needling

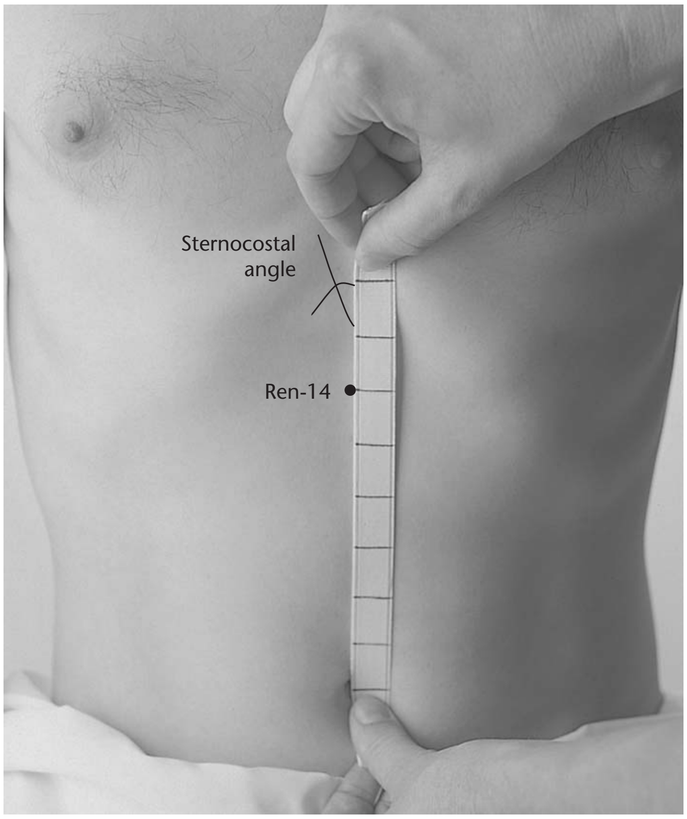
0.3–0.8 cun vertically or often obliquely in an inferior direction or up to 1.5 cun transversely (subcutaneously). Depending on individual anatomy, this point can be located on the xiphoid process. Caution: Peritoneum, injury to hypertrophied organs (left: heart, right: liver) depending on the thickness of the abdominal wall.

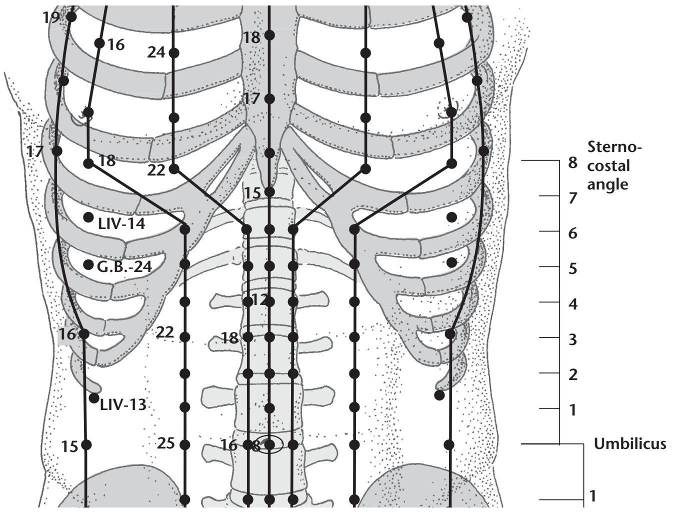
Actions/Indications

- Regulates the Heart, disperses stagnant Phlegm, alleviates pain, unbinds the thorax, descends the Qi
- Harmonises the Stomach, descends Stomach Qi
- Transforms Phlegm, calms the *shen*

Special features

Front-*mu* point of the Heart. Major local point for thoracic pain caused by Blood stasis or Phlegm blockages.


Sternocostal angle
Ren-14


19
16
24
18
17
17
18
22
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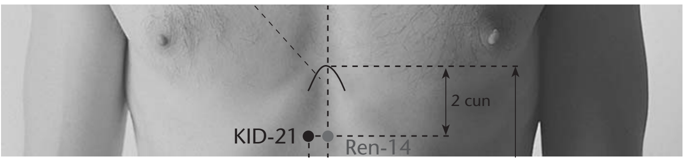
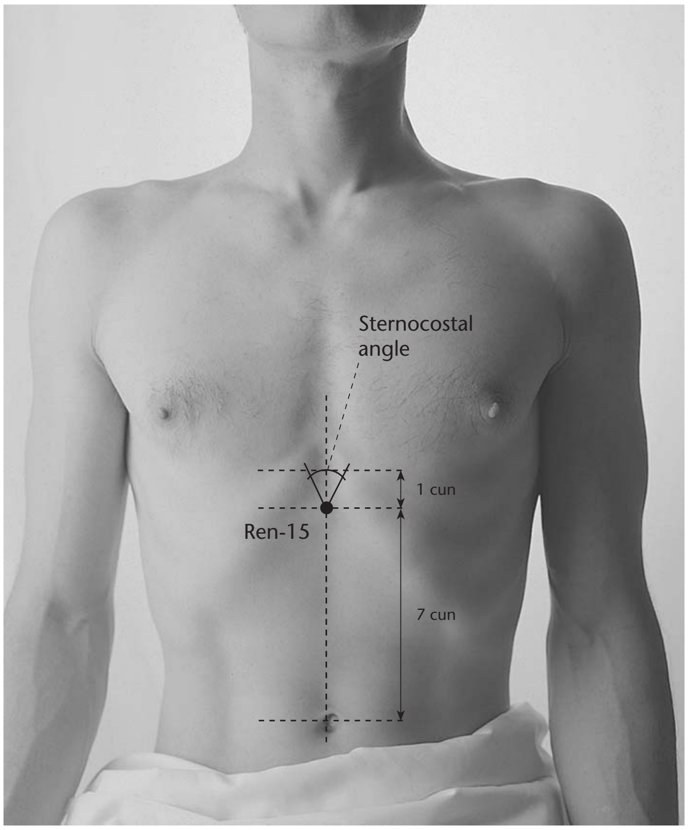
LIV-14
G.B.-24
12
16
22
18
LIV-13
15
25
16
8
Sterno-costal angle
8
7
6
5
4
3
2
1
Umbilicus
1


2 cun
KID-21
Ren-14

Turtledove Tail JIUWEI Ren-15


Sternocostal angle
1 cun
Ren-15
7 cun

Location

On the anterior midline, 1 cun inferior to the sternocostal angle or 7 cun superior to the umbilicus.

How to find

The distance between the sternocostal angle (→ 3.5) and the centre of the umbilicus is divided into 8 cun, which can vary considerably from the patient's finger cun. Therefore, only proportional cun measurements should be applied here (helpful device: elastic tape → 2.3.1). From the sternocostal angle, measure 1 cun in an inferior direction and there locate **Ren-15** on the anterior midline. It is often located directly below or, depending on individual anatomy, on the xiphoid process.

Needling

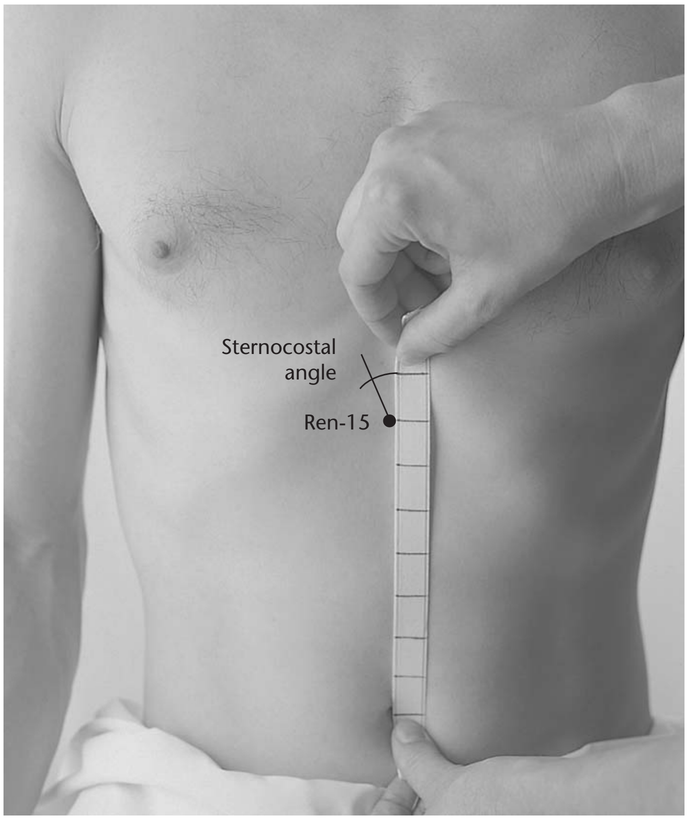
0.5–1 cun obliquely in an inferior direction. The patient should be in an extended position. Caution: Possible injury to organs with deep needling or oblique insertion in a superior direction, especially in patients with hypertrophied organs (left: Liver, right: Heart). According to some classical texts, moxibustion is contraindicated.

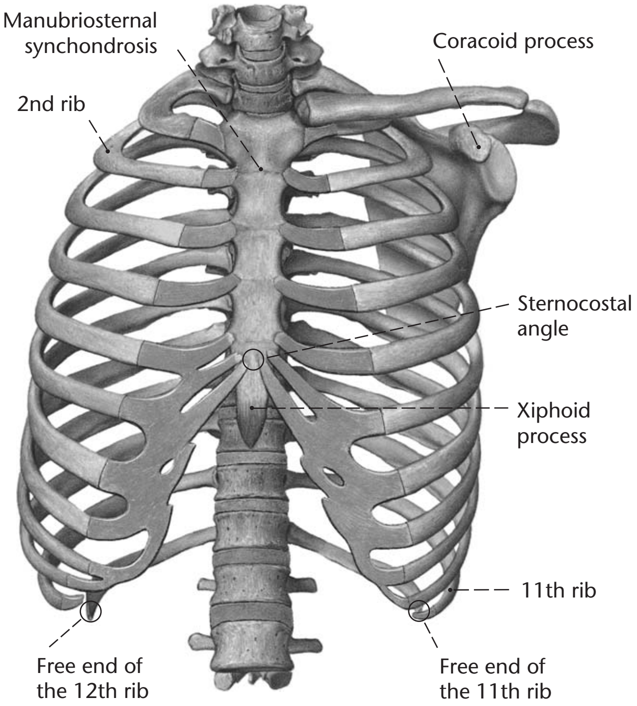
Actions/Indications

- Regulates the Heart, calms the *shen*
- Descends counterflow lung and stomach Qi, unbinds the chest
- Regulates the *luo*-connecting vessel of the *ren mai*

Special features

Luo-connecting point of the *ren mai*. Important point for calming.


Sternocostal angle
Ren-15


Manubriosternal synchondrosis
2nd rib
Coracoid process
Sternocostal angle
Xiphoid process
11th rib
Free end of the 12th rib
Free end of the 11th rib

Ren-16 *Central Courtyard* ZHONGTING

Location

On the anterior midline, on the level of the sternocostal angle.

How to find

Ren-16 is located on the level of the sternocostal angle, where the two lower borders of the ribcage (→ 3.5) meet. To locate this point, palpate upward along the lower borders of the ribcage with one hand on either side until the palpating fingers meet at the sternocostal angle. Here, locate **Ren-16** in a shallow depression between the sternum and the xiphoid process.

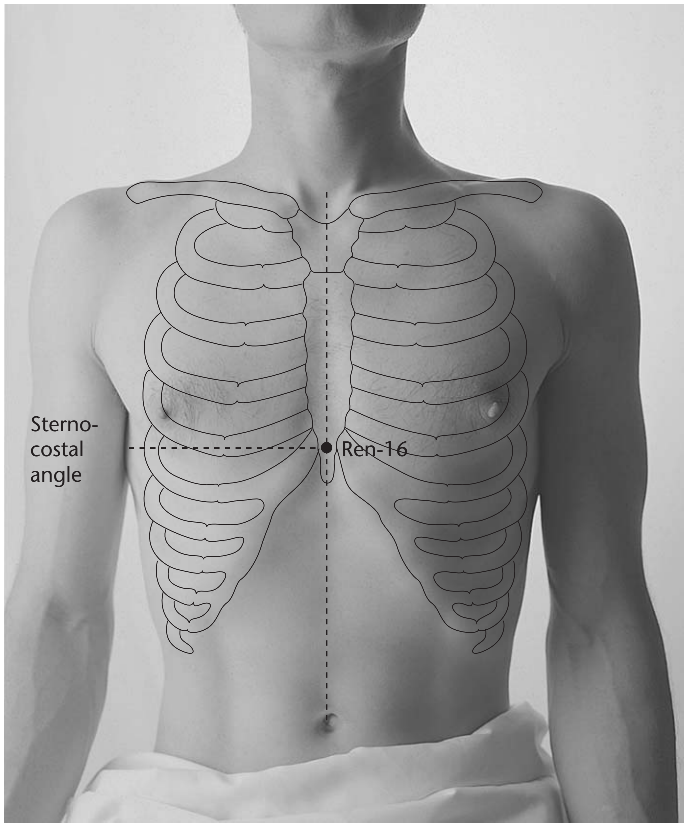
Located on the same level (approximately the 5th intercostal space) are → **KID-22** (2 cun lateral to the midline), → **ST-18** (4 cun lateral to the midline) and → **SP-17** (6 cun lateral to the midline).

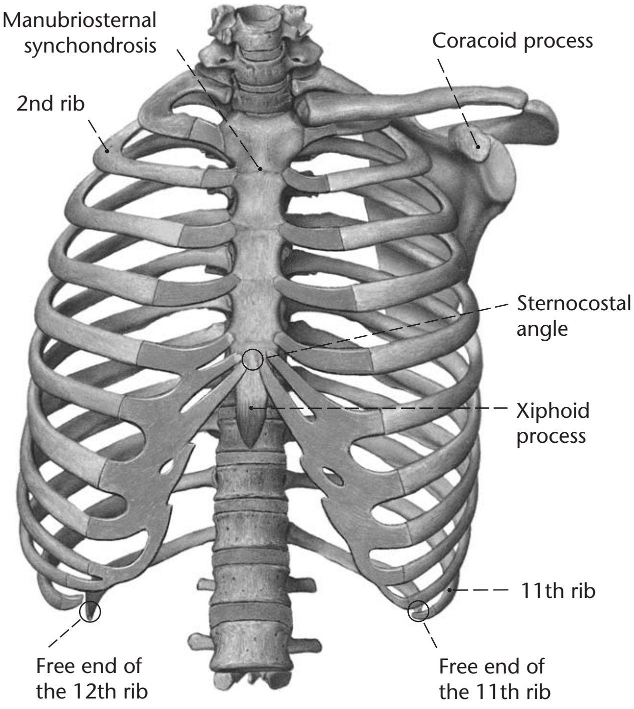
Needling

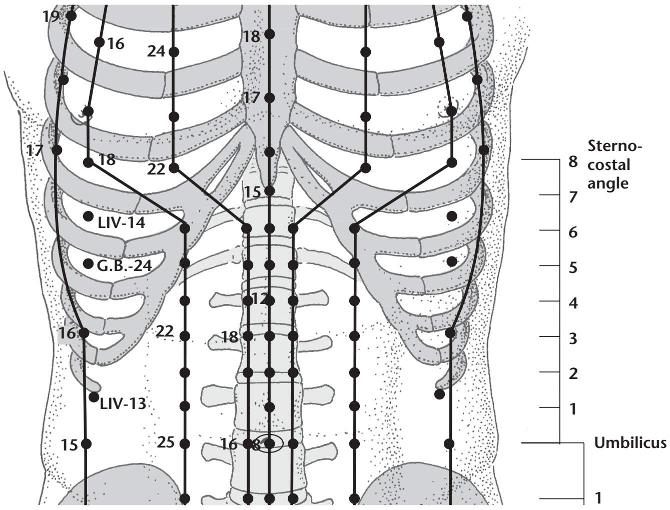
0.5 cun transversely (subcutaneously) in a superior or inferior direction. Caution: Danger of heart injury in patients with a split xiphoid process or a sternal foramen. Therefore, only transverse needling is recommended.

Actions/Indications

- Unbinds the chest
- Regulates the Stomach and counterflow Stomach Qi


Sterno-
costal
angle
Ren-16


Manubriosternal synchondrosis
2nd rib
Coracoid process
Sternocostal angle
Xiphoid process
11th rib
Free end of the 12th rib
Free end of the 11th rib


19
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LIV-14
G.B.-24
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LIV-13
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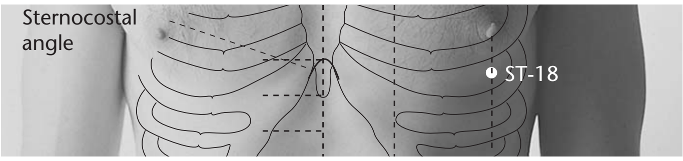
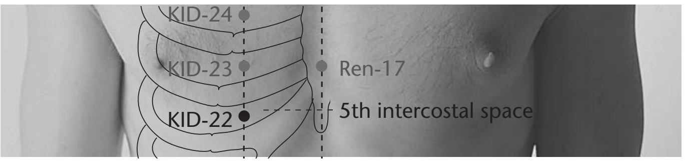
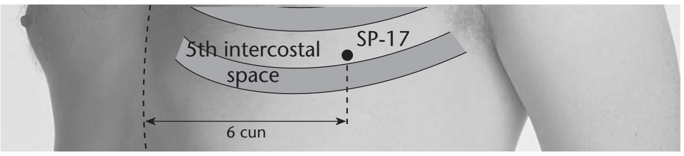
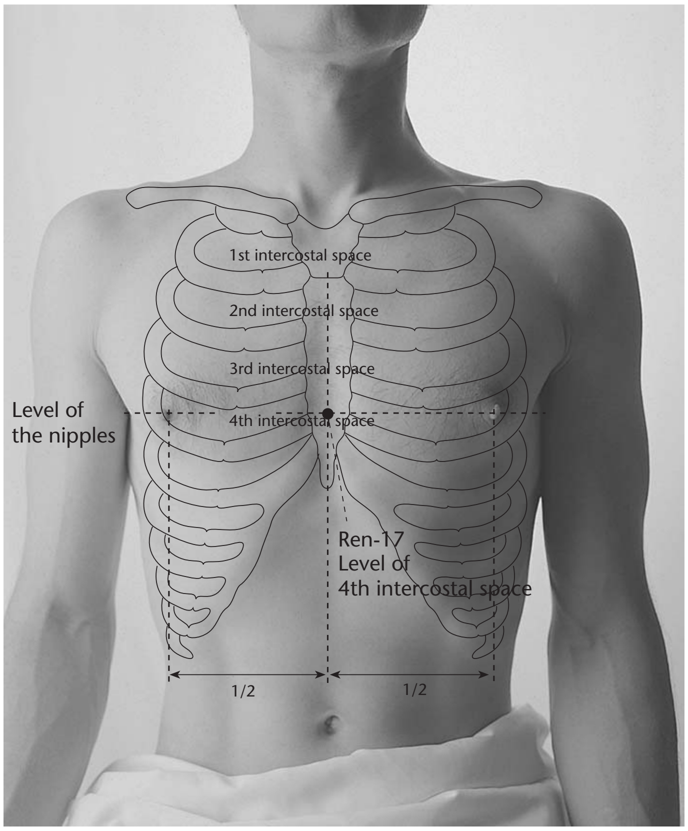
16
8
Sterno-
costal
angle
8
7
6
5
4
3
2
1
Umbilicus
1

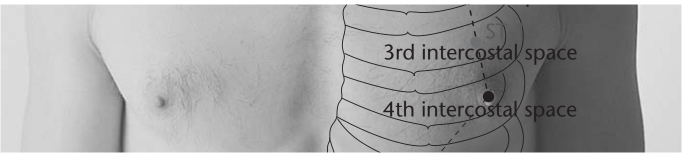

Sternocostal angle
ST-18

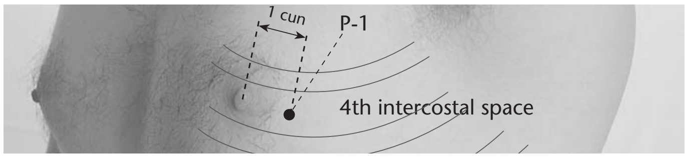

KID-24
KID-23
Ren-17
KID-22
5th intercostal space

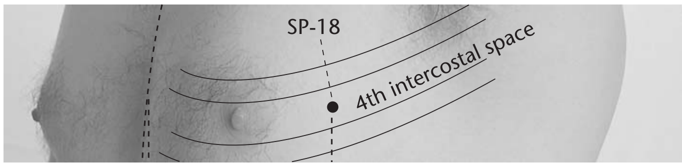

5th intercostal space
SP-17
6 cun

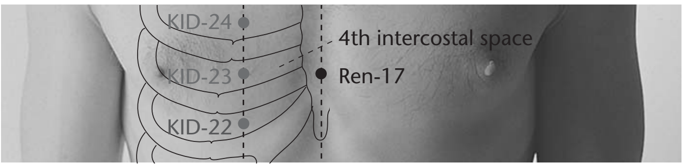
Chest Centre DANZHONG **Ren-17**

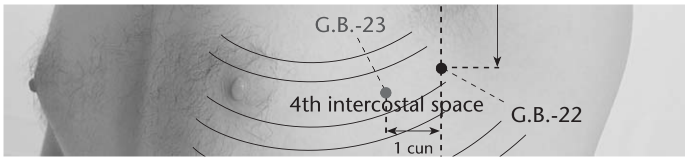

1st intercostal space
2nd intercostal space
3rd intercostal space
Level of
the nipples
4th intercostal space
Ren-17
Level of
4th intercostal space
1/2
1/2


3rd intercostal space
4th intercostal space


1 cun
P-1
4th intercostal space


SP-18
4th intercostal space


KID-24
KID-23
KID-22
4th intercostal space
Ren-17


G.B.-23
4th intercostal space
G.B.-22
1 cun

Location

On the anterior midline, on the level of the 4th intercostal space.

How to find

Quick method, especially in men: Locate **Ren-17** on the sternum, between the two nipples. For more detailed orientation on the intercostal region (→ 3.5), first, locate the manubriosternal synchondrosis, which can be felt on the sternum as a well-defined horizontal bony structure on the level of the costal cartilage of the 2nd rib. The 2nd intercostal space is below it. From there, count in an inferior direction to the 4th intercostal space. Locate **Ren-17** on this level on the midline of the sternum. Located on the same level in the 4th intercostal space are **→ KID-23/ST-17/P-1/SP-18/G.B.-22/G.B.-23** (2 cun lateral to the midline/on the nipple/1 cun lateral to the nipple/6 cun lateral to the midline/on the axillary line/1 cun anterior to **→ G.B.-22**).

Needling

Depending on the indication, 0.5–1 cun transversely (subcutaneously) in a superior or inferior direction or towards the nipples (for mamillary disorders). Caution: Intracardiac needling, pneumothorax. The sternum can be very thin in this area owing to embryonic ossification disorders! Moxibustion is recommended in order to tonify the Qi, but caution with asthmatic patients.

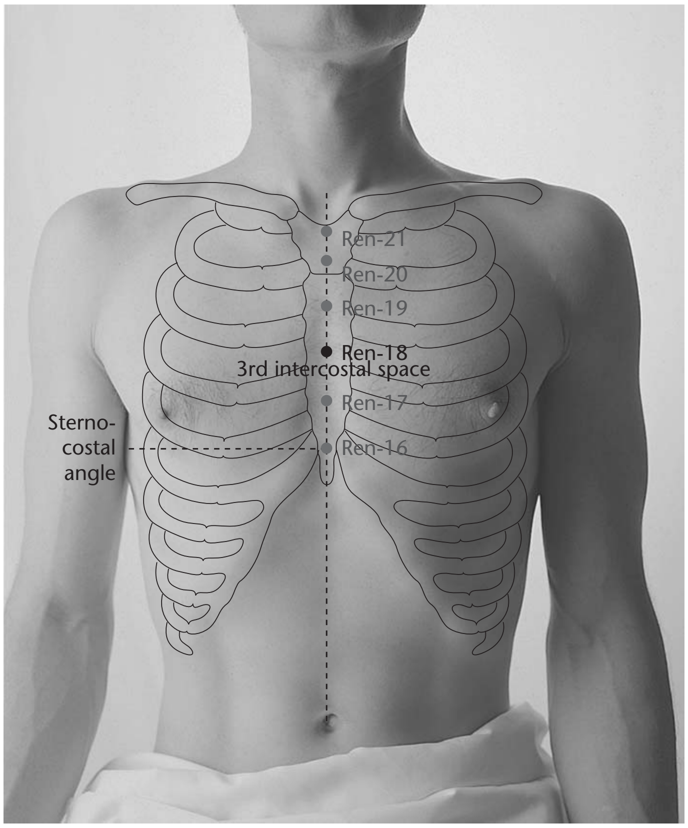
Actions/Indications

- Regulates and benefits the Qi, unbinds the chest, descends counterflow Lung and Stomach Qi
- Benefits the breasts

Special features

Front-*mu* point of the Pericardium, meeting point with the SP, KID, S.I. and T.B. channels. *Hui*-meeting point of the Qi. Sea of Qi. Important point for respiratory disorders.

Ren-18 *Jade Hall* YUTANG


Ren-21
Ren-20
Ren-19
Ren-18
3rd intercostal space
Ren-17
Sterno-
costal
angle
Ren-16

Location

On the anterior midline, on the level of the 3rd intercostal space.

How to find

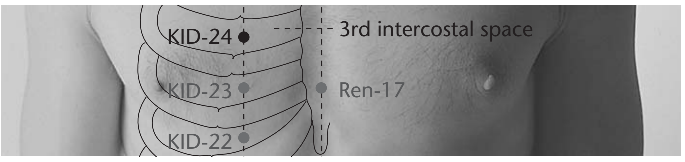
Locate the 3rd intercostal space either by parasternal palpation starting at the clavicle or by counting downward from the manubriosternal synchondrosis (→ 2nd rib) (→ 3.5).
Located on the same level (→ 3rd intercostal space) are **→ KID-24/ST-16/SP-19** (2/4/6 cun lateral to the midline).

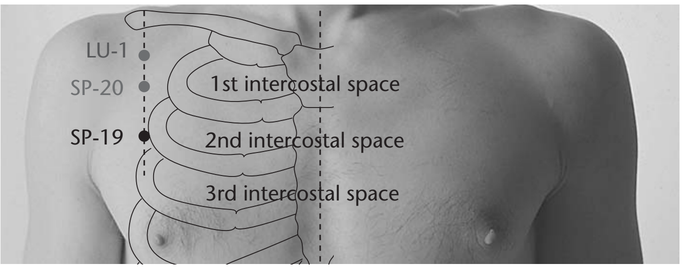
Needling

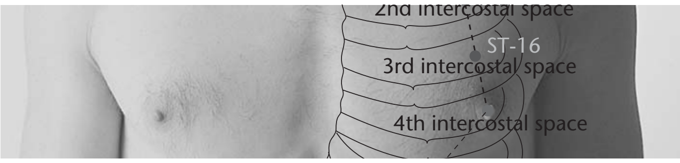
0.5–1 cun transversely (subcutaneously) in a superior or inferior direction. Caution: Danger of injury to the heart or the pleura in patients with a sternal foramen, therefore only transverse needling with or against the flow of the channel.

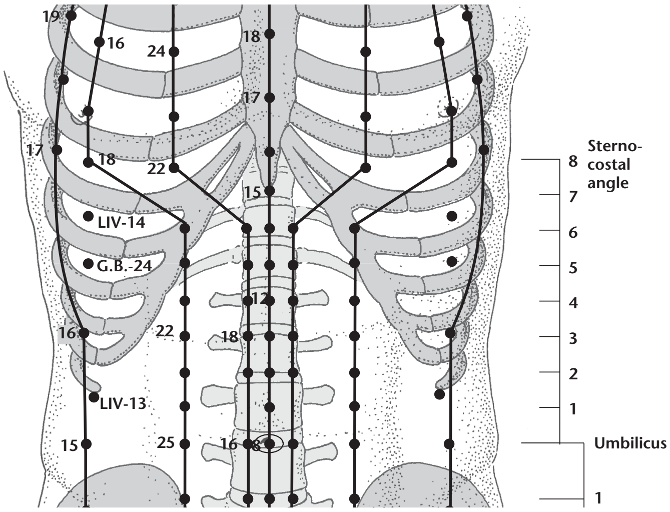
Actions/Indications

- Unbinds the chest, regulates and descends the Qi


KID-24
3rd intercostal space
KID-23
Ren-17
KID-22


LU-1
SP-20
1st intercostal space
SP-19
2nd intercostal space
3rd intercostal space


2nd intercostal space
ST-16
3rd intercostal space
4th intercostal space


19
16
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22
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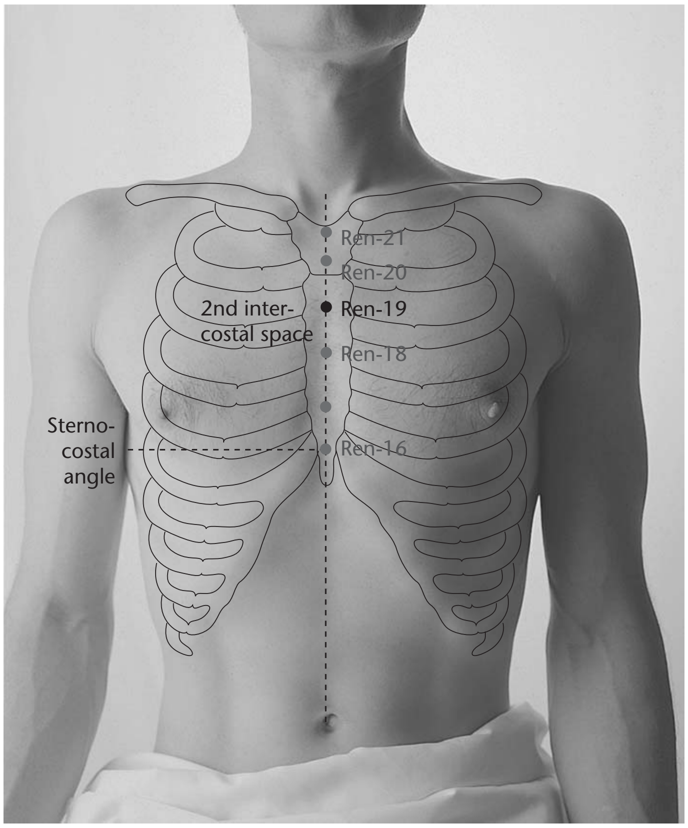
LIV-14
G.B.-24
12
16
22
18
LIV-13
15
25
16
8
Sterno-
costal
angle
8
7
6
5
4
3
2
1
Umbilicus
1

Purple Palace ZIGONG Ren-19


Ren-21
Ren-20
2nd inter-
costal space
Ren-19
Ren-18
Sterno-
costal
angle
Ren-16

Location

On the anterior midline, on the level of the 2nd intercostal space.

How to find

Locate the 2nd intercostal space by parasternal palpation starting at the clavicle or by palpating from the manubriosternal synchondrosis (→ 2nd rib) (→ 3.5).

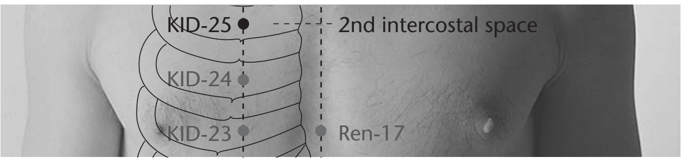
Located at the same level (2nd intercostal space) are **→ KID-25/ST-15/SP-20** (2/4/6 cun lateral to the midline).

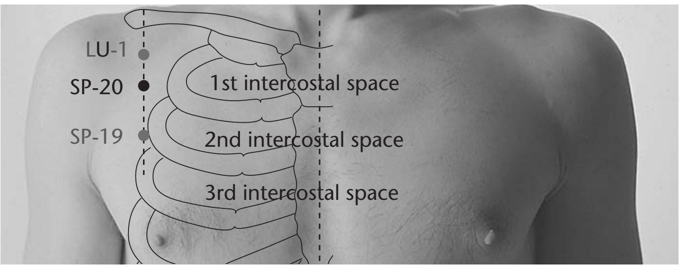
Needling

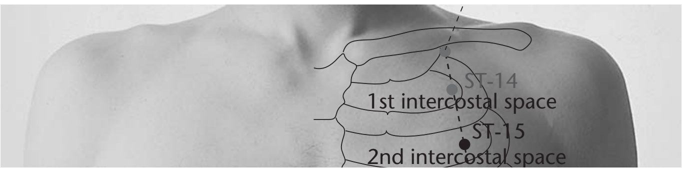
0.5 cun transversely in a superior or inferior direction. Caution: In patients with a sternal foramen, danger of injury to the pleura or the mediastinum, therefore only transverse needling with or against the flow of the channel.

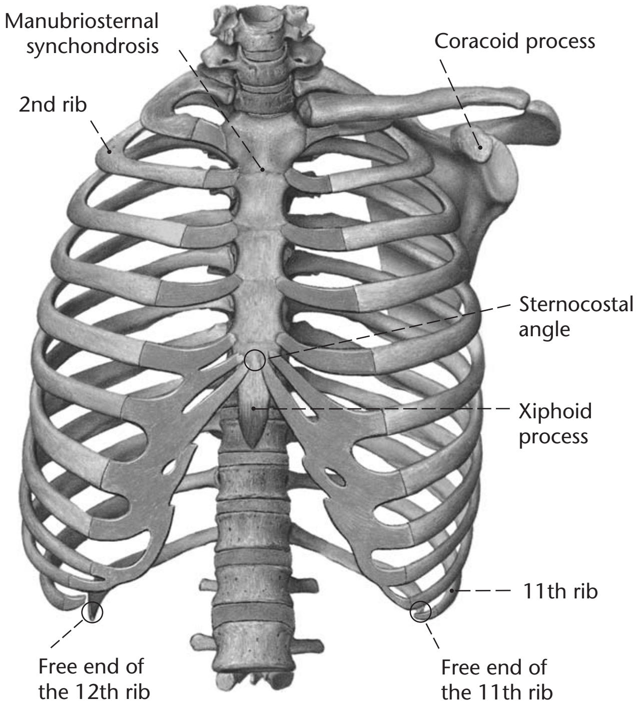
Actions/Indications

- Unbinds the chest
- Regulates and descends the Qi


KID-25
2nd intercostal space
KID-24
KID-23
Ren-17


LU-1
SP-20
SP-19
1st intercostal space
2nd intercostal space
3rd intercostal space


ST-14
1st intercostal space
ST-15
2nd intercostal space


Manubriosternal
synchondrosis
Coracoid process
2nd rib
Sternocostal
angle
Xiphoid
process
11th rib
Free end of
the 12th rib
Free end of
the 11th rib

Ren-20 *Magnificent Canopy* HUAGAI

Location

On the anterior midline, on the lower part of the manubrium sterni, on the level of the 1st intercostal space.

How to find

The manubriosternal synchondrosis generally forms a distinct horizontal bony structure on the upper part of the sternum. Locate **Ren-20** slightly superior to the synchondrosis, on the midline and on the level of the 1st intercostal space.

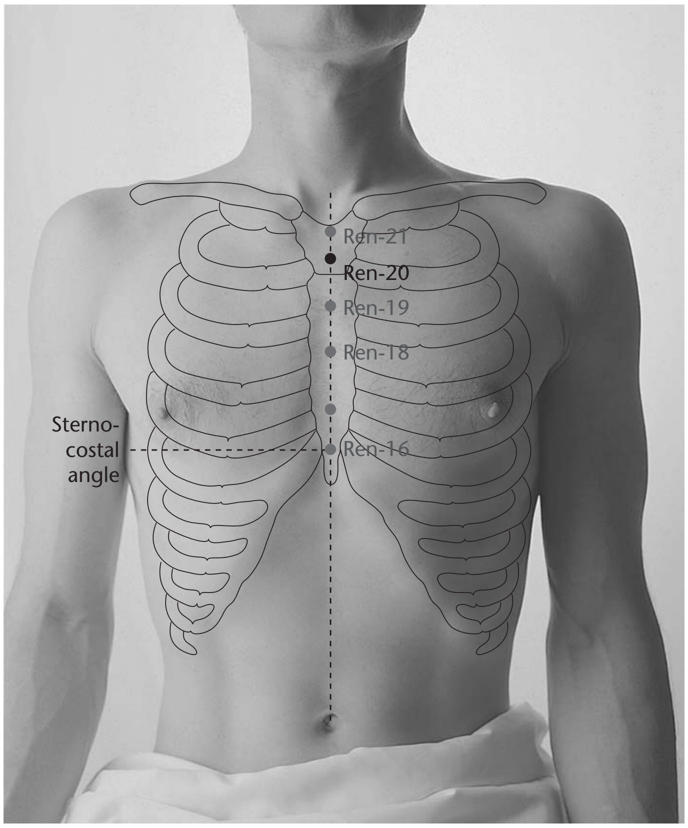
Located at the same level (1st intercostal space) are → **KID-26/ST-14/LU-1** (2/4/6 cun lateral to the midline).

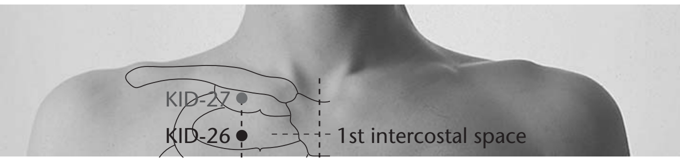
Needling

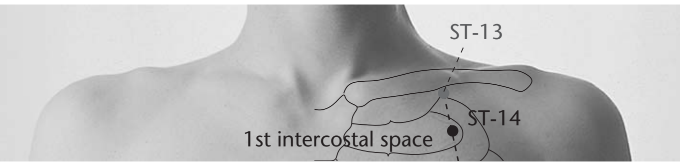
0.5 cun transversely in a superior or inferior direction. Caution: In patients with a sternal foramen, danger of injury to the pleura or the mediastinum, therefore only transverse needling with or against the flow of the channel.

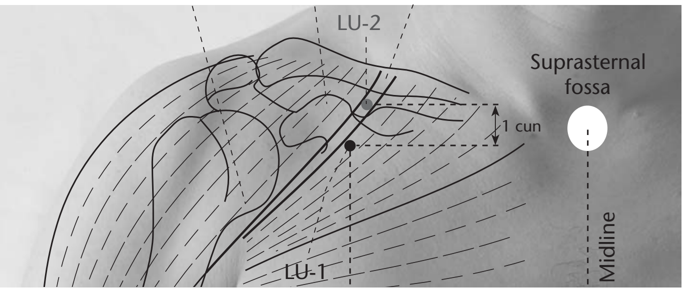
Actions/Indications

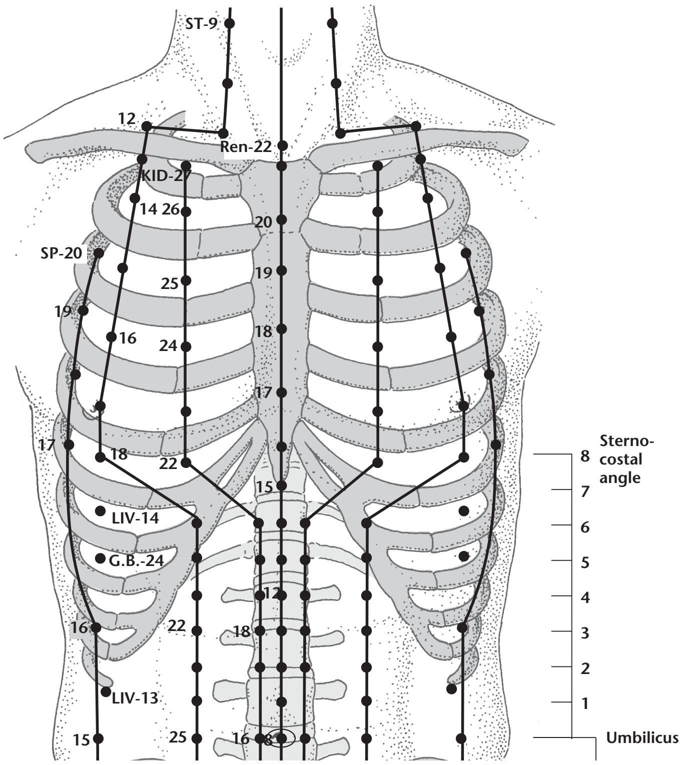
- Unbinds the chest
- Regulates and descends the Qi


Ren-21
Ren-20
Ren-19
Ren-18
Ren-16
Sterno-
costal
angle


KID-27
KID-26
1st intercostal space


ST-13
ST-14
1st intercostal space


LU-2
Suprasternal
fossa
1 cun
LU-1
Midline


ST-9
12
Ren-22
KID-27
14 26
20
SP-20
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LIV-14
G.B.-24
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LIV-13
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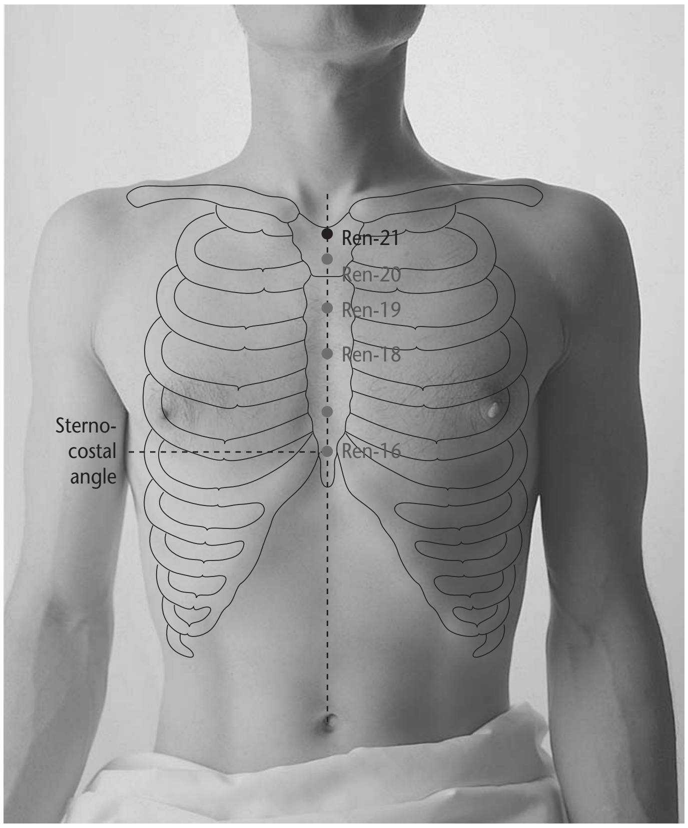
Sterno-
costal
angle
Umbilicus

Jade Pivot XUANJI **Ren-21**


Ren-21
Ren-20
Ren-19
Ren-18
Sterno-
costal
angle
Ren-16

Location

On the anterior midline, below the upper border of the manubrium sterni.

How to find

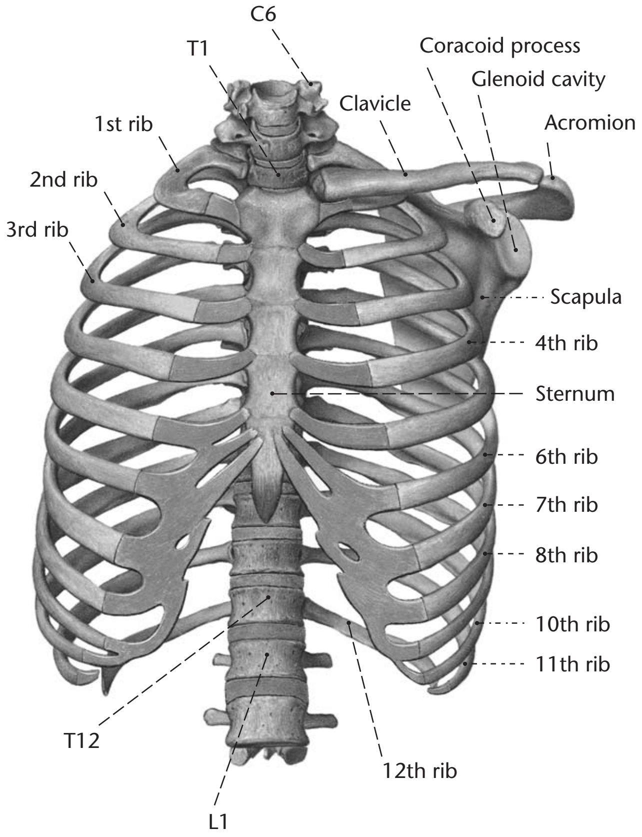
The upper border of the manubrium sterni forms the lower border of the suprasternal fossa. Locate **Ren-21** on the midline, inferior to the bony margin of the sternum.
Located on approximately the same level (below the clavicle) are → **KID-27/ST-13/LU-2** (2/4/6 cun lateral to the midline).

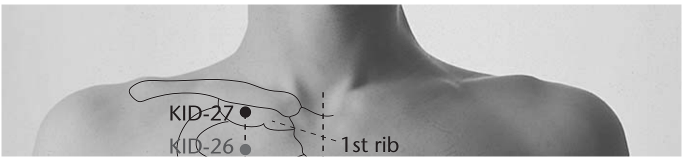
Needling

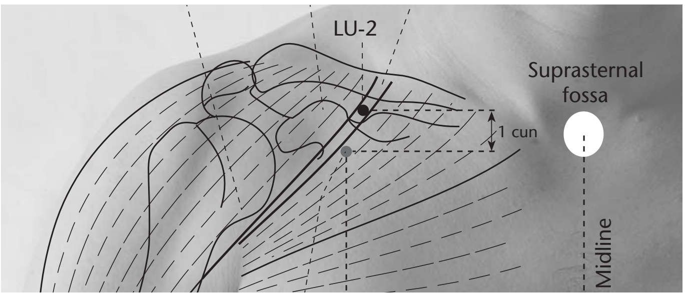
0.5 cun transversely in a superior or inferior direction. Caution: In patients with a sternal foramen, danger of injury to the pleura or the mediastinum, therefore only transverse needling with or against the flow of the channel.

Actions/Indications

- Unbinds the chest
- Benefits the throat
- Descends counterflow Qi


C6
T1
Coracoid process
Glenoid cavity
Clavicle
Acromion
1st rib
2nd rib
3rd rib
Scapula
4th rib
Sternum
6th rib
7th rib
8th rib
10th rib
11th rib
T12
12th rib
L1


KID-27
KID-26
1st rib


LU-2
Suprasternal
fossa
1 cun
Midline

Ren-22 *Heavenly Prominence* TIANTU

Location

0.5 cun superior to the sternum, in the centre of the suprasternal fossa.

How to find

This point is best located with the patient in a supine position and a pillow under the shoulders or seated with a comfortable and safe head support. Locate the centre of the suprasternal fossa, approximately 0.5 cun superior to the sternum and there locate **Ren-22**.

Needling

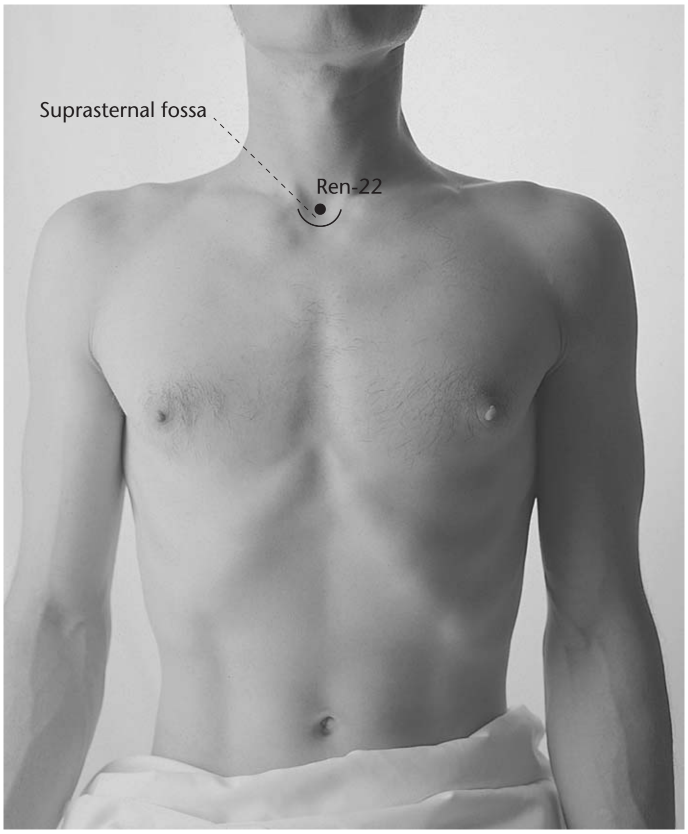
Initial vertical insertion 0.2 cun (in order to penetrate the skin), then direct the tip of the needle inferiorly and continue to insert the needle parallel to the posterior aspect of the sternum up to 0.5–1 cun. Caution: Dangerous point. Wrong insertion technique (for example, vertical or oblique retrosternal needling) may lead to injury of the big vessels and organs inside the mediastinum. This point should only be needled by experienced practitioners.

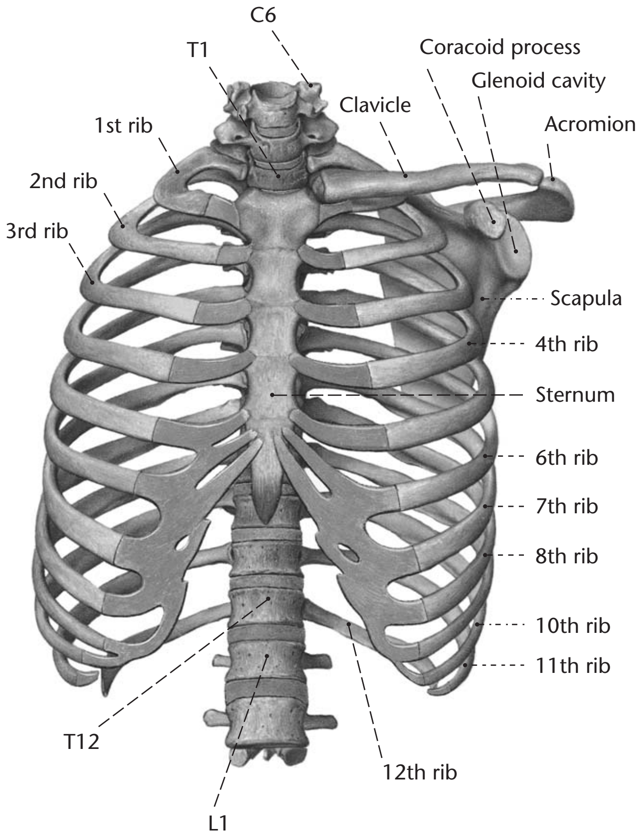
Actions/Indications

- Descends counterflow Lung Qi, alleviates coughing and dyspnoea, benefits the throat

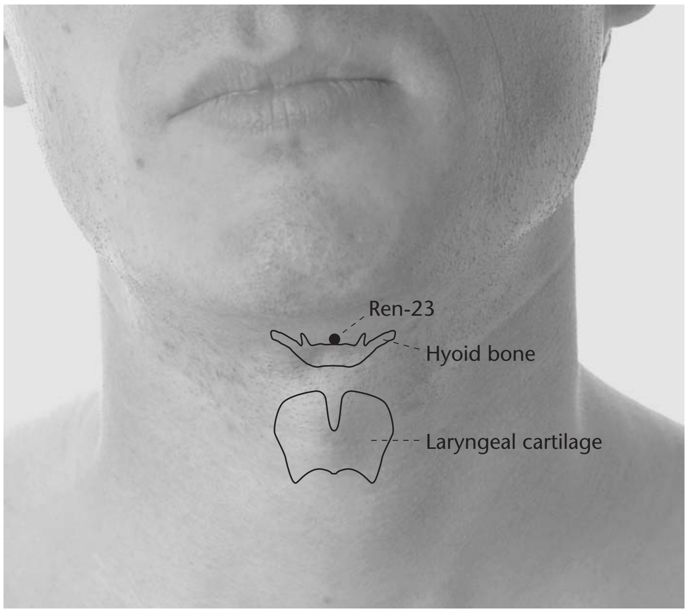
Special features

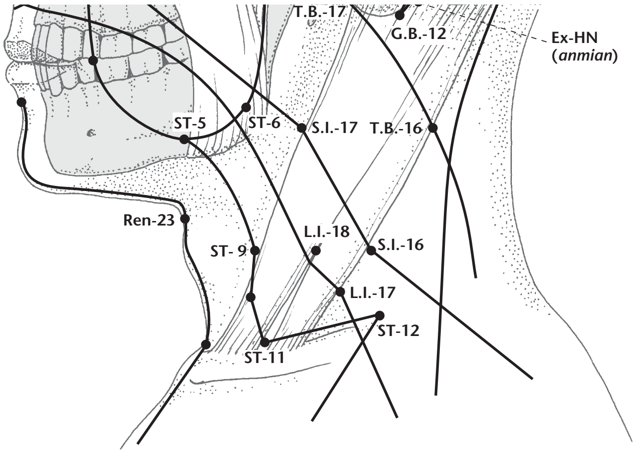
Meeting point with the *yin wei mai*, Window of Heaven point. Important emergency point for acute asthma attacks.


Suprasternal fossa
Ren-22


C6
T1
Coracoid process
Glenoid cavity
Clavicle
Acromion
1st rib
2nd rib
3rd rib
Scapula
4th rib
Sternum
6th rib
7th rib
8th rib
10th rib
11th rib
T12
12th rib
L1

Corner Spring LIANQUAN Ren-23


Ren-23
Hyoid bone
Laryngeal cartilage


T.B.-17
G.B.-12
Ex-HN
(anmian)
ST-5
ST-6
S.I.-17
T.B.-16
Ren-23
ST- 9
L.I.-18
S.I.-16
L.I.-17
ST-12
ST-11

Location

On the anterior midline, superior to the upper border of the hyoid bone.

How to find

The hyoid bone can be palpated as a delicate bony structure slightly superior to the upper border of the laryngeal prominence. The patient should not recline their head too much, as this will cause the soft tissue to become stretched, making palpation of the bone difficult. **Ren-23** is located on the midline, on the upper border of the hyoid bone and at the junction of the vertical aspect of the neck to the horizontal floor of the mouth (with normal tissue distribution).

Needling

0.3–1 cun obliquely in a superior direction towards the vertex (→ **Du-20**). Moxibustion is contraindicated according to some texts.

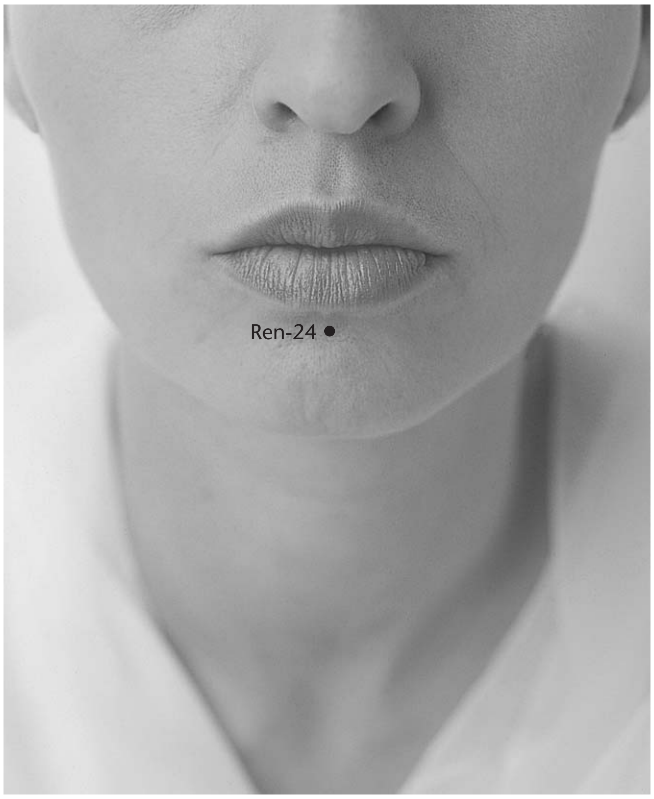
Actions/Indications

- Benefits the tongue
- Benefits the throat, eliminates Phlegm and Heat
- Strengthens the voice

Special features

Meeting point with the *yin wei mai*

Ren-24 *Container of Fluids* CHENGJIANG



Location

On the anterior midline, below the lower lip, in the mentolabial groove.

How to find

On the chin, locate the mentolabial groove (→ 3.1.3), which forms a horizontal depression at the transition from the chin to the lower lip. Locate **Ren-24** in this groove, on the midline.

Needling

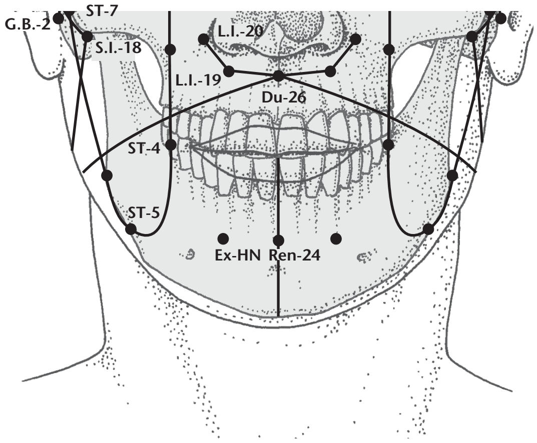
0.2–0.3 cun obliquely in a superior direction.

Actions/Indications

- Eliminates (external) Wind, opens the *luo*-connecting vessels, alleviates pain and swellings, regulates the *ren mai*
- As Sun Si Miao Ghost point for epilepsy and mania

Special features

Meeting point with the *du mai*, ST and L.I. channels, Sun Si Miao Ghost point. Important local point.



5.3 *Du mai*

Synonym: Governing Vessel

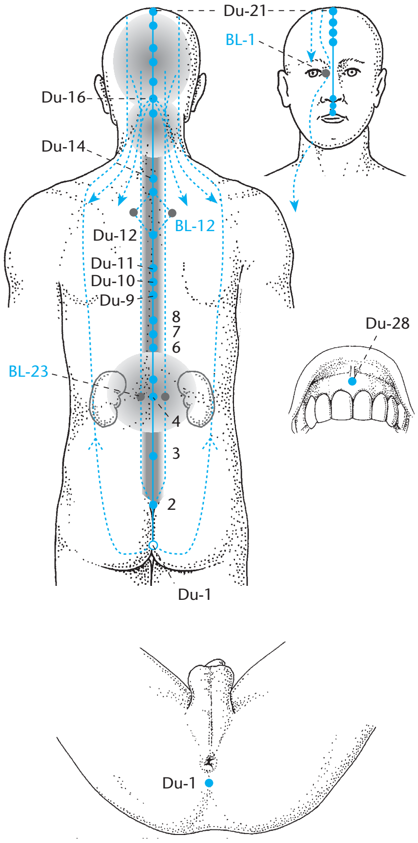
Relationships (→ 1.7.3)

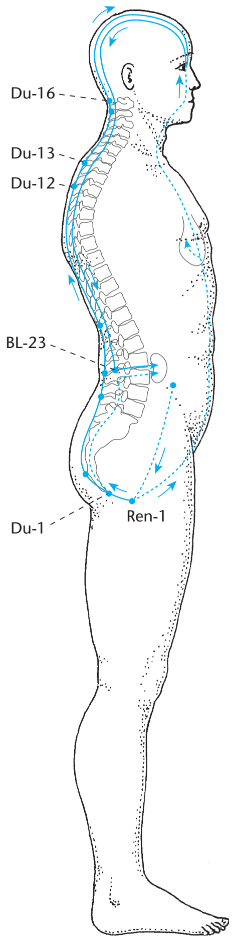
- **Yin/Yang:** *ren mai/du mai*
- **Central/peripheral:** *du mai/yang qiao mai*. Regions supported by this pairing: inner canthus of the eye, occiput, shoulders, back, S.I. and BL channels, opening point: **S.I.-3** (*houxi*), coupled point: **BL-62** (*shenmai*)

Pathway

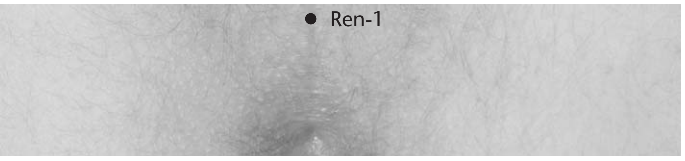
The extraordinary vessel *du mai* originates like the *chong mai* and *ren mai* in the lower abdomen (*bao zhong*), according to some authors at the Kidneys, emerges at the perineum and divides into several branches:

- ➡ The **main pathway** of the *du mai* begins at → **Ren-1** (*huiyin*) at the perineum, reaches **Du-1** (*changqiang*) between the anus and the coccyx and ascends the posterior midline along the spine. At **Du-12** (*shenzhu*), below the spinous process of T3, a branch separates on either side to reach → **BL-12** (*fengmen*), rejoining the main branch at **Du-13** (*taodao*) below the spinous process of T1. It then continues to **Du-16** (*fengfu*) on the lower border of the occipital bone. Here, an **internal branch** enters the Brain. The external pathway continues to ascend the head to **Du-20** (*baihui*), from there beginning its descent along the midline to the forehead and the nose to **Du-26** (*renzhong*) where it crosses the ST and L.I. channels. It terminates inside the mouth below the frenulum at **Du-28** (*yinjiao*) where it meets the ST channel and the extraordinary vessel *ren mai*.
- ➡ **one branch** of the *du mai* (the spinal branch) originates at → **Ren-1** (*huiyin*), courses to the tip of the coccyx where it meets the Kidney primary channel, ascends **within** the spinal canal to the space between L2 and L3 and enters the Kidneys.
- ➡ **The second branch** of the *du mai* (the abdominal branch) also originates at → **Ren-1** (*huiyin*), encircles the external genitalia and ascends to the umbilicus, passes through the Heart (*xin*), continues to the throat, circles the lips, travels to the cheek, passes → **ST-1** (*chengqi*) at the infraorbital ridge and reaches → **BL-1** (*jingming*).
- ➡ **The third branch** of the *du mai* travels bilaterally alongside the BL channel from → **BL-1** (*jingming*) to the vertex. From here, it branches out **internally** into the Brain. The **external** pathway follows the medial branches of the BL channel in an inferior direction and enters the body at the level of the lower border of the spinous process of L2 at → **BL-23** (*shenshu*) to terminate at the Kidneys (*shen*).

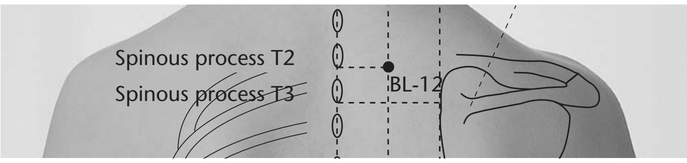




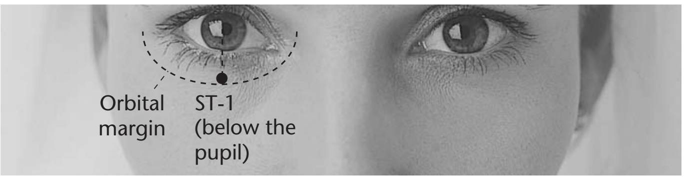
Meeting points of other channels with the *du mai*



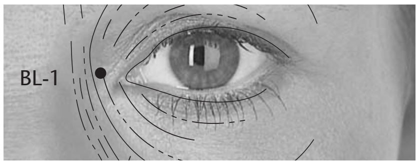
Ren-1 (*huiyin*): In the centre of the perineum



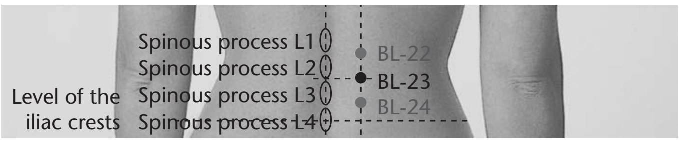
BL-12 (*fengmen*): 1.5 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 2nd thoracic vertebra (T2)



ST-1 (*chengqi*): With the eyes looking straight ahead, directly below the centre of the pupil, between the eyeball and the infraorbital ridge



BL-1 (*jingming*): 0.1 cun superior and medial to the inner canthus of the eye, in a depression



BL-23 (*shenshu*): 1.5 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 2nd lumbar vertebra (L2)

Connections with other channels/Organs

- *Ren mai*, *chong mai*, Bladder and Kidney primary channels
- Uterus, Kidneys, Brain

Clinical importance (→ 1.7.2, 1.7.3)

- **Sea of the Yang Qi**, supplies Yang Qi in order to warm the Organs and channels
- Supports and regulates all Yang channels, especially those of the upper back and head
- Influences and strengthens the functions of the Brain, Marrow and sensory organs
- Strengthens the body constitutionally and supports the immune system (circulation of the Defensive Qi (*wei qi*))
- Stores the Essence Qi (*jing qi*) overflowing from the Yang channels
- Absorbs excess from the Yang channels, especially excess Heat and internal Wind

Notes about the *du mai*

Both the *du mai* and *ren mai* have a unique position among the eight extraordinary vessels. They are the only two extraordinary vessels with their own specific points – all the other extraordinary vessels can only be accessed through points on the primary channels. For this reason the *ren mai* and the *du mai*, together with the primary channels, are often categorised as 14 channels. However, from the point of view of channel energetics this is not correct, since the extraordinary vessels occupy a special position, both evolutionarily and functionally (→ 1.7).

The pathway of the *du mai*, like that of the *ren mai*, is limited to the torso and the head. While it does not course along the extremities and does not have any points on the limbs (neither general points nor specific points such as the five *shu*-transporting points, *yuan*-source points, etc.) it does have a pertaining opening point (or master point) (→ 8.1.8).

The *du mai* is also referred to as the Sea of Yang and governs the Yang in the whole body. Located along its pathway are the posterior aspects of the energy centres (or chakras according to Yogi tradition) while their anterior aspects are located along the pathway of the *ren mai*. In Daoist tradition the *du mai* plays an important role in the cultivation of Qi. This concerns the development of a 'spirit child', which can be influenced by opening and activating energy centres located along the spine.

Furthermore, the *du mai* contains many meeting points with other channels. This clearly denotes the outstanding importance of the *du mai*.

Specific points according to their function

- ***Yuan*-source point** (→ **8.1.1**)**: –**
- ***Luo*-Connecting point** (→ **8.1.2.**)**: Du-1** (*changqiang*)
- ***Xi*-cleft point (→ 8.1.3): –**
- **Back-*shu* point (→ 8.1.4): –**
- **Front-*mu* point (→ 8.1.5): –**
- **Five *shu*-transporting points (→ 8.1.6): –**
- ***Hui*-meeting point (→ 8.1.7): –**
- **Pertaining opening point (→ 8.1.8): S.I.-3** (*houxi*)
- **Pertaining coupled point (→ 8.1.8): BL-62** (*shenmai*)
- **Lower *he*-Sea point (→ 8.1.9): –**
- ***Jiaohui*-meeting points (→ 8.1.10):**

  - with the G.B. and KID channels and the *ren mai*: **Du-1** (*changqiang*)
  - with the BL channel: **Du-13** (*taodao*)
  - with all Yang channels: **Du-14** (*dazhui*) 🟦🟦
  - with the *yang wei mai*: **Du-15** (*yamen*) 🟦⬛
  - with the *yang wei mai* and the *yang qiao mai**: **Du-16** (*fengfu*) 🟦🟦
  - with the BL channel: **Du-17** (*naohu*)
  - with the BL, G.B., T.B. and LIV channels: **Du-20** (*baihui*) 🟦🟦
  - with the BL and ST channels: **Du-24** (*shenting*) 🟦⬛
  - with the L.I. and ST channels: **Du-26** (*renzhong*) 🟦🟦
  - with the *ren mai* and ST channel*: **Du-28** (*yinjiao*)
  - of other channels with the *du mai*: **Ren-1, BL-12**, **ST-1, BL-1, BL-23**
- **Gao Wu command point (→ 8.1.11):** –
- **Window of Heaven point (→ 8.1.12): Du-16** (*fengfu*) 🟦🟦
- **Points of the Four Seas (→ 8.1.13):**
  - Sea of Qi: **Du-14** (*dazhui*) 🟦🟦, **Du-15** (*yamen*) 🟦⬛
  - Sea of Marrow: **Du-16** (*fengfu*) 🟦🟦; **Du-20** (*baihui*) 🟦🟦
- **Ma Dan Yang Heavenly Star point (→ 8.1.14):**
- **Sun Si Miao Ghost point (→ 8.1.15): Du-16** (*fengfu*) 🟦🟦, **Du-26** (*renzhong*) 🟦🟦
- **Other functional points:**
  - very important point for strengthening the Yang (with moxibustion): **Du-4** (*mingmen*) 🟦🟦
  - important emergency point: **Du-26** (*renzhong*) 🟦🟦

Points according to region

- **Local points (→ 8.2.1):** Temporal region – **Du-20** (*baihui*) 🟦🟦; nose – **Du-25** (*suliao*); rectum – **Du-1** (*changqiang*); lumbar spine – **Du-3** (*yaoyangguan*), **Du-4** (*mingmen*) 🟦🟦
- **Adjacent points (→ 8.2.1):** occipital region – **Du-14** (*dazhui*) 🟦🟦; temporal region, eyes – **Du-23** (*shangxing*); nose – **Du-23** (*shangxing*), **Du-24** (*shenting*); Lungs – **Du-14** (*dazhui*) 🟦🟦; Heart – **Du-11** (*shendao*); cervical spine – **Du-14** (*dazhui*) 🟦🟦
- **Distal points (→ 8.2.1):** tongue – **Du-15** (*yamen*) 🟦⬛; rectum – **Du-20** (*baihui*) 🟦🟦; lumbar spine – **Du-12** (*shenzhu*), – **Du-26** (*renzhong*) 🟦🟦

Specific points according to the vessel pathway (in numerical order)

- **Du-1** (*changqiang*): *luo*-connecting point (→ 8.1.2); *jiaohui*-meeting point with the G.B., KID channels and the *ren mai* (→ 8.1.10); local point for the rectum (→ 8.2.1)
- **Du-3** (*yaoyangguan*): local point for the lumbar spine (→ 8.2.1)
- **Du-4** (*mingmen*) 🟦🟦: very important point for strengthening the Yang (with moxibustion)
- **Du-11** (*shendao*): adjacent point for the Heart (→ 8.2.1)
- **Du-12** (*shenzhu*): distal point for the lumbar spine (→ 8.2.1)
- **Du-13** (taodao): *jiaohui*-meeting point with the BL channel (→ 8.1.10)
- **Du-14** (*dazhui*) 🟦🟦: *jiaohui*-meeting point with all Yang channels (→ 8.1.10); point of the Sea of Qi (→ 8.1.13); adjacent point for the occiput and Lung (→ 8.2.1); adjacent point for the cervical spine (→ 8.2.1)
- **Du-15** (*yamen*) 🟦⬛: *jiaohui*-meeting point with the *yang wei mai* (→ 8.1.10); Sea of Qi point (→ 8.1.13); distal point for the tongue (→ 8.2.1)
- **Du-16** (*fengfu*) 🟦🟦: point of the Sea of Marrow (→ 8.1.13); Window of Heaven point (→ 8.1.12); Sun Si Miao Ghost point (→ 8.1.15); *jiaohui*-meeting point with the *yang wei mai* and the *yang qiao mai** (→ 8.1.10)
- **Du-17** (*naohu*): *jiaohui*-meeting point with the BL channel (→ 8.1.10)
- **Du-20** (*baihui*) 🟦🟦 *jiaohui*-meeting point with the BL, G.B., T.B. and LIV channels (→ 8.1.10); point of the Sea of Marrow (→ 8.1.13); local point for the temporal aspect of the head (→ 4.2.1); distal point for the rectum (→ 8.2.1)
- **Du-23** (*shangxing*): regional point for the temporal region, the eyes and the nose (→ 8.2.1)
- **Du-24** (*shenting*) 🟦⬛: *jiaohui*-meeting point with the BL and ST channels (→ 4.1.10); adjacent point for the nose (→ 8.2.1)
- **Du-25** (*suliao*): local point for the nose (→ 4.2.1)
- **Du-26** (*renzhong*) 🟦🟦: *jiaohui*-meeting point with the L.I. and ST channels (→ 8.1.10); Sun Si Miao Ghost point (→ 8.1.15); distal point for the lumbar spine (→ 8.2.1); important emergency point
- **Du-28** (*yinjiao*): *jiaohui*-meeting point with the *ren mai* and ST channel (→ 8.1.10)

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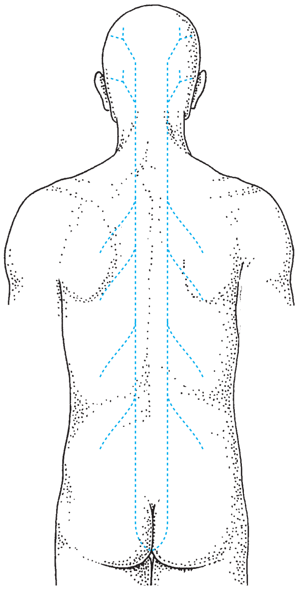
* Mentioned by only some authors

luo-Connecting Vessel of the *Du Mai*

Pathway

The *luo*-connecting vessel of the *du mai* originates at **Du-1** (*changqiang*) between the anus and the tip of the coccyx, bilaterally ascends the spine to the neck and disperses in the occipital region, where it connects with the Bladder primary channel. Both course together to the shoulder region. There the *luo*-connecting vessel enters deeper into the body at the level of the scapula and spreads in the paravertebral musculature.



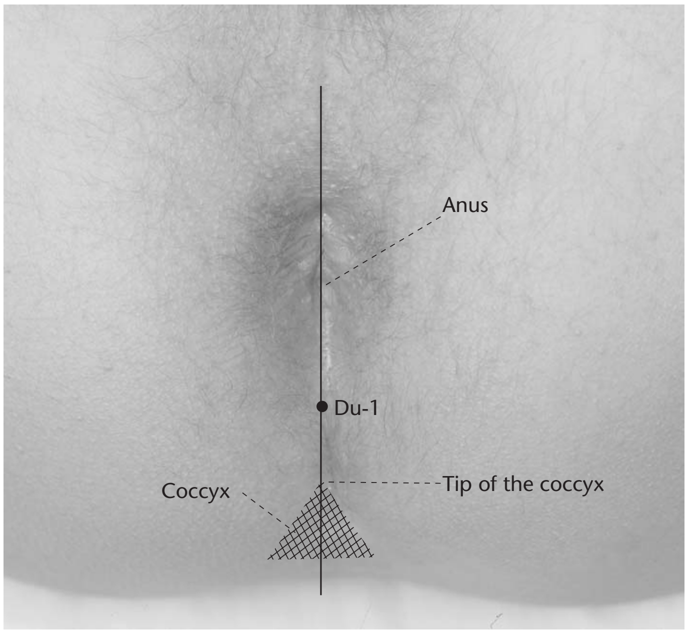
Clinical importance

Pathology

Excess (*shi*): limited range of motion and stiffness of the spine

Deficiency (*xu*): heavy sensations of the head, dizziness, balance disorders

Long Strong CHANGQIANG Du-1


Anus
Du-1
Coccyx
Tip of the coccyx

Location

On the midline, midway between the tip of the coccyx and the anus.

How to find

First, locate the coccyx superior to the anus, then palpate for its tip. From the tip of the coccyx, palpate with pressure towards the anus. **Du-1** can often be located based on a strong *de* Qi sensation.

→ **Ren-1** is located anterior to the anus, posterior to the genitals.

→ **BL-35** is located 0.5 cun lateral to the midline, at the level of the tip of the coccyx.

Needling

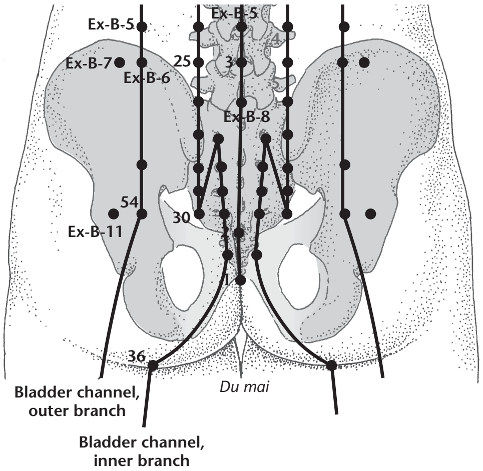
After thorough disinfection, vertically 0.5–1 cun. Avoid puncturing the rectum.

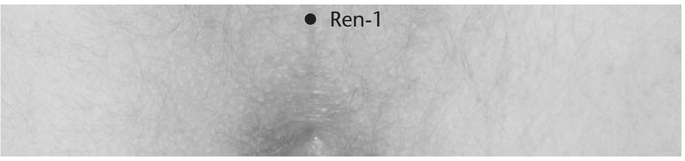
Actions/Indications

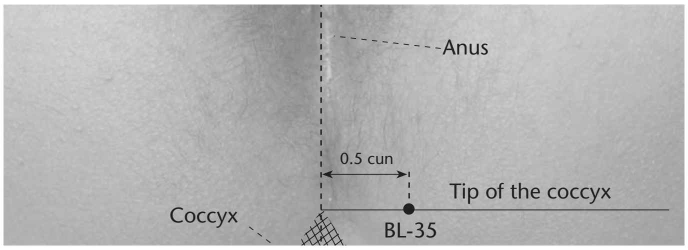
- Clears Damp-Heat, lifts the Qi
- Opens the channel and alleviates pain
- Calms the *shen*

Special features

Luo-connecting point, meeting point with the *ren mai*, G.B. and KID channels.


Ex-B-5
Ex-B-5
Ex-B-7
25
3
Ex-B-6
Ex-B-8
54
Ex-B-11
30
36
Bladder channel, outer branch
Du mai
Bladder channel, inner branch




Anus
0.5 cun
Tip of the coccyx
Coccyx
BL-35

Du-2 *Lumbar Shu* YAOSHU

Location

On the midline, in the sacral hiatus.

How to find

Palpate for the sacral hiatus (→ 3.4.4) from the sacrum. It can be felt at the inferior end of the iliac median crest as a U-shaped depression opening towards the inferior. **Du-2** is located on the midline, directly below the hiatus.

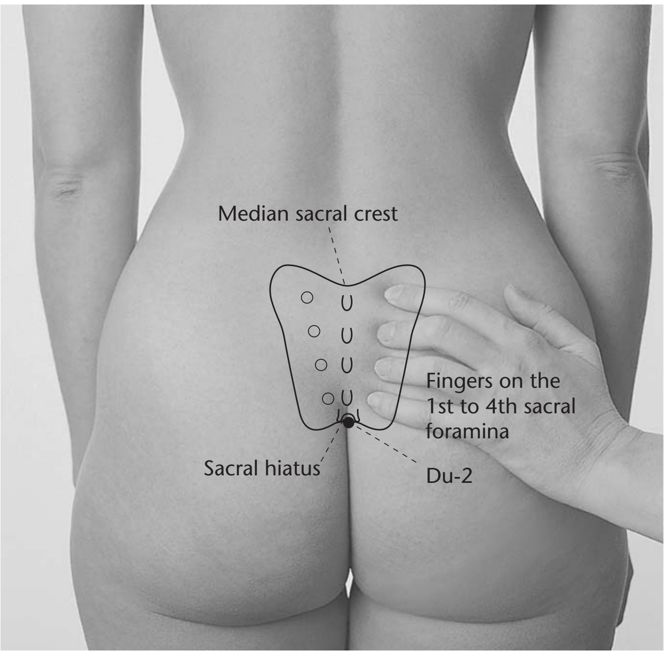
→ **BL-35** is located slightly more inferiorly, 0.5 cun lateral to the midline, on the level of the tip of the coccyx.

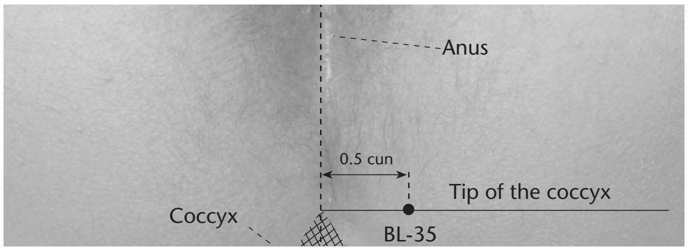
Needling

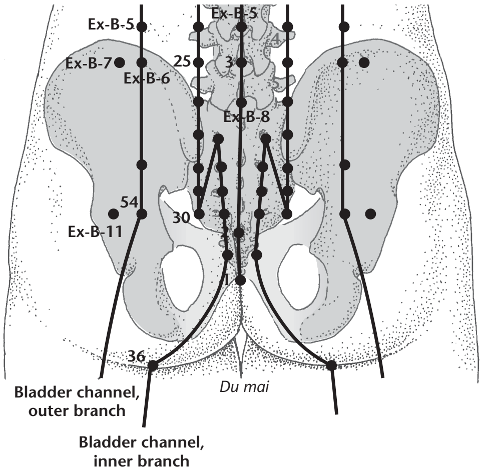
Up to 1 cun vertically or obliquely in a superior direction.

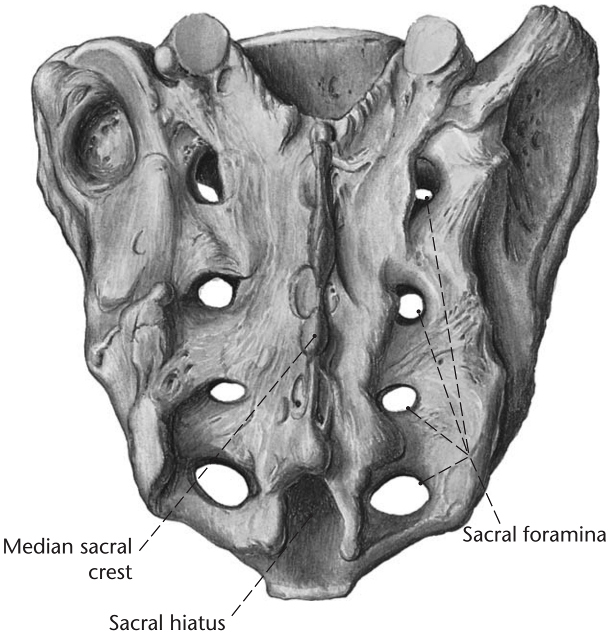
Actions/Indications

- Strengthens the lumbar region and the legs
- Dispels Wind-Dampness
- Warms the Lower Burner

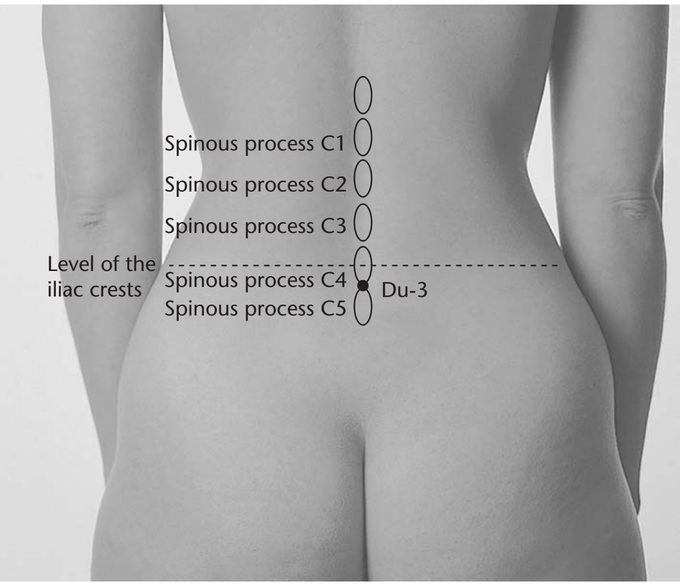

Median sacral crest
Fingers on the 1st to 4th sacral foramina
Sacral hiatus
Du-2

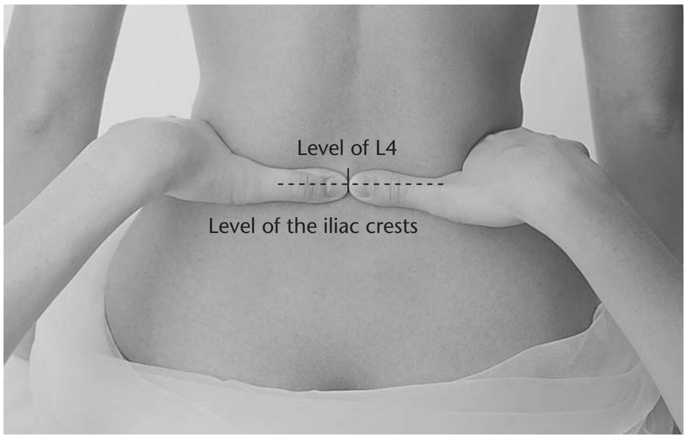

Anus
0.5 cun
Tip of the coccyx
Coccyx
BL-35

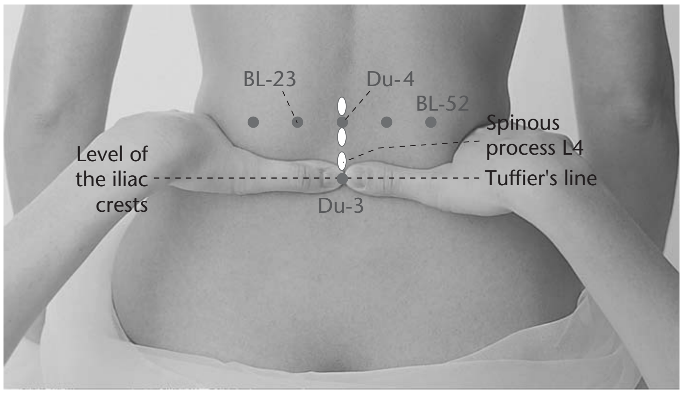

Ex-B-5
Ex-B-5
Ex-B-7
25
3
Ex-B-6
Ex-B-8
54
30
Ex-B-11
2
1
36
Bladder channel, outer branch
Du mai
Bladder channel, inner branch


Median sacral crest
Sacral foramina
Sacral hiatus

Lumbar Yang Gate YAOYANGGUAN Du-3


Spinous process C1
Spinous process C2
Spinous process C3
Level of the iliac crests
Spinous process C4
Du-3
Spinous process C5


Level of L4
Level of the iliac crests


BL-23
Du-4
BL-52
Spinous process L4
Level of the iliac crests
Tuffier's line
Du-3

Location

On the midline, below the spinous process of the 4th lumbar vertebra (L4).

How to find

For orientation in the lumbar region (→ 3.4.3), first, locate the Tuffier's line (a line connecting the two most superior points on the iliac crest), which generally intersects with the spinous process of L4. (Note: Point location in the lumbar region is dependent on the patient's position; for more detail on orientation → 3.4). Locate **Du-3** on the midline, below the spinous process of L4.

Located on the same level are a point of → **Ex-B-2/BL-25/Ex-B-6/Ex-B-7** (0.5/1.5/3/3.5 cun lateral to the midline).

Needling

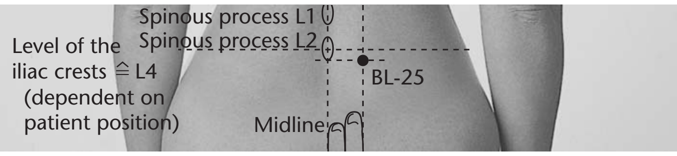
0.5–1 cun strictly vertically to the skin or obliquely in an inferior direction (generally, there is only danger of accidental puncture of the spinal canal from the level of L2 in a cranial direction).

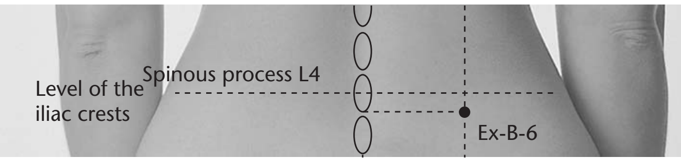
Actions/Indications

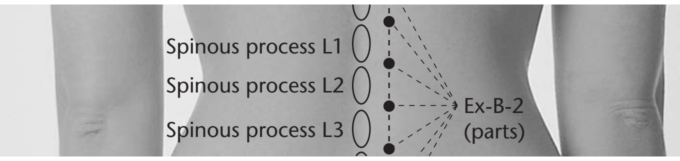
- Dispels Wind, Cold and Dampness
- Regulates Qi in the Lower Burner, strengthens the Original Qi (*yuan qi*)

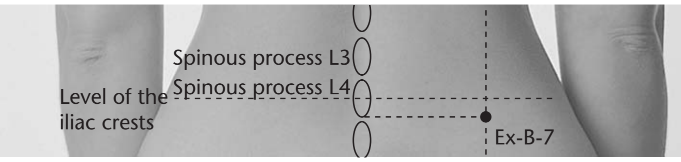
Special features

Important local point for combined back and leg pain


Spinous process L1
Spinous process L2
Level of the iliac crests ≙ L4 (dependent on patient position)
BL-25
Midline


Spinous process L4
Level of the iliac crests
Ex-B-6


Spinous process L1
Spinous process L2
Spinous process L3
Ex-B-2 (parts)


Spinous process L3
Spinous process L4
Level of the iliac crests
Ex-B-7

Du-4 *Gate of Life* MINGMEN

Location

On the posterior midline, below the spinous process of the 2nd lumbar vertebra (L2).

How to find

For orientation in the lumbar region (→ 3.4.3), first, locate the Tuffier's line by placing both hands directly superior and lateral to the two highest points on the iliac crest, joining the thumbs on the midline. The line will generally intersect with the spinous process of L4. (Note: Orientation on the lumbar region depends on the patient's position; for more detail on differential orientation → 3.4). From there, count up to the spinous process of L2 and locate **Du-4** on the midline, below the spinous process. Located on the same level are a point of → **Ex-B-2/BL-23/BL-52** (0.5/1.5/3 cun lateral to the midline).

Needling

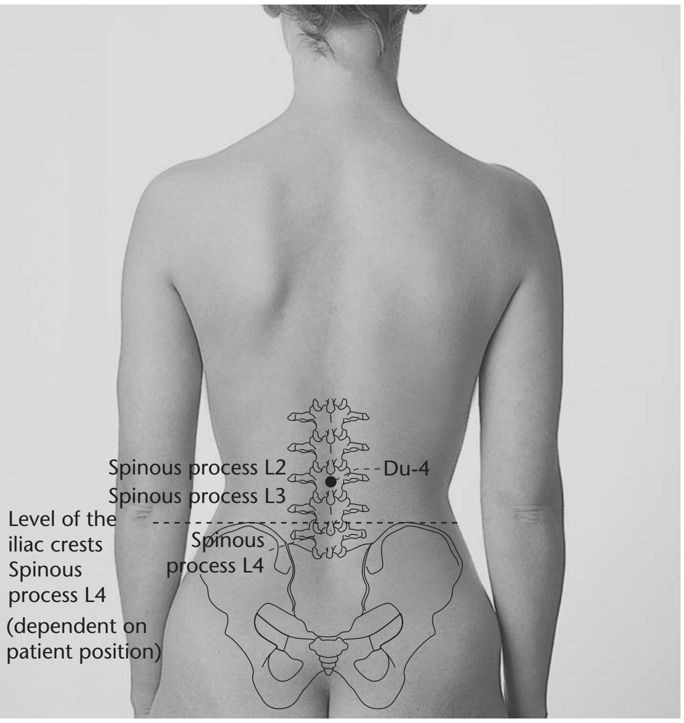
0.5–1 cun vertically to slightly obliquely in an inferior direction, with the patient's back straight or flexed. The spinal cord generally ends between the 1st and 2nd lumbar vertebrae; still, there is hardly any mention in the literature of spinal punctures with deep needling and/or insertions in a superior direction.

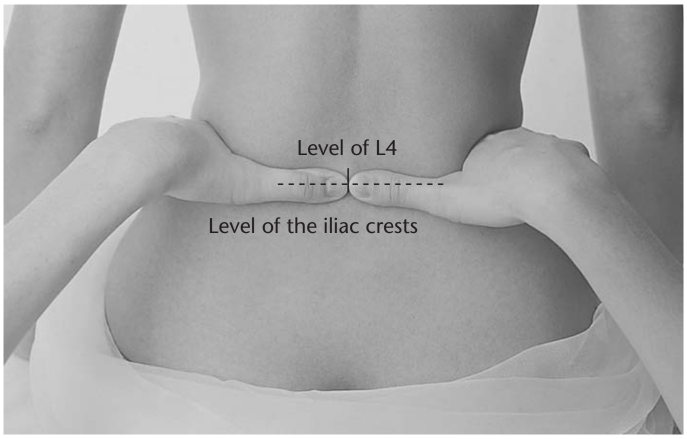
Actions/Indications

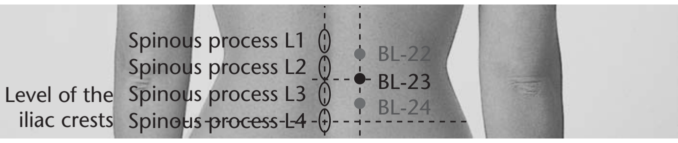
- Tonifies Kidney Yang (especially with moxibustion), warms the *mingmen*, strengthens the Kidneys, regulates the *du mai*, benefits the lumbar region
- Pacifies Wind in the *du mai*

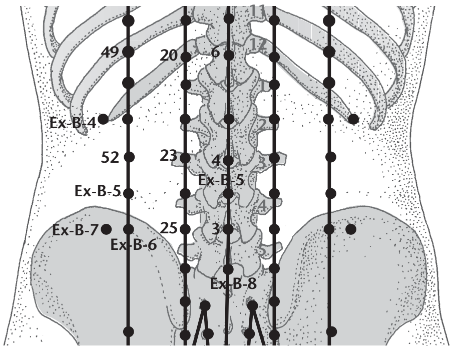
Special features

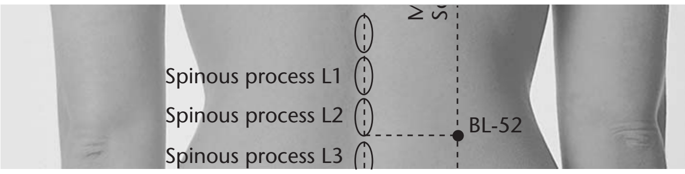
Major point for tonifying Yang, especially Kidney Yang

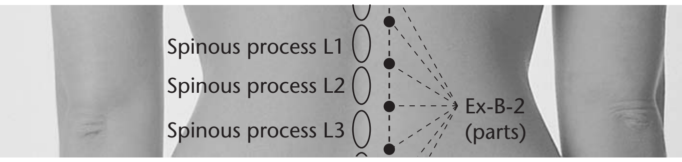

Spinous process L2
Du-4
Spinous process L3
Level of the iliac crests
Spinous process L4 (dependent on patient position)
Spinous process L4


Level of L4
Level of the iliac crests

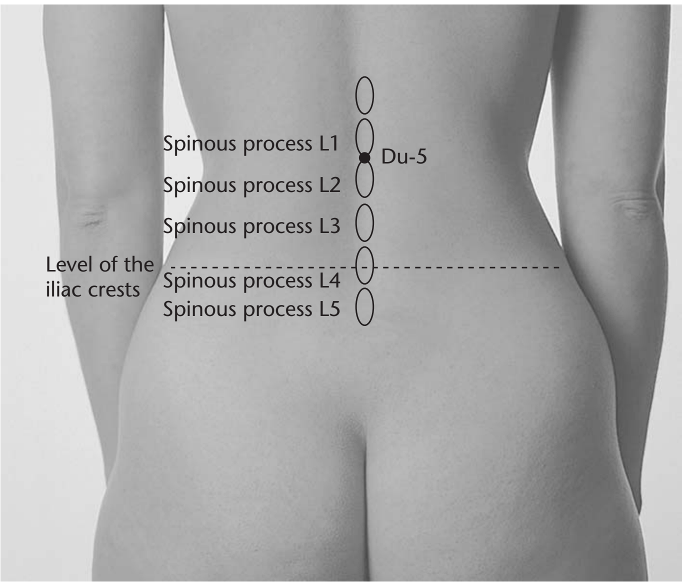

Spinous process L1
Spinous process L2
Spinous process L3
Spinous process L4
Level of the iliac crests
BL-22
BL-23
BL-24


49
20
6
12
Ex-B-4
52
23
4
Ex-B-5
Ex-B-5
Ex-B-7
25
Ex-B-6
3
Ex-B-8


Spinous process L1
Spinous process L2
Spinous process L3
BL-52


Spinous process L1
Spinous process L2
Spinous process L3
Ex-B-2 (parts)

Suspended Pivot XUANSHU **Du-5**

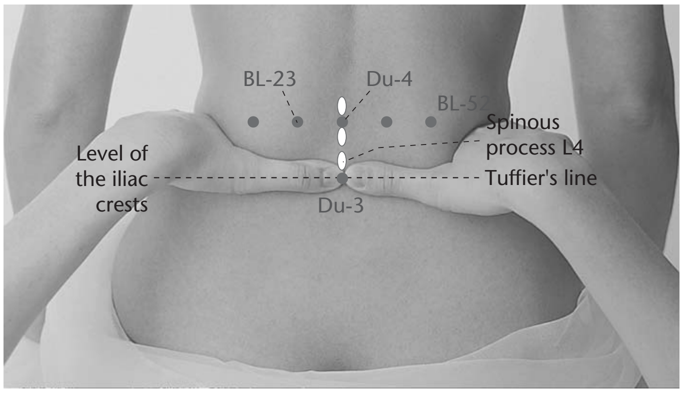

Spinous process L1
Du-5
Spinous process L2
Spinous process L3
Level of the iliac crests
Spinous process L4
Spinous process L5

Location

On the midline, below the spinous process of the 1st lumbar vertebra (L1).

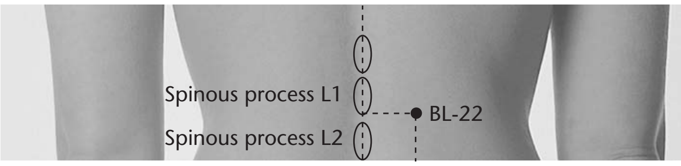
How to find

For orientation in the lumbar region (→ 3.4.3), first, locate the Tuffier’s line by placing both hands directly superior and lateral to the two highest points on the iliac crest, joining the thumbs on the midline. The Tuffier’s line generally intersects with the spinous process of L4. (Note: Anatomical orientation in the lumbar region is dependent on the patient’s position; for more detail on differential orientation → 3.4.) From there, count up to the spinous process of L1 and locate **Du-5** on the midline, below its spinous process. **Or:** Use the spinous process of T7 (inferior angle of the scapula → 3.4.2) for reference.
Located on the same level are a point of → **Ex-B-2/BL-22/BL-51/Ex-B-4** (0.5/1.5/3/3.5 cun lateral to the midline).


BL-23
Du-4
BL-5
Spinous process L4
Level of the iliac crests
Tuffier's line
Du-3

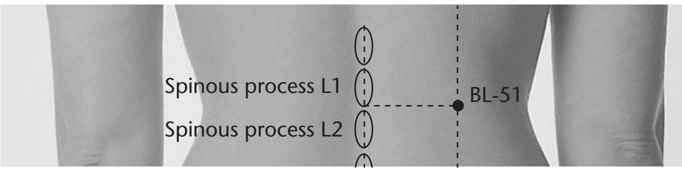
Needling

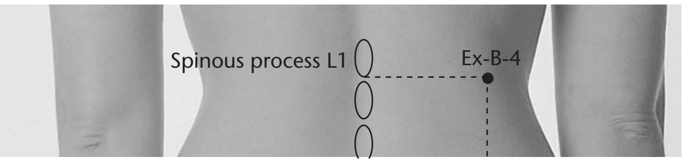
0.5–1 cun strictly vertically to the skin or obliquely in an inferior direction, with the patient’s back straight or flexed in order to avoid puncturing the spinal canal. Oblique insertions should only be carried out by experienced practitioners, as in small persons (irrespective of their body weight), the spinal canal may be reached after only 1.25 cun.


Spinous process L1
BL-22
Spinous process L2

Actions/Indications

- Opens the channel
- Regulates Qi in the Lower Burner


Spinous process L1
BL-51
Spinous process L2


Spinous process L1
Ex-B-4

Du-6 *Centre of the Spine* JIZHONG

Location

On the midline, below the spinous process of the 11th thoracic vertebra (T11).

How to find

Locate T7 (→ 3.4.2) and, from there, count down 4 spinous processes to T11. Locate **Du-6** on the midline, below its spinous process. **Or:** Use the Tuffier's line for reference (→ 3.4.3). Locate T11 by counting up 5 spinous processes from L4 and there locate **Du-6** on the midline, below the spinous process.

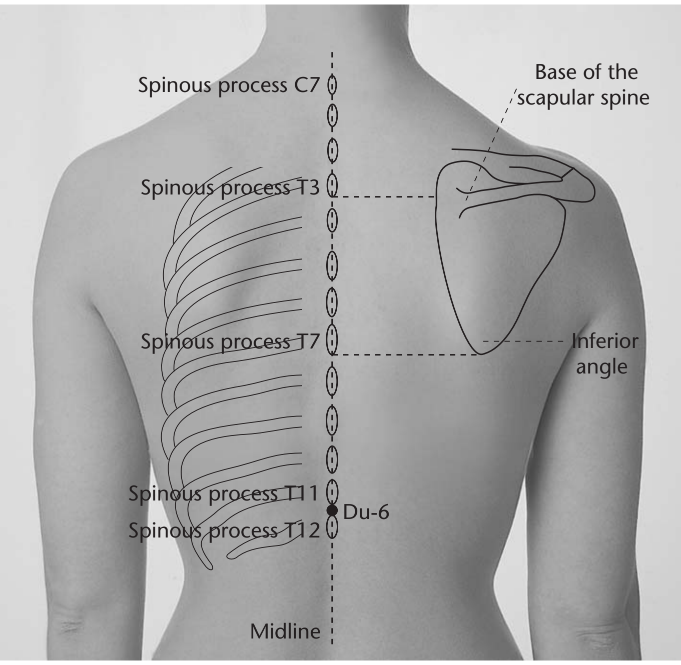
Located on the same level are a point of → **Ex-B-2/BL-20/BL-49** (0.5/1.5/3 cun lateral to the midline).

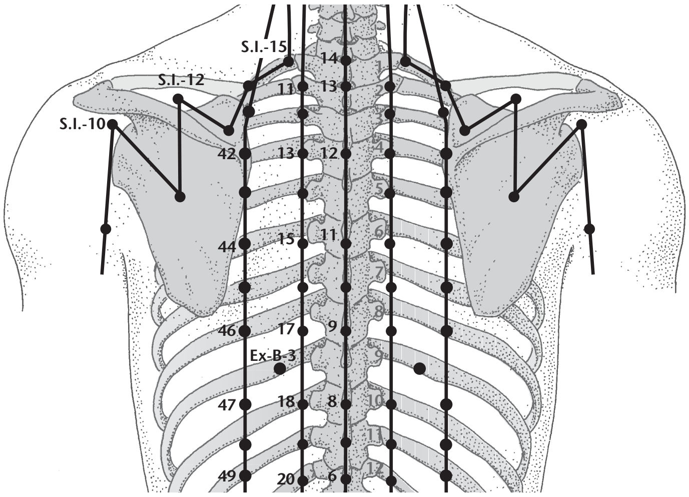
Needling

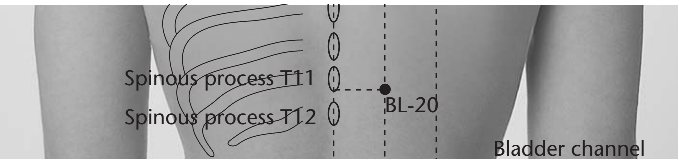
0.5–1 cun strictly vertically to the skin or obliquely in an inferior direction, with the patient's back straight or flexed in order to avoid puncturing the spinal canal. Oblique insertions should only be carried out by experienced practitioners, as in small persons (irrespective of their body weight), the spinal canal may be reached after only 1.25 cun.

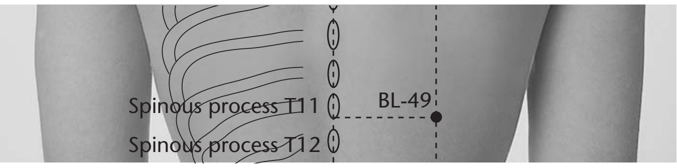
Actions/Indications

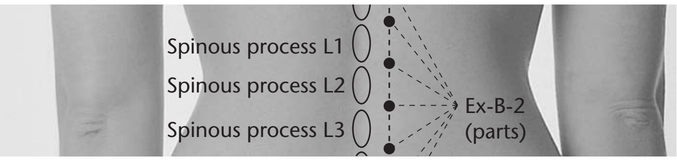
- Strengthens the Spleen and its function of transforming Dampness
- Benefits the spine

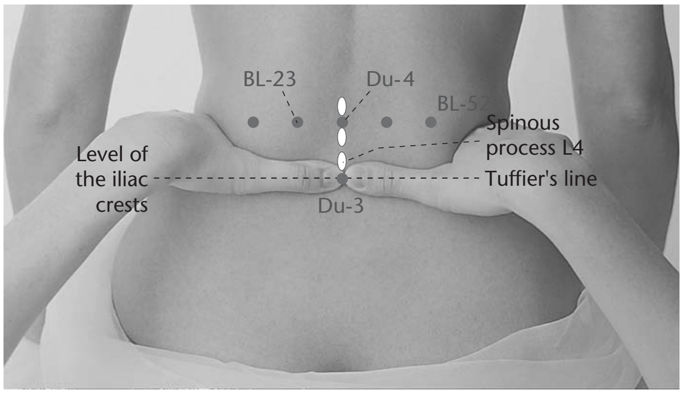

Spinous process C7
Base of the scapular spine
Spinous process T3
Spinous process T7
Inferior angle
Spinous process T11
Du-6
Spinous process T12
Midline


S.I.-15
S.I.-12
S.I.-10
14
13
11
42
13
12
44
15
11
46
17
9
Ex-B-3
47
18
8
49
20
6

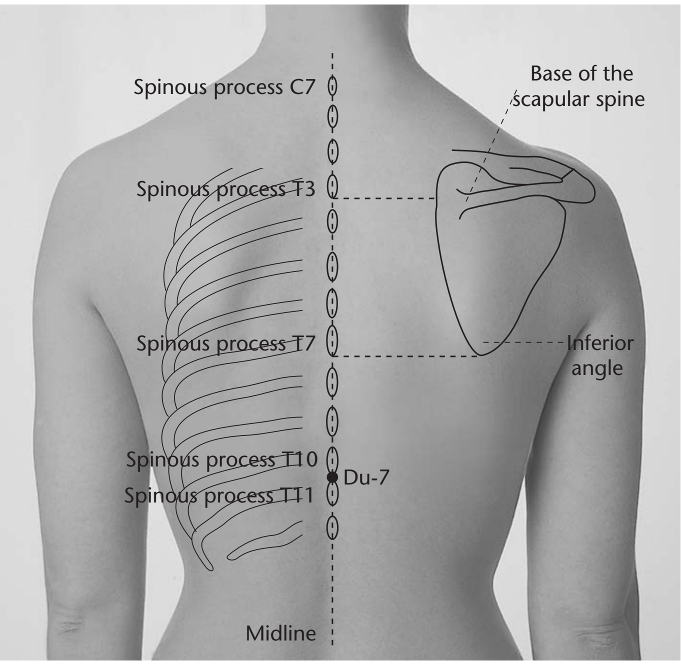

Spinous process T11
Spinous process T12
BL-20
Bladder channel

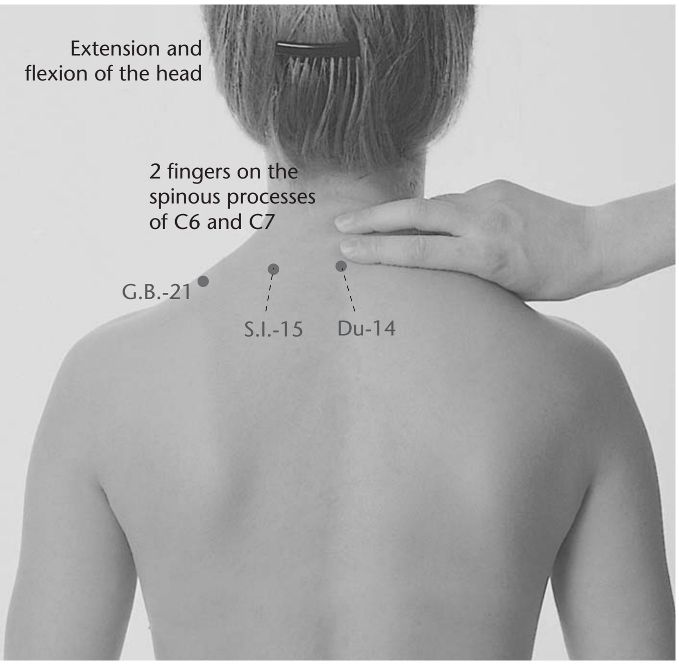

Spinous process T11
Spinous process T12
BL-49

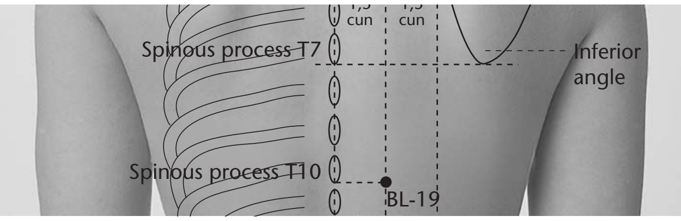

Spinous process L1
Spinous process L2
Spinous process L3
Ex-B-2 (parts)

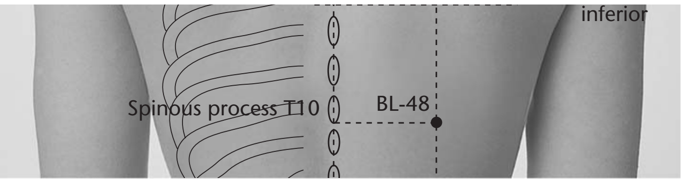

BL-23
Du-4
BL-52
Spinous process L4
Level of the iliac crests
Tuffier's line
Du-3

Central Pivot ZHONGSHU Du-7


Spinous process C7
Base of the scapular spine
Spinous process T3
Spinous process T7
Inferior angle
Spinous process T10
Du-7
Spinous process T11
Midline


Extension and flexion of the head
2 fingers on the spinous processes of C6 and C7
G.B.-21
S.I.-15
Du-14


1,5 cun
1,5 cun
Spinous process T7
Inferior angle
Spinous process T10
BL-19


inferior
Spinous process T10
BL-48

Location

On the midline, below the spinous process of the 10th thoracic vertebra (T10).

How to find

Locate T7 (→ 3.4.2) and, from there, count down 3 spinous processes to T10. Locate **Du-7** on the midline, below its spinous process. **Or:** Use the Tuffier's line for reference (→ 3.4.3). Locate T11 by counting up 5 spinous processes from L4 and there locate **Du-7** on the midline, below the spinous process.

Located on the same level are a point of → **Ex-B-2/BL-19/BL-48** (0.5/1.5/3 cun lateral to the midline).

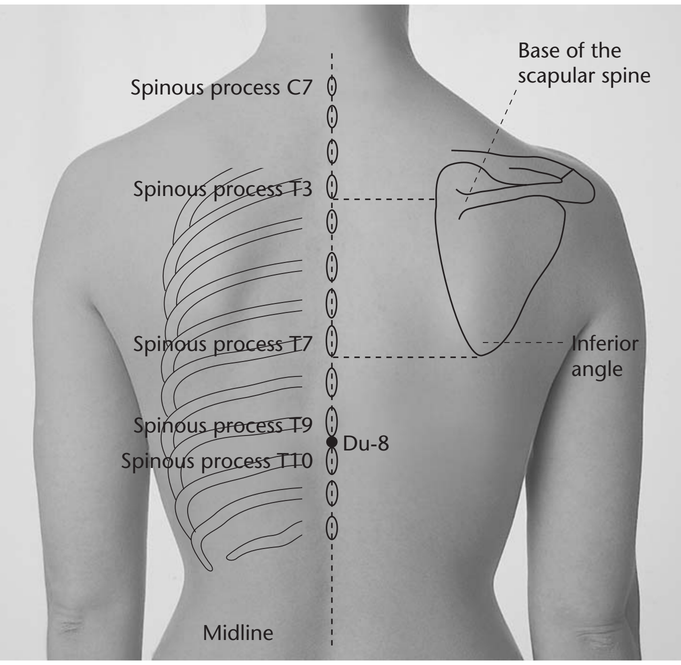
Needling

0.5–1 cun strictly vertically to the skin or obliquely in an inferior direction, with the patient's back straight or flexed in order to avoid puncturing the spinal canal. Oblique insertions should only be carried out by experienced practitioners, as in small persons (irrespective of their body weight), the spinal canal may be reached after only 1.25 cun.

Actions/Indications

- Tonifies the Middle Burner
- Benefits the spine

Du-8 *Sinew Contraction* JINSUO


Spinous process C7
Base of the scapular spine
Spinous process T3
Spinous process T7
Inferior angle
Spinous process T9
Du-8
Spinous process T10
Midline

Location

On the midline, below the spinous process of the 9th thoracic vertebra (T9).

How to find

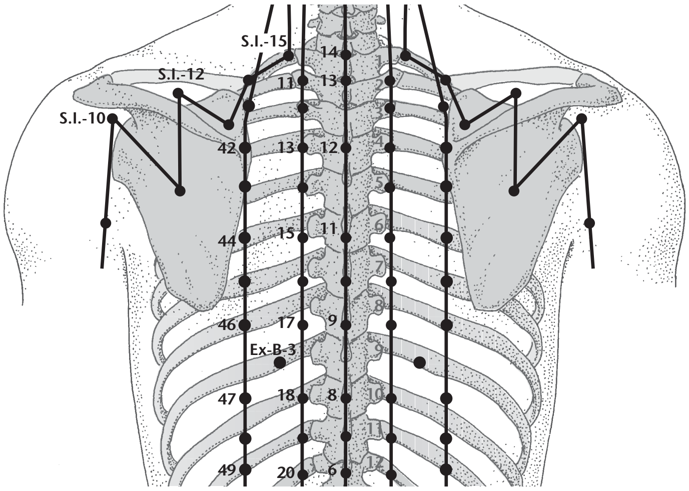
Locate T7 (→ 3.4.2) and, from there, count down 2 spinous processes to T9. Locate **Du-8** on the midline, below its spinous process. **Or:** Use the Tuffier's line for reference (→ 3.4.3). Locate T9 by counting up from L4 and there locate **Du-8** on the midline, below the spinous process.
Located on the same level are a point of → **Ex-B-2/BL-18/BL-47** (0.5/1.5/3 cun lateral to the midline).

Needling

0.5–1 cun strictly vertically to the skin or obliquely in an inferior direction, with the patient's back straight or flexed in order to avoid puncturing the spinal canal. Oblique insertions should only be carried out by experienced practitioners, as in small persons (irrespective of their body weight), the spinal canal may be reached after only 1.25 cun.

Actions/Indications

- Soothes the Liver
- Dispels Wind
- Calms the *shen*


S.I.-15
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S.I.-12
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S.I.-10
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Ex-B-3
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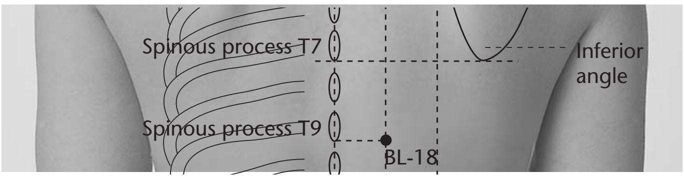
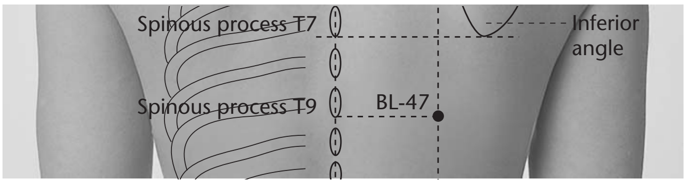
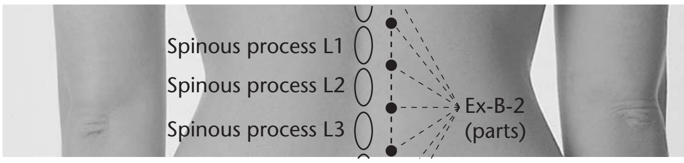
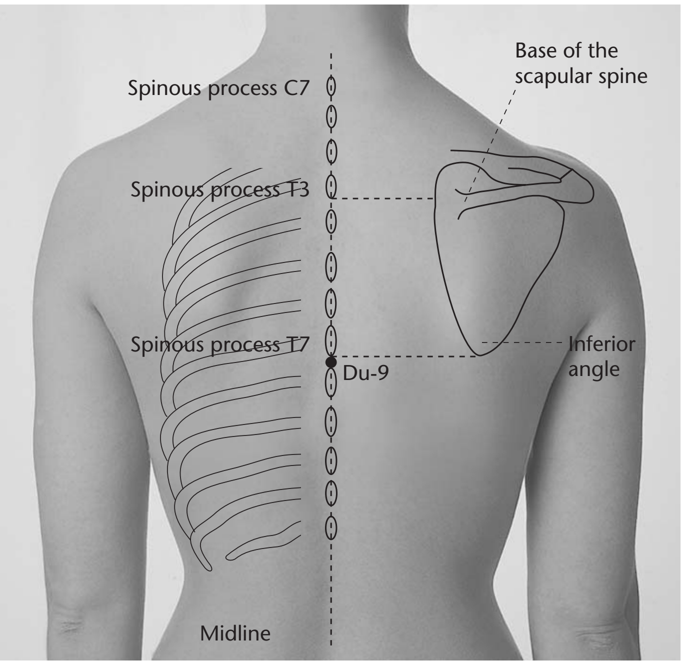
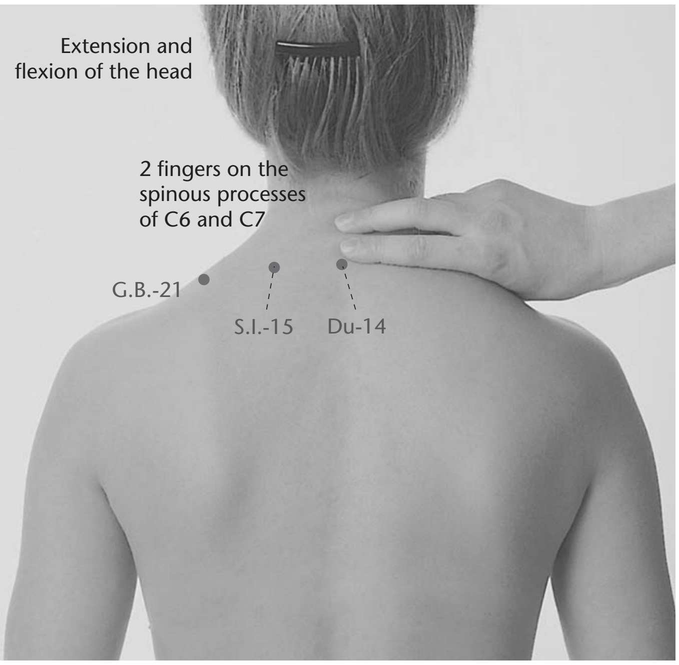

Spinous process T7
Inferior angle
Spinous process T9
BL-18

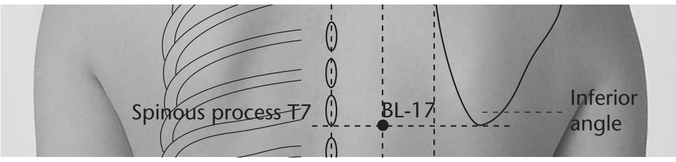

Spinous process T7
Inferior angle
Spinous process T9
BL-47

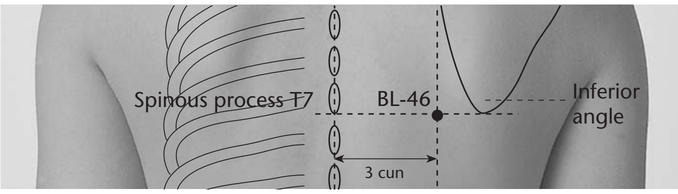

Spinous process L1
Spinous process L2
Spinous process L3
Ex-B-2 (parts)

Reaching Yang ZHIYANG Du-9


Spinous process C7
Base of the scapular spine
Spinous process T3
Spinous process T7
Du-9
Inferior angle
Midline


Extension and flexion of the head
2 fingers on the spinous processes of C6 and C7
G.B.-21
S.I.-15
Du-14


Spinous process T7
BL-17
Inferior angle


Spinous process T7
BL-46
Inferior angle
3 cun

Location

On the midline, below the spinous process of the 7th thoracic vertebra (T7).

How to find

Find T7 (→ 3.4.2) and locate **Du-9** on the midline, below its spinous process. **Or:** Use the Tuffier's line for reference (→ 3.4.3). Locate T7 by counting up from L4 and there locate **Du-9** on the midline, below the spinous process.
Located on the same level are a point of → **Ex-B-2/BL-17/BL-46** (0.5/1.5/3 cun lateral to the midline).

Needling

0.5–1 cun strictly vertically to the skin or obliquely in an inferior direction, with the patient's back straight or flexed in order to avoid puncturing the spinal canal. Oblique insertions should only be carried out by experienced practitioners, as in small persons (irrespective of their body weight), the spinal canal may be reached after only 1.25 cun.

Actions/Indications

- Strengthens the Spleen and eliminates Dampness
- Clears Damp-Heat from the Middle Burner
- Harmonises the Upper Burner

Du-10 *Spirit Tower* LINGTAI

Location

On the midline, below the spinous process of the 6th thoracic vertebra (T6).

How to find

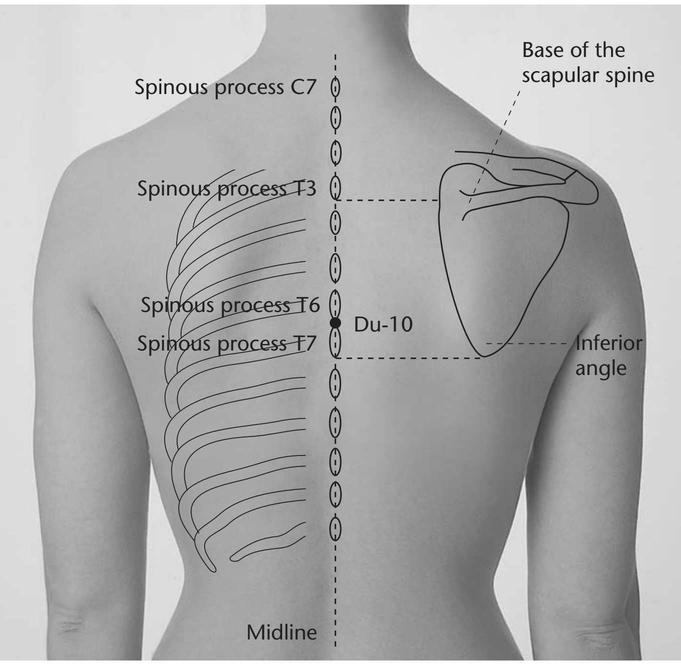
Locate T7 (➞ 3.4.2). **Du-10** is located on the midline, below the spinous process of the T6. **Or:** Locate C7 (➞ 3.4.1). **Du-10** can then be located by counting down 6 spinous processes (T1–T6). Located on the same level are a point of ➞ **Ex-B-2/BL-16/ BL-45** (0.5/1.5/3 cun lateral to the midline).

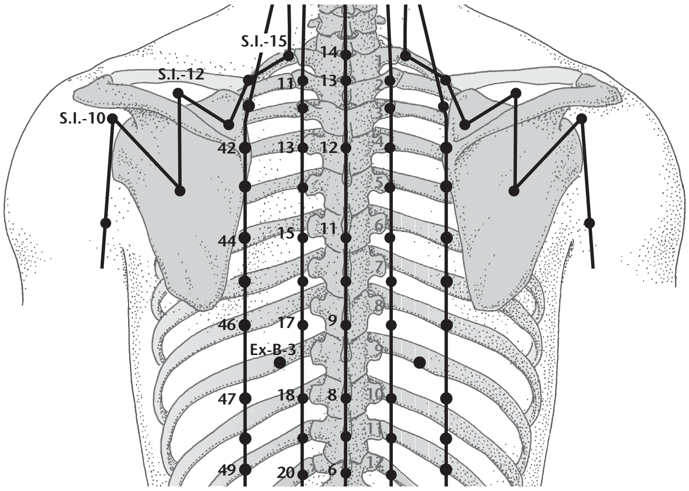
Needling

0.5–1 cun strictly vertically to the skin or obliquely in an inferior direction, with the patient's back straight or flexed in order to avoid puncturing the spinal canal. Oblique insertions should only be carried out by experienced practitioners, as in small persons (irrespective of their body weight), the spinal canal may be reached after only 1.25 cun.

Actions/Indications

- Harmonises the Upper Burner
- Clears Heat and Fire toxins


Spinous process C7
Base of the scapular spine
Spinous process T3
Spinous process T6
Du-10
Spinous process T7
Inferior angle
Midline


S.I.-15
S.I.-12
S.I.-10
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Ex-B-3
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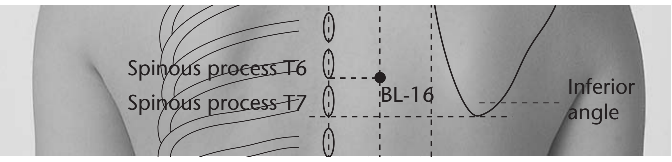
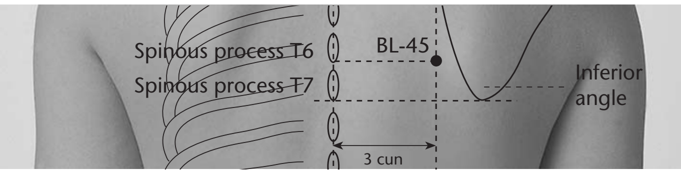
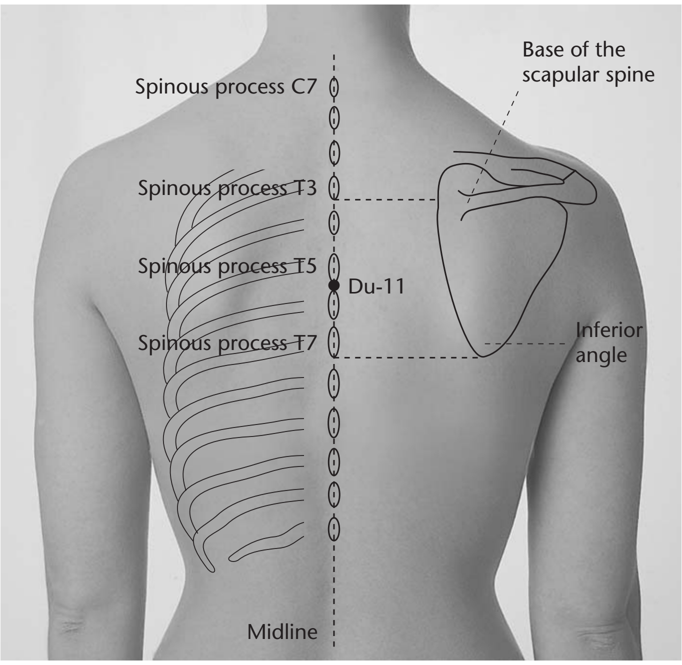
12


Spinous process T6
Spinous process T7
BL-16
Inferior angle


Spinous process T6
Spinous process T7
BL-45
Inferior angle
3 cun

Spirit Pathway SHENDAO Du-11

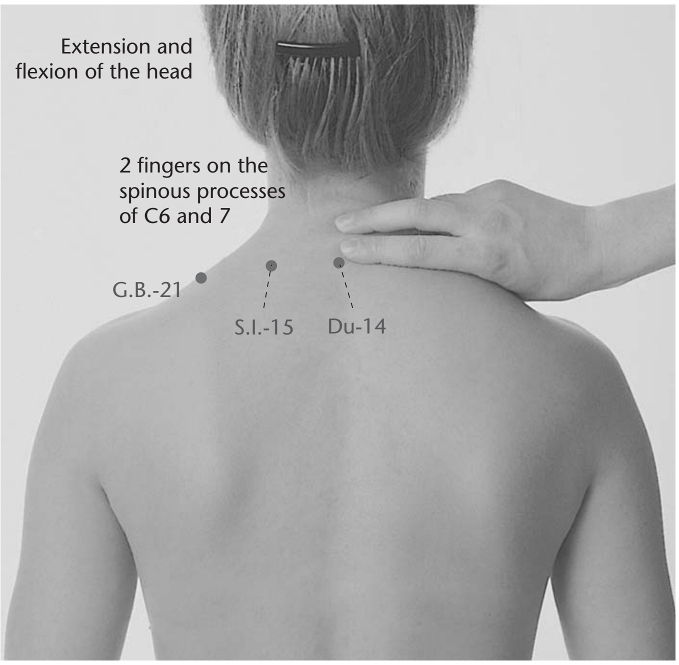

Spinous process C7
Base of the scapular spine
Spinous process T3
Spinous process T5
Du-11
Spinous process T7
Inferior angle
Midline

Location

On the midline, below the spinous process of the 5th thoracic vertebra (T5).

How to find

Locate T7 (→ 3.4.2). From there, count up 2 spinous processes and find **Du-11** on the midline, below the spinous process of T5.
Or: Locate C7 (→ 3.4.1). **Du-11** can then be located by counting down 5 spinous processes (T1–T5).
Located on the same level are a point of → **Ex-B-2/BL-15/BL-44** (0.5/1.5/3 cun lateral to the midline).

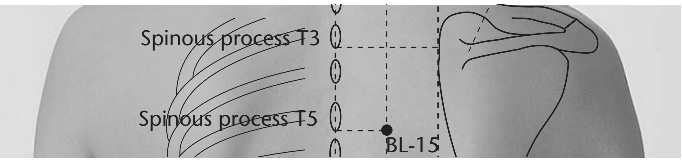

Extension and flexion of the head
2 fingers on the spinous processes of C6 and 7
G.B.-21
S.I.-15
Du-14

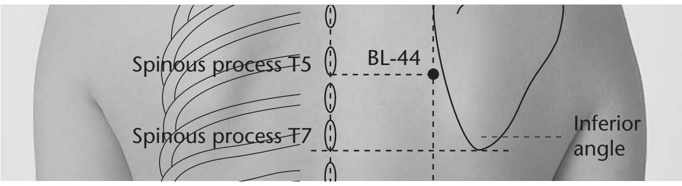
Needling

0.5–1 cun strictly vertically to the skin or obliquely in an inferior direction, with the patient's back straight or flexed in order to avoid puncturing the spinal canal. Oblique insertions should only be carried out by experienced practitioners, as in small persons (irrespective of their body weight), the spinal canal may be reached after only 1.25 cun.

Actions/Indications

- Tonifies the Heart and the Lungs
- Calms the *shen*
- Dispels Wind and Heat


Spinous process T3
Spinous process T5
BL-15


BL-44
Spinous process T5
Spinous process T7
Inferior angle

Du-12 *Body Pillar* SHENZHU

Location

On the midline, below the spinous process of the 3rd thoracic vertebra (T3).

How to find

Locate T7 (→ 3.4.2). From there, count up 4 spinous processes and locate **Du-12** on the midline, below the spinous process of T3. **Or:** Locate C7 (→ 3.4.1). **Du-12** can then be located by counting down 3 spinous processes (T1–T3).
Located on the same level are a point of → **Ex-B-2/BL-13/BL-42** (0.5/1.5/3 cun lateral to the midline).

Needling

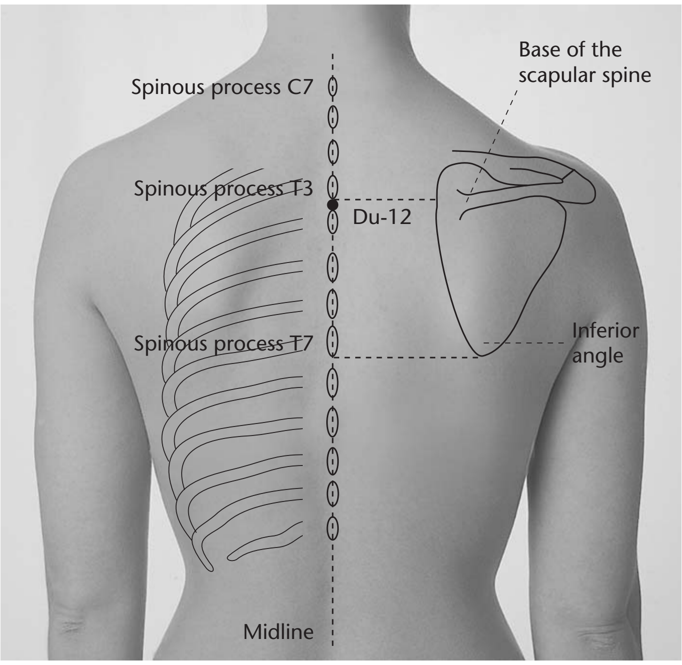
0.3–1 cun strictly vertically to the skin or obliquely in an inferior direction, with the patient's back straight or flexed in order to avoid puncturing the spinal canal. Oblique insertions should only be carried out by experienced practitioners, as in small persons (irrespective of their body weight), the spinal canal may be reached after only 1.25 cun.

Actions/Indications

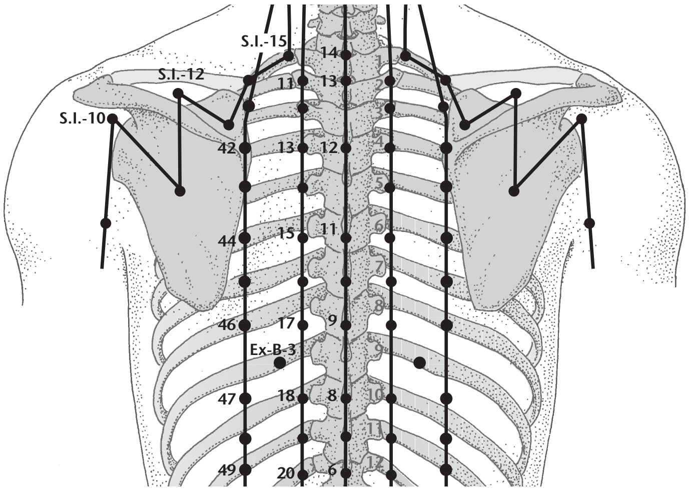
- Dispels internal and external Wind
- Calms the *shen*
- Tonifies the Lungs

Special features

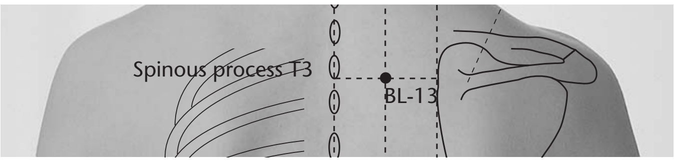
Meeting point with the BL channel



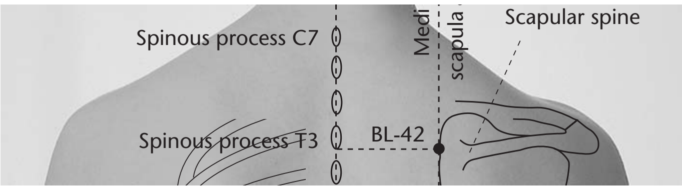
Base of the scapular spine
Spinous process C7
Spinous process T3
Du-12
Spinous process T7
Inferior angle
Midline



S.I.-15
S.I.-12
S.I.-10
14
11
13
1
2
3
42
13
12
4
5
44
15
11
6
7
8
46
17
9
Ex-B-3
9
47
18
8
10
11
49
20
6
12

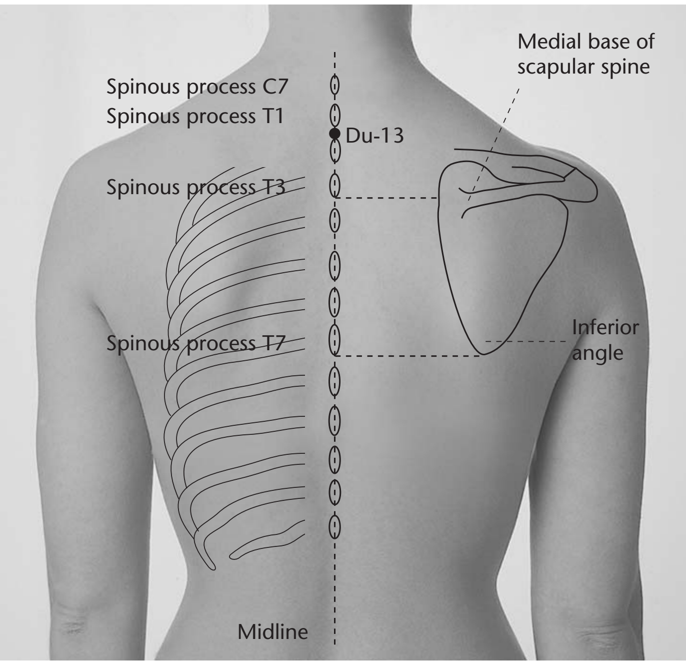


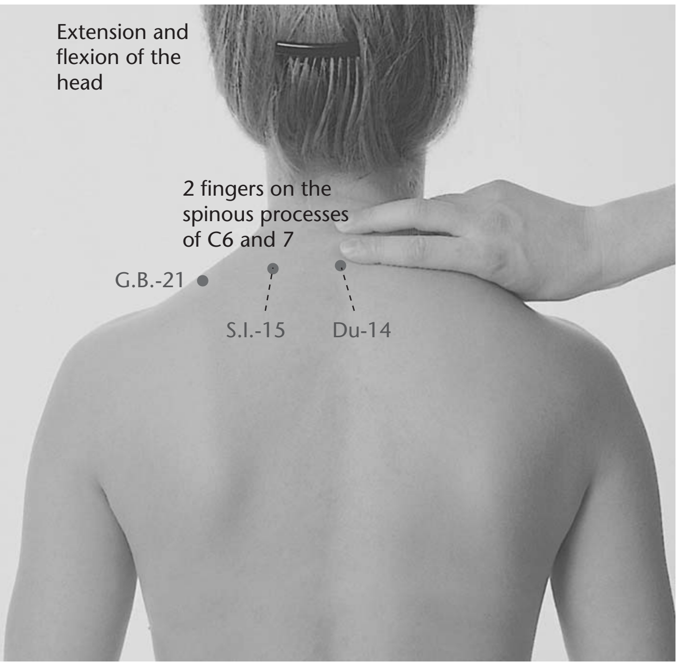
Spinous process T3
BL-13

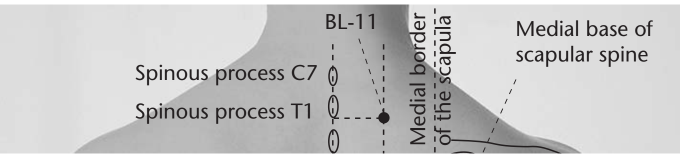


Spinous process C7
Medi
scapula
Scapular spine
Spinous process T3
BL-42

Way of Happiness TAODAO Du-13


Medial base of scapular spine
Spinous process C7
Spinous process T1
Du-13
Spinous process T3
Spinous process T7
Inferior angle
Midline


Extension and flexion of the head
2 fingers on the spinous processes of C6 and 7
G.B.-21
S.I.-15
Du-14


BL-11
Spinous process C7
Spinous process T1
Medial border of the scapula
Medial base of scapular spine

Location

On the midline, below the spinous process of the 1st thoracic vertebra (T1).

How to find

Locate C7 (→ 3.4.2). Palpate downward to the next spinous process (T1) and locate **Du-13** on the midline, below its spinous process.

Located on the same level are a point of → **Ex-B-2/BL-11/S.I.-14** (0.5/1.5/3 cun lateral to the midline).

Needling

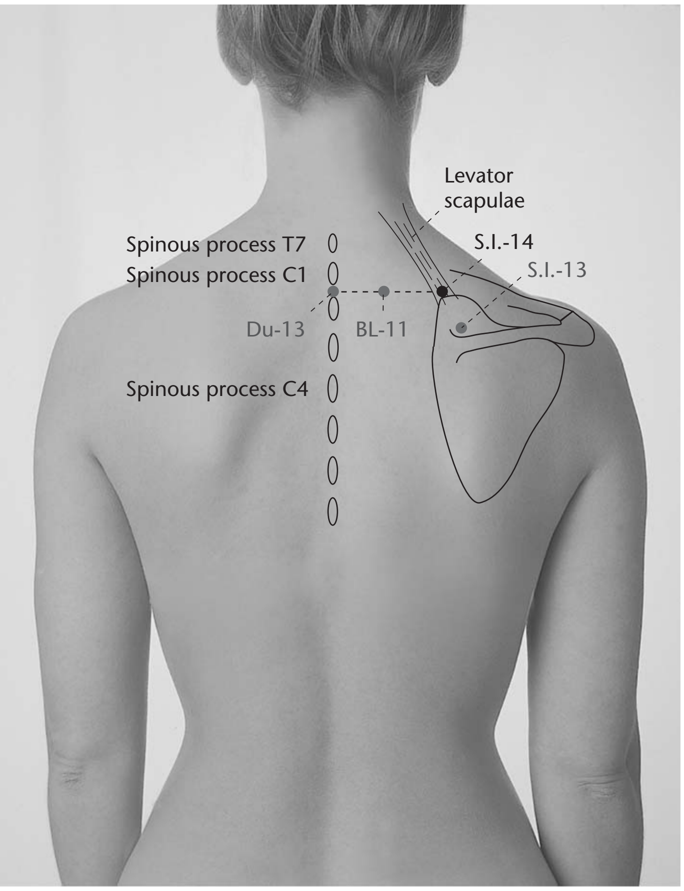
0.3–1 cun strictly perpendicularly to the skin or obliquely in an inferior direction, with the patient's back straight or flexed in order to avoid puncturing the spinal canal. Oblique insertions should only be carried out by experienced practitioners, as in small persons (irrespective of their body weight), the spinal canal may be reached after only 1.25 cun.

Actions/Indications

- Dispels pathogenic factors
- Opens the channel and *luo*-connecting vessels

Special features

Meeting point with the BL channel


Levator scapulae
S.I.-14
S.I.-13
Spinous process T7
Spinous process C1
Du-13
BL-11
Spinous process C4

Du-14 *Great Vertebra* DAZHUI

Location

On the midline, below the spinous process of the 7th cervical vertebra (C7).

How to find

First, identify C7 (→ 3.4.1): Place 2 fingers on the spinous processes believed to belong to C6 and C7 and ask the patient to flex and extend their head. In a fully functional spine and with correct finger placement, C6 will glide anteriorly with neck extension, while C7 will remain fixed. However, if the vertebra below the upper finger does not move with neck extension, the fingers will most probably have been placed on C7 and T1. Locate **Du-14** below the spinous process of C7.

Located on the same level are → **Ex-B-1** (*dingchuan*)/ **S.I.-15/Ex-B** (*jiehexue*) (0.5/2/3.5 cun lateral to **Du-14**).

Needling

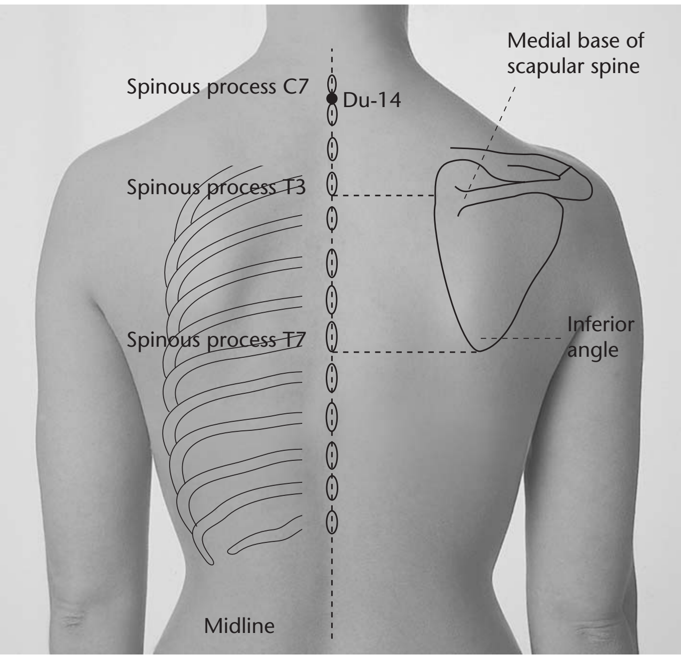
0.3–1 cun strictly vertically to the skin or obliquely in an inferior direction, with the patient's back straight or flexed in order to avoid puncturing the spinal canal. Oblique insertions should only be carried out by experienced practitioners, as in small persons (irrespective of their body weight), the spinal canal may be reached after only 1.25 cun. For persistent epistaxis, place a cold metal object (for example, a spoon) or a cold cloth on **Du-14**. Cupping on this point for acute colds.

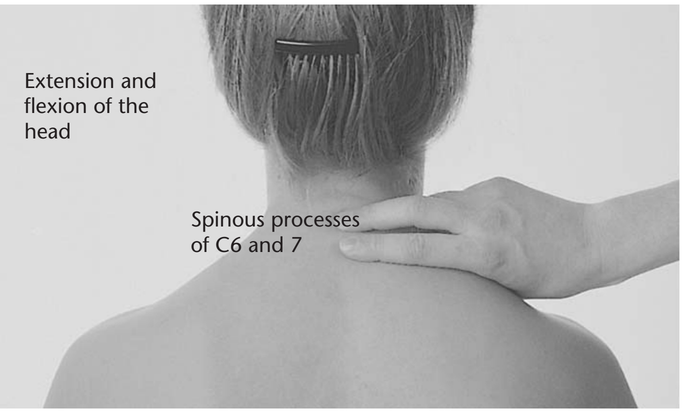
Actions/Indications

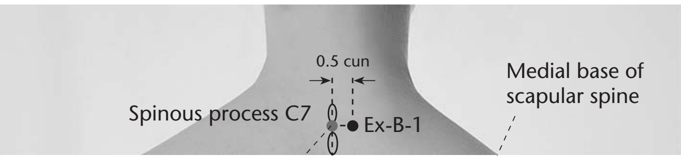
- Clears Wind, firms and regulates the surface, dispels pathogenic factors
- Clears Heat
- Calms (internal) Wind and the *shen*
- Strengthens Qi and Yang in deficiency conditions
- Benefits the spine, especially the cervical spine

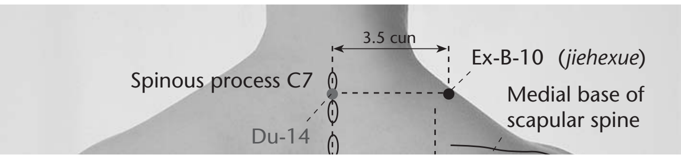
Special features

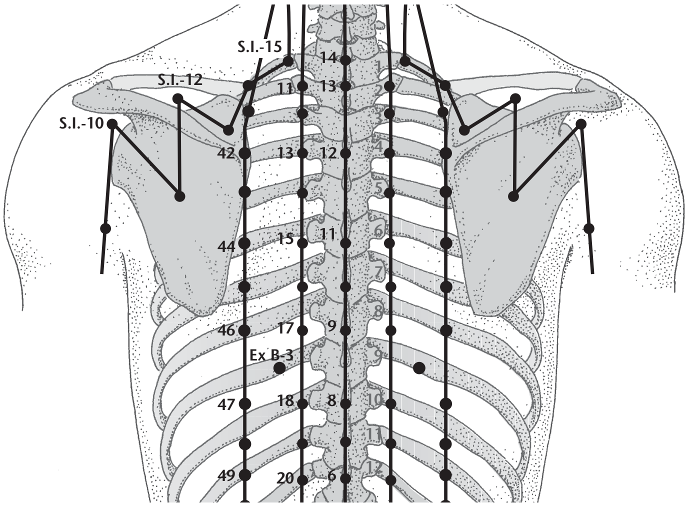
Meeting point with all Yang channels, Sea of Qi point.


Medial base of scapular spine
Spinous process C7
Du-14
Spinous process T3
Spinous process T7
Inferior angle
Midline

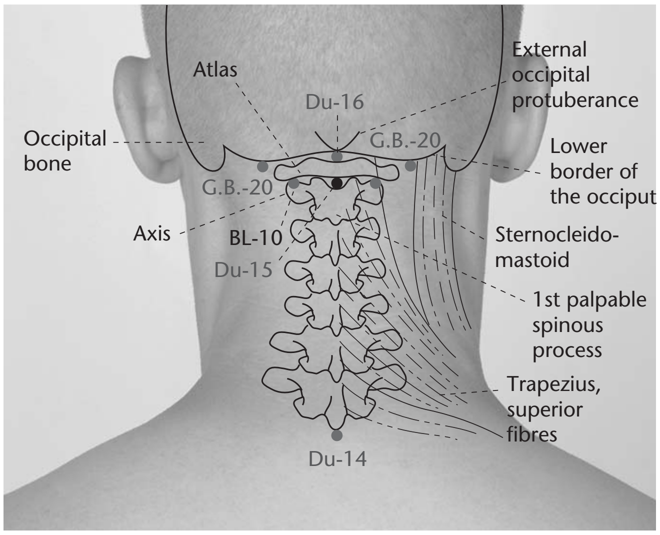

Extension and flexion of the head
Spinous processes of C6 and 7


0.5 cun
Medial base of scapular spine
Spinous process C7
Ex-B-1


3.5 cun
Ex-B-10 (*jiehexue*)
Spinous process C7
Medial base of scapular spine
Du-14


S.I.-15
14
1
S.I.-12
11
13
2
3
S.I.-10
42
13
12
4
5
44
15
11
6
7
8
46
17
9
Ex B-3
9
47
18
8
10
11
49
20
6
12

Gate of Muteness YAMEN **Du-15**


Atlas
Du-16
External occipital protuberance
Occipital bone
G.B.-20
G.B.-20
Lower border of the occiput
Axis
BL-10
Du-15
Sternocleido-mastoid
1st palpable spinous process
Trapezius, superior fibres
Du-14

Location

On the occiput, on the posterior midline, in the depression between the 1st (atlas) and 2nd (axis) cervical vertebrae, approximately 0.5 cun inferior to → **Du-16** (directly below the external occipital protuberance).

How to find

The external occipital protuberance (→ 3.1.5) is a hump-shaped projection on the posterior surface of the occipital bone, on the midline and slightly superior to the craniocervical junction (→ 3.1.5). → **Du-16** is located in a depression on the posterior midline that you can palpate directly inferior to the protuberance. From there, glide 0.5 cun in an inferior direction and locate **Du-15** superior to the first palpable spinous process (belonging to the axis; the atlas has no spinous process) and approximately 0.5 cun superior to the posteror hairline.

Located on the same level is → **BL-10** (on the lateral aspect of the trapezius muscle).

Needling

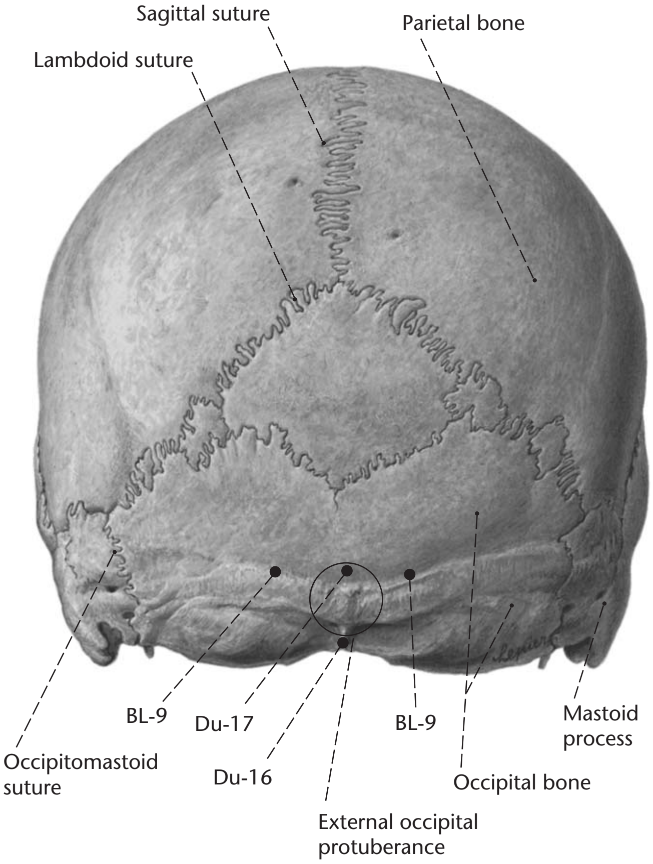
0.5–1 cun strictly perpendicularly in an inferior direction. Caution: Injury to the cervical marrow. According to classic texts, moxibustion is contraindicated.

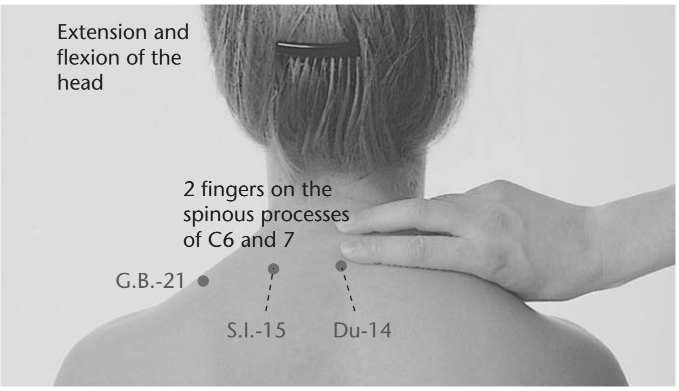
Actions/Indications

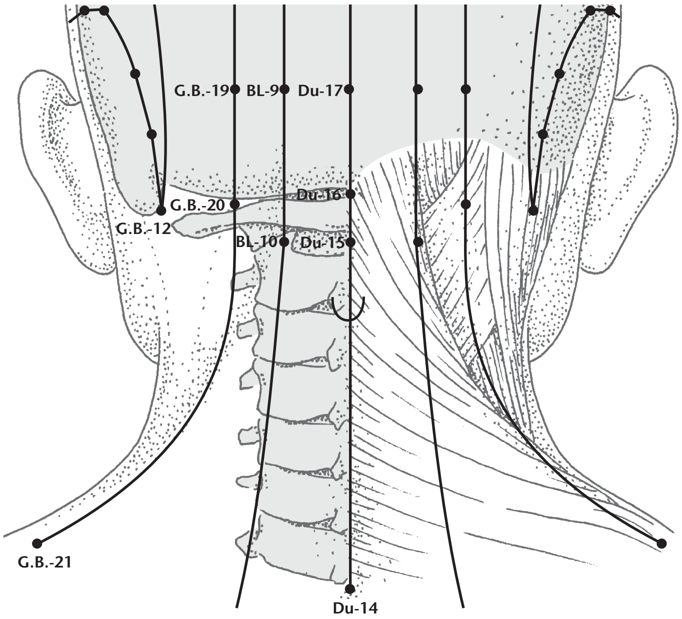
- Benefits the tongue, ears, neck and spine
- Dispels Wind
- Clears Yang Heat/excess

Special features

Meeting point with the *yang wei mai*. Sea of Qi point.


Sagittal suture
Parietal bone
Lambdoid suture
BL-9
Du-17
BL-9
Mastoid process
Occipitomastoid suture
Du-16
Occipital bone
External occipital protuberance


Extension and flexion of the head
2 fingers on the spinous processes of C6 and 7
G.B.-21
S.I.-15
Du-14


G.B.-19
BL-9
Du-17
Du-16
G.B.-20
G.B.-12
BL-10
Du-15
G.B.-21
Du-14

Du-16 *Palace of Wind* FENGFU

Location

On the posterior midline, directly below the external occipital protuberance, in the depression between the origins of the trapezius muscle.

How to find

The external occipital protuberance (→ 3.1.5) is a hump-shaped projection on the posterior surface of the occipital bone, on the midline and slightly superior to the craniocervical junction (→ 3.1.5). Locate **Du-16** in a depression on the posterior midline that can be palpated directly inferior to the protuberance and between the two origins of the trapezius muscle. Generally, **Du-16** is located approximately 1 cun superior to the posterior hairline. → **G.B.-20** is located on the same level below the occiput, in a depression between the origins of the trapezius and sternocleidomastoid muscles.

Needling

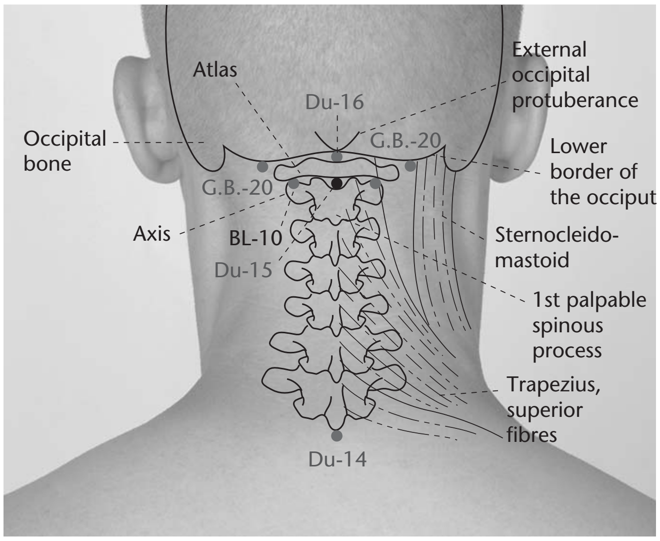
0.5–1 cun slightly obliquely in an inferior direction. Bend the patient's head slightly forward when needling. Caution: Dangerous point with deep needling! No stimulation. Strictly no needling in a superior direction, danger of puncturing the cerebellomedullary cistern (also site for suboccipital puncture). The needle should be inserted into the nuchal ligament. According to some authors, moxibustion is contraindicated.

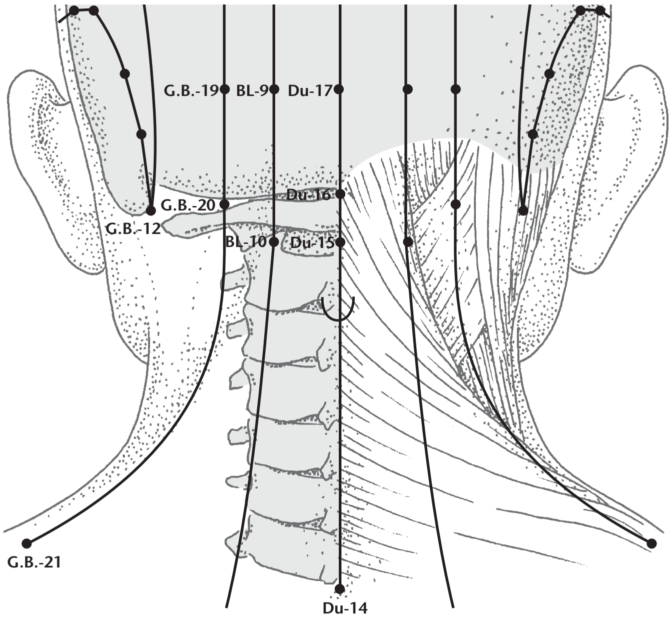
Actions/Indications

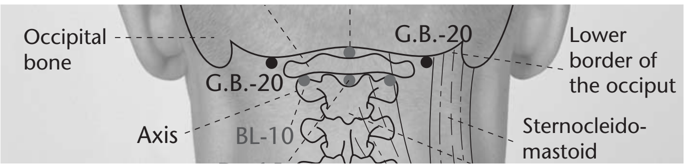
- Dispels (external) Wind
- Calms internal Wind and the *shen*
- Nourishes the Sea of Marrow, lightens the *shen*

Special features

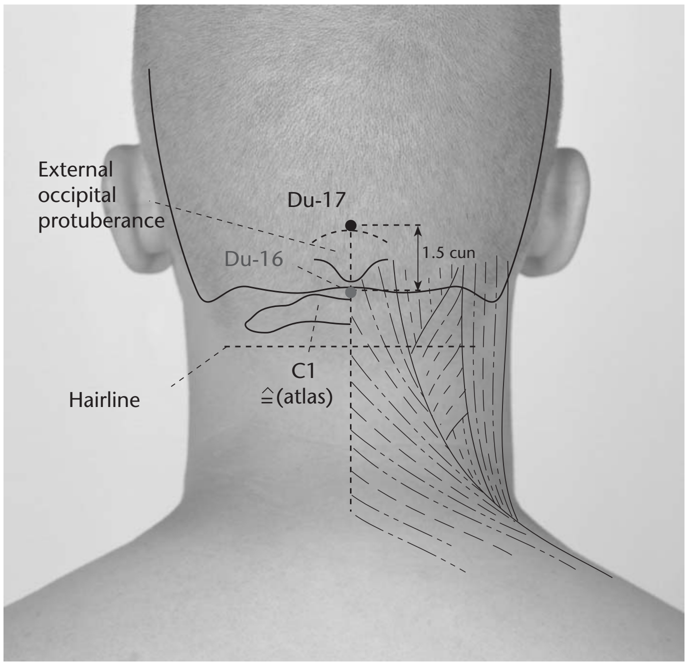
Meeting point with the *yang wei mai* and, according to some authors, the *yang qiao mai*. Sea of Marrow point, Window of Heaven point, Sun Si Miao Ghost point. Used for all disorders which are caused by 'external or internal' Wind and which are characterised by sudden onset, changing location and/or intensity of the disorder, involuntary movements.


Atlas
External occipital protuberance
Du-16
Occipital bone
G.B.-20
Lower border of the occiput
G.B.-20
Axis
BL-10
Sternocleido-mastoid
Du-15
1st palpable spinous process
Trapezius, superior fibres
Du-14


G.B.-19
BL-9
Du-17
G.B.-20
Du-16
G.B.-12
BL-10
Du-15
G.B.-21
Du-14


Occipital bone
G.B.-20
Lower border of the occiput
G.B.-20
Axis
BL-10
Sternocleido-mastoid

Brain's Door NAOHU Du-17


External occipital protuberance
Du-17
Du-16
1.5 cun
C1
≙(atlas)
Hairline

Location

In a depression superior to the external occipital protuberance, approximately 2.5 cun superior to the posterior hairline or 1.5 cun superior to → **Du-16**.

How to find

First, locate the external occipital protuberance (→ 3.1.5), which forms a hump-shaped projection on the posterior surface of the occipital bone. Next, locate **Du-17** on the posterior midline, in a depression directly superior to the protuberance. This corresponds to a distance of approximately 2.5 cun superior to the posterior hairline (→ 3.1.5).

→ **Du-16** is located directly inferior to the protuberance, whereas → **BL-9** is located 1.3 cun lateral to **Du-17**.

Needling

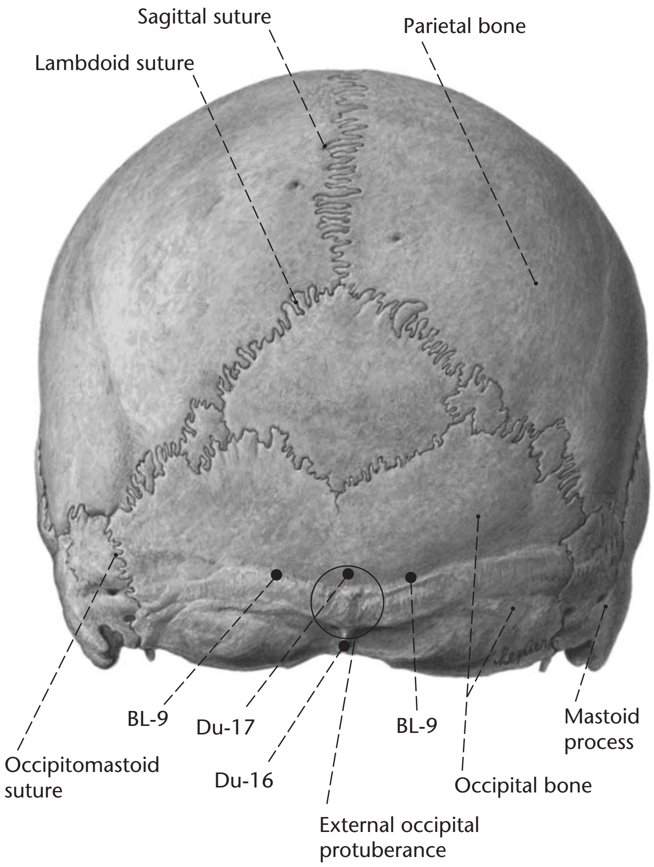
0.5–1 cun transversely (subcutaneously) in an inferior or superior direction. Moxibustion controversial.

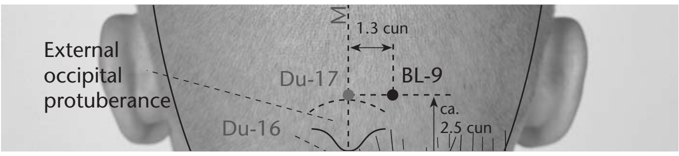
Actions/Indications

- Dispels Wind
- Opens the channel
- Benefits the eyes
- Calms the *shen*

Special features

Meeting point with the BL channel


Sagittal suture
Parietal bone
Lambdoid suture
BL-9
Du-17
BL-9
Mastoid process
Occipitomastoid suture
Du-16
Occipital bone
External occipital protuberance


M
1.3 cun
External occipital protuberance
Du-17
BL-9
Du-16
ca. 2.5 cun

Du-18 *Unyielding Space* QIANGJIAN

Location

On the posterior midline, 1.5 cun superior to **Du-17** (directly superior to the external occipital protuberance) or 3 cun inferior to → **Du-20** (on the vertex).

How to find

First, locate → **Du-17** in a depression directly superior to the external occipital protuberance (→ 3.1.5), which forms a hump-shaped projection on the posterior surface of the occipital bone. From there, palpate 1.5 cun in a superior direction and there locate **Du-18** on the posterior midline.

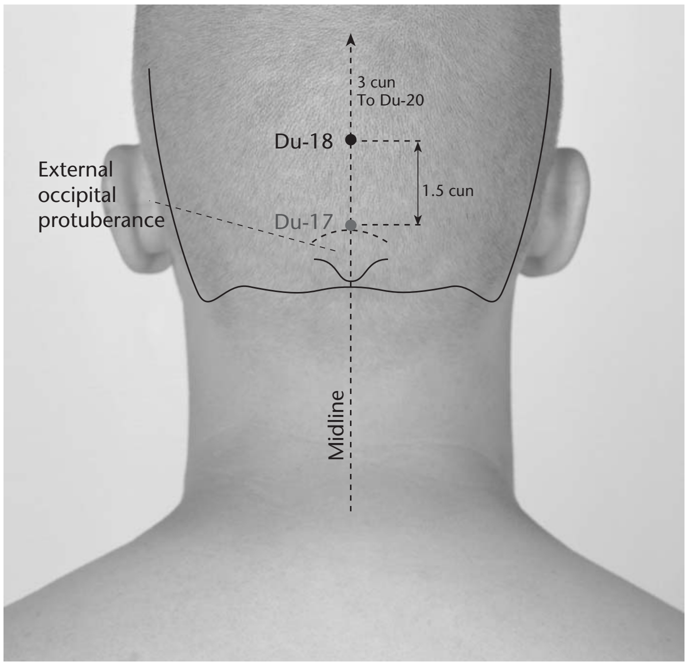
→ **Du-20** is located 3 cun in a superior direction, on the vertex.

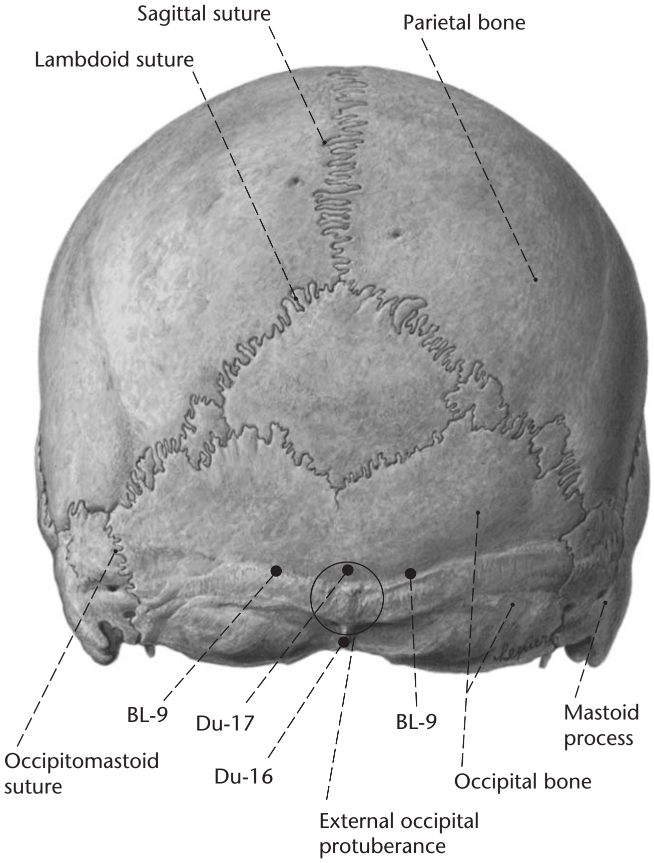
Needling

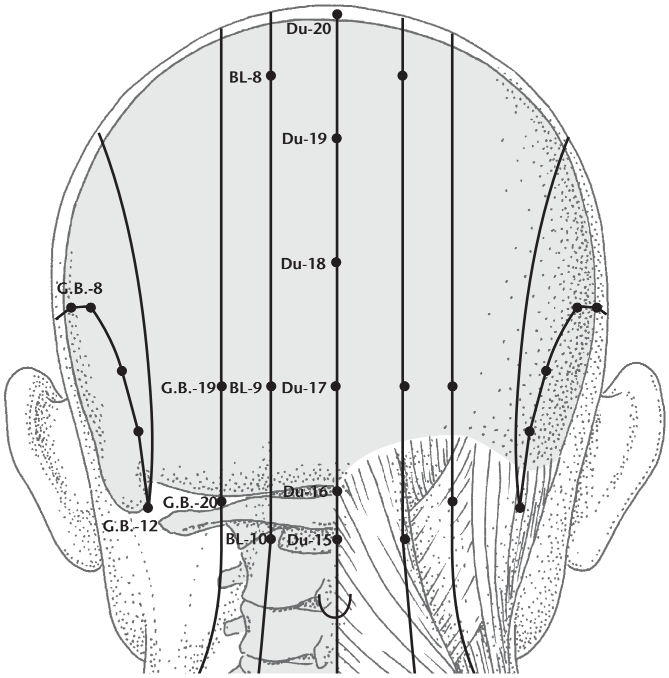
Transversely (subcutaneously) 0.5–1 cun

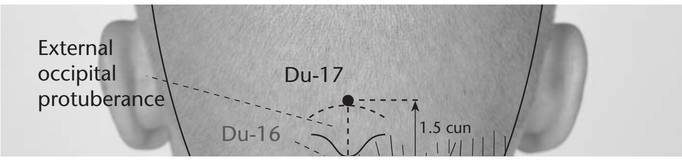
Actions/Indications

- Dispels Wind, especially internal Wind
- Opens the channel
- Calms the *shen*

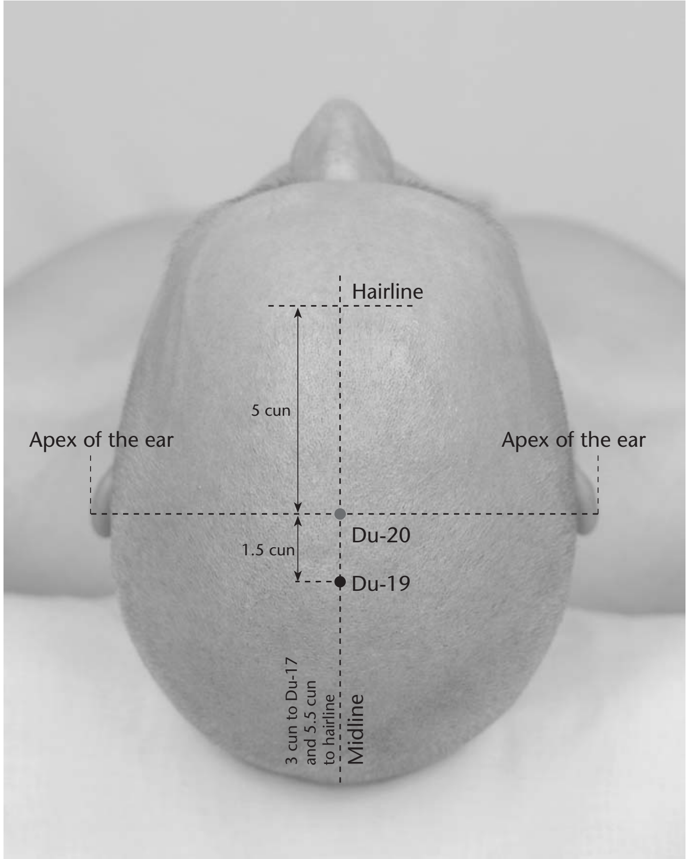

3 cun
To Du-20
Du-18
1.5 cun
External
occipital
protuberance
Du-17
Midline

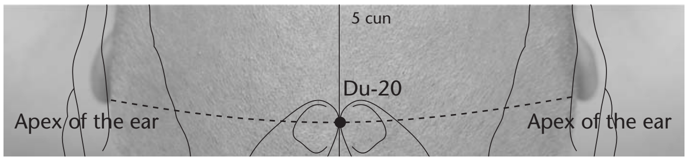

Sagittal suture
Parietal bone
Lambdoid suture
BL-9
Du-17
BL-9
Mastoid
process
Occipitomastoid
suture
Du-16
Occipital bone
External occipital
protuberance


Du-20
BL-8
Du-19
Du-18
G.B.-8
G.B.-19
BL-9
Du-17
Du-16
G.B.-20
G.B.-12
BL-10
Du-15


External
occipital
protuberance
Du-17
1.5 cun
Du-16

Behind the Crown HOUDING Du-19


Hairline
5 cun
Apex of the ear
Apex of the ear
Du-20
1.5 cun
Du-19
3 cun to Du-17 and 5.5 cun to hairline
Midline


5 cun
Du-20
Apex of the ear
Apex of the ear

Location

On the midline, 3 cun superior to → **Du-17** (directly superior to the external occipital protuberance) or 1.5 cun posterior to → **Du-20**.

How to find

This point is best located by using → **Du-20** as a reference point (at the junction of the vertical midline and a line connecting the apices of the ears). **Du-19** can then be located by palpating 1.5 cun in a posterior direction from → **Du-20**. **Or:** First, locate → **Du-17** superior the external occipital protuberance (→ 3.1.5), then locate **Du-19** on the midline, 3 cun superior to → **Du-17**.

Needling

Transversely (subcutaneously) 0.5–1 cun.

Actions/Indications

- Dispels Wind
- Opens the channel
- Calms the *shen*

Du-20 *Hundred Meetings* BAIHUI

Location

At the junction of a line connecting the apices of the ears and the midline, 5 cun from the anterior or 7 cun from the posterior hairline respectively.

How to find

Spreading hands technique (➞ 2.3.3): Place the hands on both sides of the head, with the little fingers touching the apices of the ears. Join the thumbs on the midline and locate **Du-20** in shallow depression on the vertex of the head (alternative location method: use an elastic tape, with the midpoint marked on it). The symbolic counterpart to **Du-20** (as the highest point on the body and in contact with heaven) is ➞ **KID-1**, the lowest part of the body and in contact with the earth.

Needling

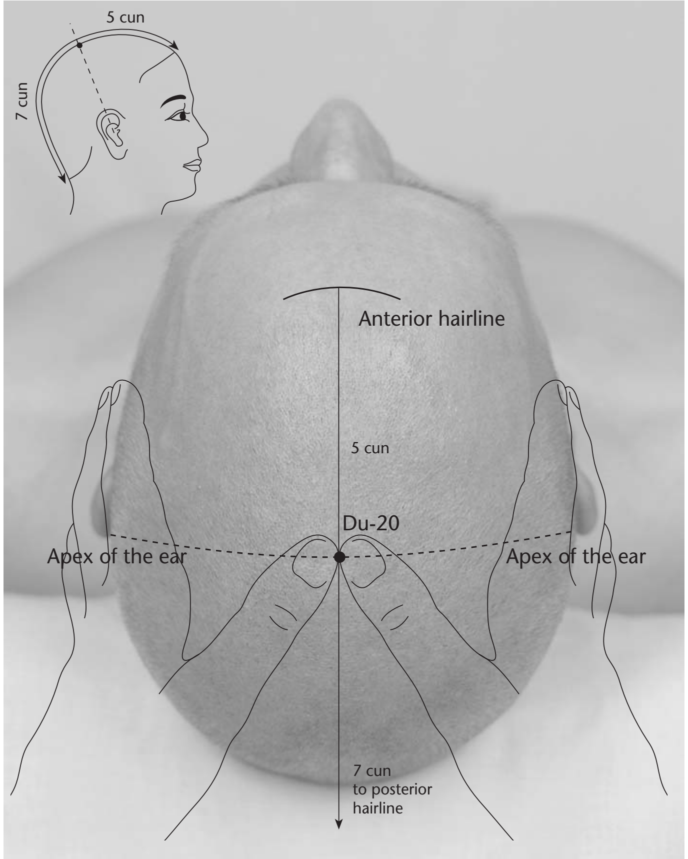
0.5–1 cun transversely (subcutaneously) towards the posterior (reducing effect) or the anterior (tonifying effect). Caution: Apply pressure to head points after needle removal to avoid bleeding. Remember to remove the needle after treatment.

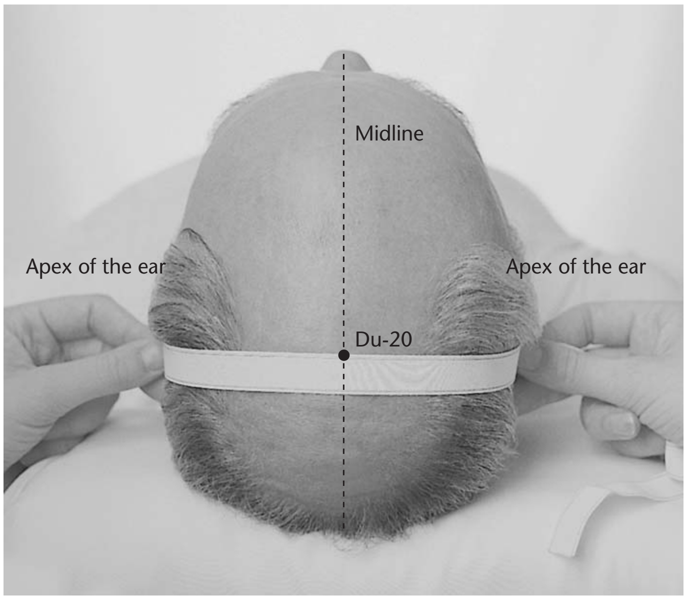
Actions/Indications

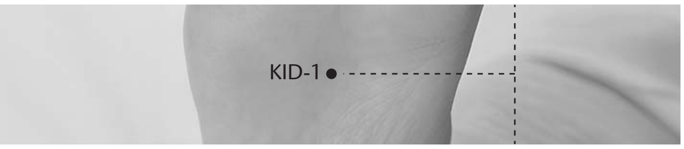
- Calms Wind, pacifies Yang, benefits the Brain and sensory organs, calms the *shen*
- Nourishes the Sea of Marrow; applying moxibustion raises the Yang

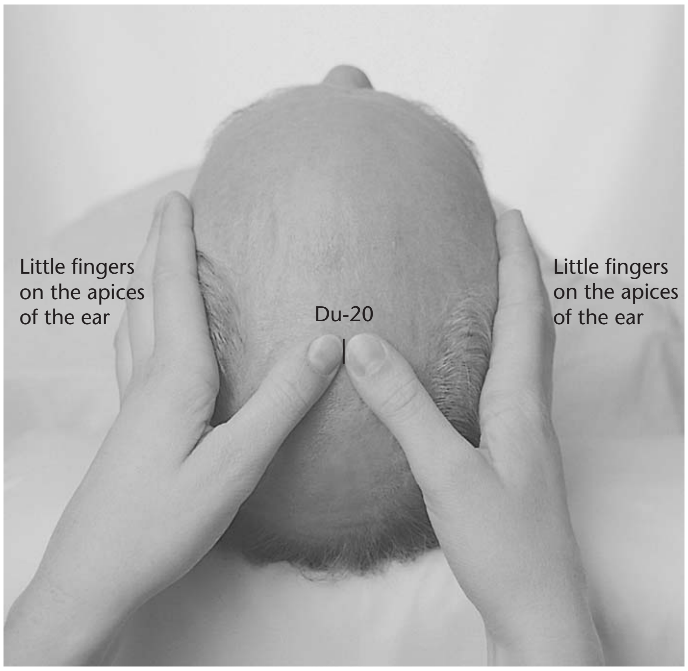
Special features

Meeting point with the BL, G.B., T.B. and LIV channels; Sea of Marrow point. Important point for descending the Yang (reducing needle techniques) or raising the Yang (tonifying needle techniques, moxibustion).

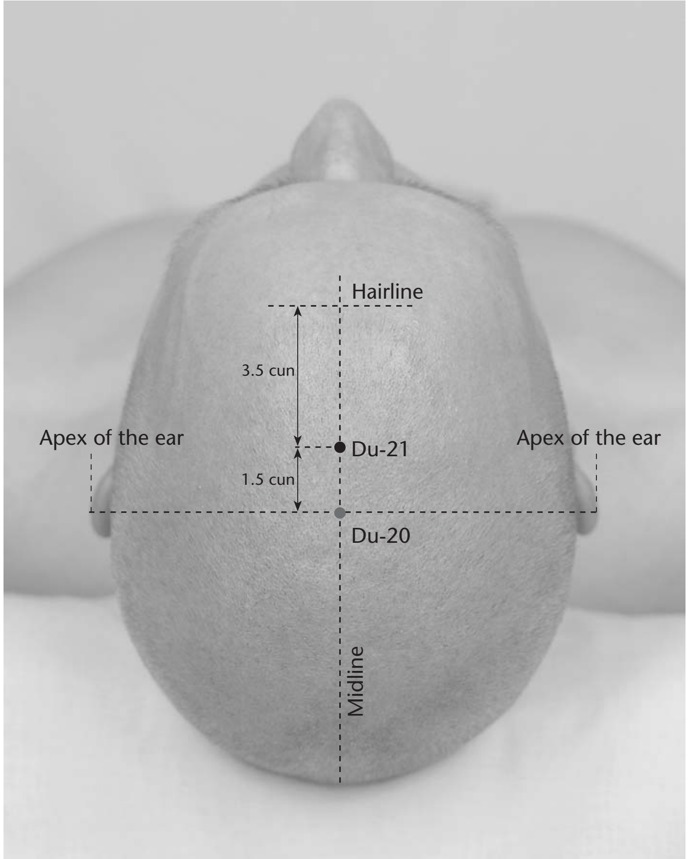

5 cun
7 cun
Anterior hairline
5 cun
Du-20
Apex of the ear
Apex of the ear
7 cun
to posterior
hairline


Midline
Apex of the ear
Apex of the ear
Du-20




Little fingers
on the apices
of the ear
Du-20
Little fingers
on the apices
of the ear

In Front of the Crown QIANDING Du-21


Hairline
3.5 cun
Apex of the ear
Du-21
Apex of the ear
1.5 cun
Du-20
Midline

Location

On the midline, 3.5 cun superior to the anterior hairline or 1.5 cun anterior to → **Du-20**.

How to find

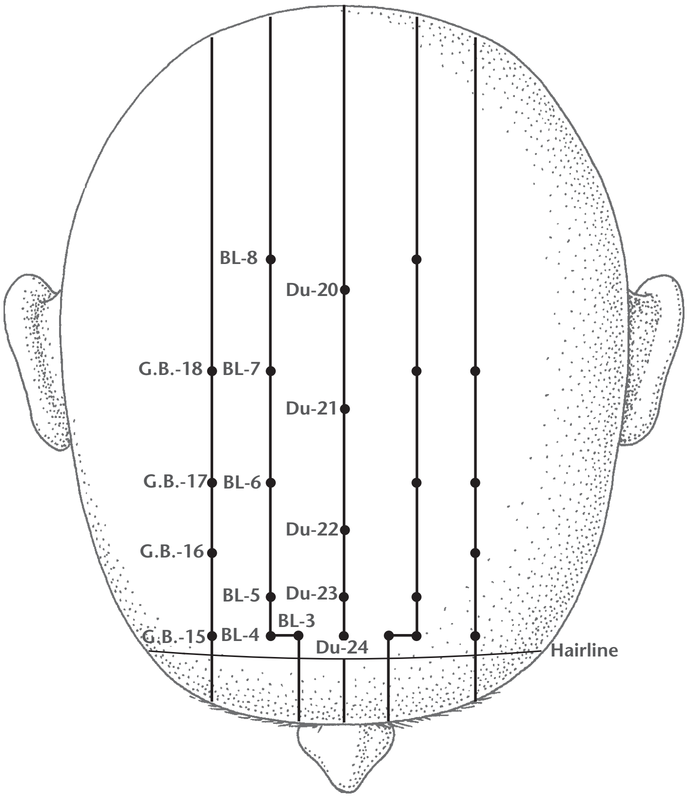
First, locate → **Du-20** (at the junction of the vertical midline and a line connecting the apices of the ears) and, from there, measure 1.5 cun in an anterior direction. **Or:** Locate the anterior hairline (→ 3.1.1; the distance from the anterior hairline to → **Du-20** is 5 cun) and palpate 3.5 cun in a superior/posterior direction. There, locate **Du-21** on the midline.

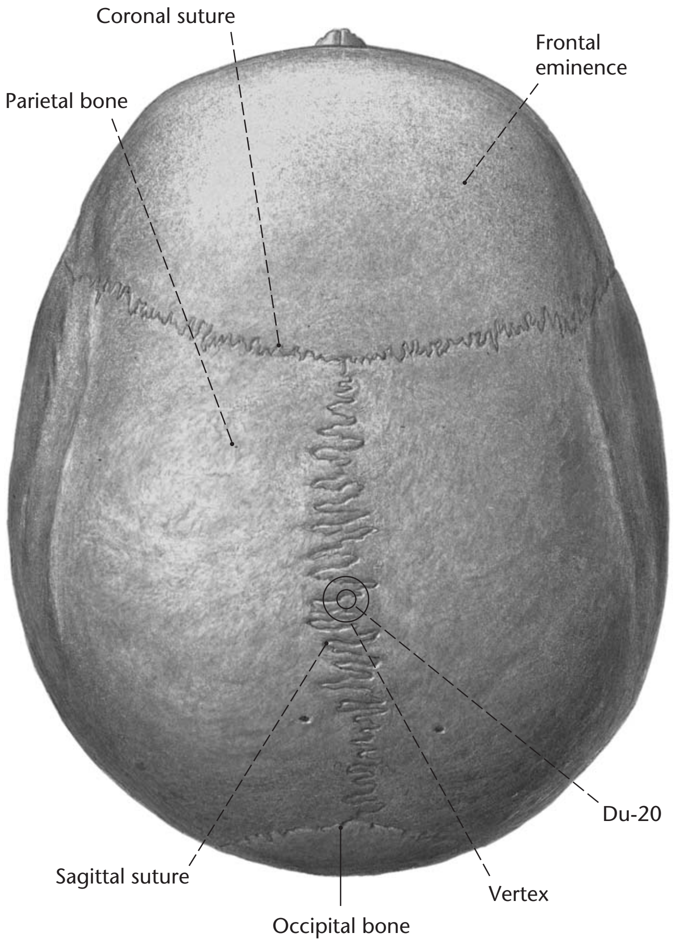
Needling

Transversely (subcutaneously) 0.5–1 cun. Caution with infants whose fontanelle has not yet closed. Moxibustion possible.

Actions/Indications

- Dispels Wind and Dampness
- Opens the channel
- Calms the *shen*


BL-8
Du-20
G.B.-18
BL-7
Du-21
G.B.-17
BL-6
Du-22
G.B.-16
BL-5
Du-23
BL-3
G.B.-15
BL-4
Du-24
Hairline


Coronal suture
Frontal eminence
Parietal bone
Du-20
Sagittal suture
Vertex
Occipital bone

Du-22 *Fontanelle Meeting* XINHUI

Location

On the midline, 2 cun superior to the anterior hairline.

How to find

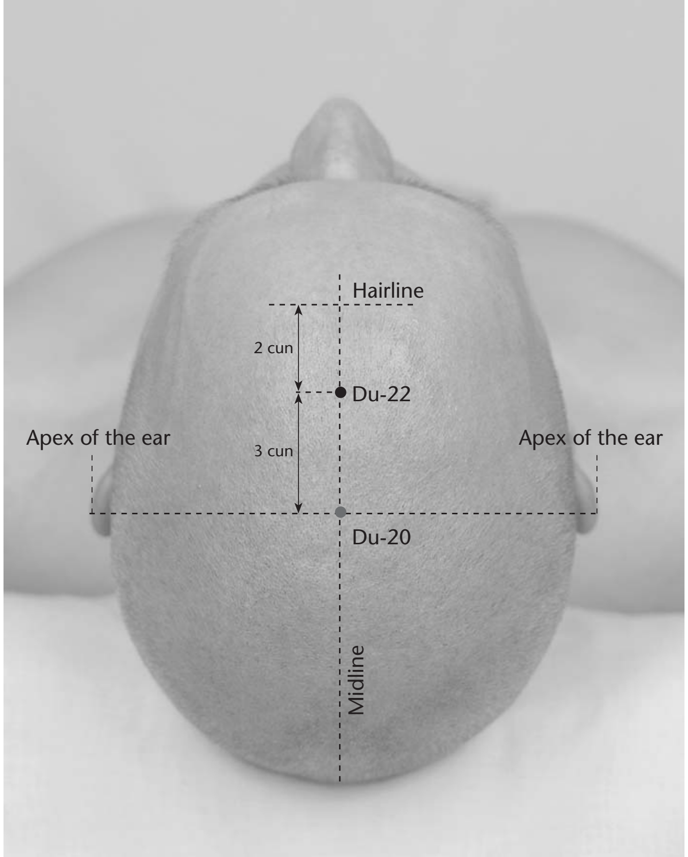
First, locate the anterior hairline (→ 3.1.1) and, from there, palpate 2 cun in a superior direction. There, locate **Du-22** on the midline. For reference: The distance from the anterior hairline to → **Du-20** is 5 cun. **Or:** From → **Du-20** (at the junction of the vertical midline and a line connecting the apices of the ears), measure 3 cun in an anterior direction and there locate **Du-22** on the midline.

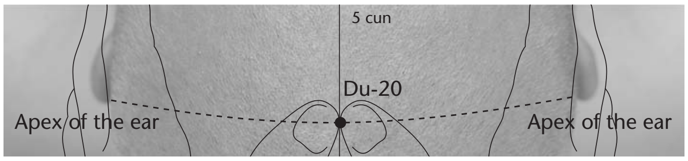
Needling

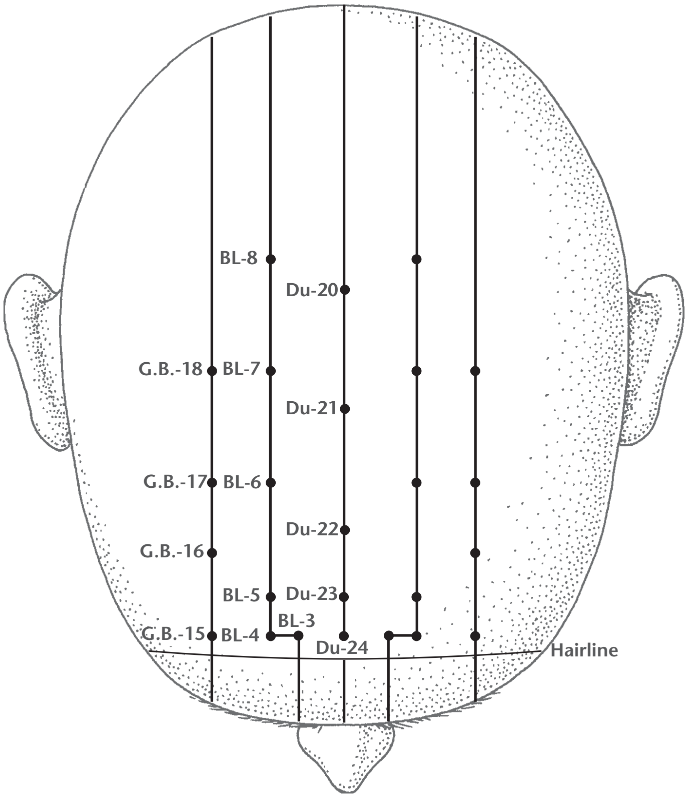
Transversely (subcutaneously) 0.5–1 cun. Caution with infants whose fontanelle has not yet closed (**Du-22** is located on the anterior border of the fontanelle). Moxibustion possible.

Actions/Indications

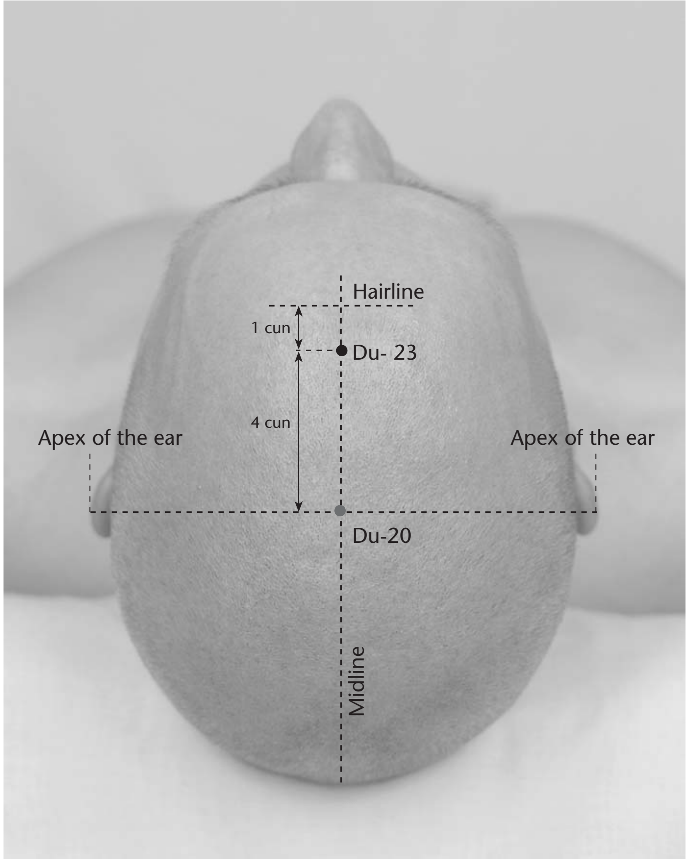
- Dispels Wind
- Calms the *shen*

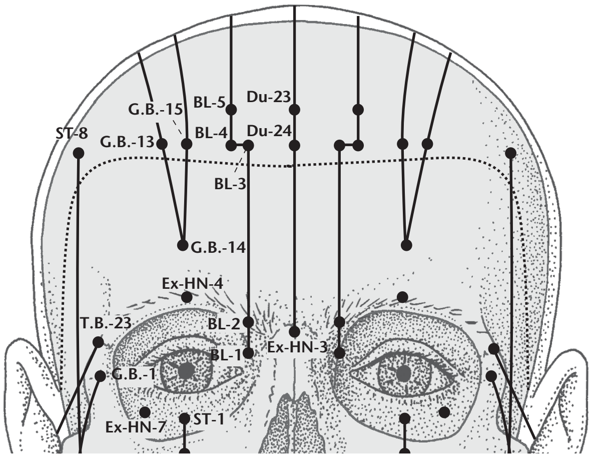

Hairline
2 cun
Du-22
3 cun
Apex of the ear
Apex of the ear
Du-20
Midline

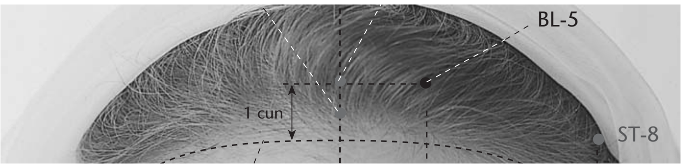

5 cun
Du-20
Apex of the ear
Apex of the ear


BL-8
Du-20
G.B.-18
BL-7
Du-21
G.B.-17
BL-6
Du-22
G.B.-16
BL-5
Du-23
BL-3
G.B.-15
BL-4
Du-24
Hairline

Upper Star SHANGXING Du-23


Hairline
1 cun
Du- 23
4 cun
Apex of the ear
Apex of the ear
Du-20
Midline


G.B.-15
BL-5
Du-23
ST-8
G.B.-13
BL-4
Du-24
BL-3
G.B.-14
Ex-HN-4
T.B.-23
BL-2
BL-1
Ex-HN-3
G.B.-1
Ex-HN-7
ST-1


BL-5
1 cun
ST-8

Location

On the midline, 1 cun superior to the anterior hairline or 4 cun anterior to → **Du-20**.

How to find

First, locate the anterior hairline (→ 3.1.1) and, from there, palpate 1 cun in a superior direction. There, locate **Du-23** on the midline. For reference: The distance from the anterior hairline to → **Du-20** is 5 cun.

Located on the same level is → **BL-5** (1.5 cun lateral to the midline).

Needling

Transversely (subcutaneously) 0.3–0.5 cun. Moxibustion possible.

Actions/Indications

- Dispels pathogenic factors (especially Wind and Heat) from the nose
- Dispels pathogenic factors (especially Heat) from the face
- Calms the *shen*

Du-24 *Courtyard of the Spirit* SHENTING

Location

On the midline, 0.5 cun superior to the anterior hairline or 4.5 cun anterior to → **Du-20**.

How to find

First, locate the anterior hairline (→ 3.1.1) and, from there, palpate 0.5 cun in a superior direction. There, locate **Du-24** on the midline. For reference: The distance from the anterior hairline to → **Du-20** (at the junction of the vertical midline and a line connecting the apices of the ears) is 5 cun.
Located on the same level (0.5 cun superior to the anterior hairline) are → **BL-3/BL-4/G.B.-15/G.B.-13** (superior to the inner canthus of the eye/1.5 cun lateral to the midline/on the pupil line or 2.25 cun lateral to the midline/3 cun lateral to the midline). These distances refer to the proportional cun distance (→ 2.2) between **Du-24** and → **ST-8** (on the corner of the forehead), which equals 4.5 cun (1.5 cun lateral to the midline).

Needling

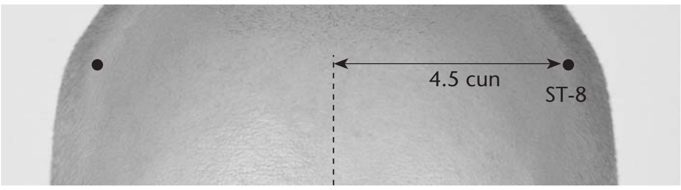
Transversely (subcutaneously) 0.3–0.5 cun. Moxibustion possible.

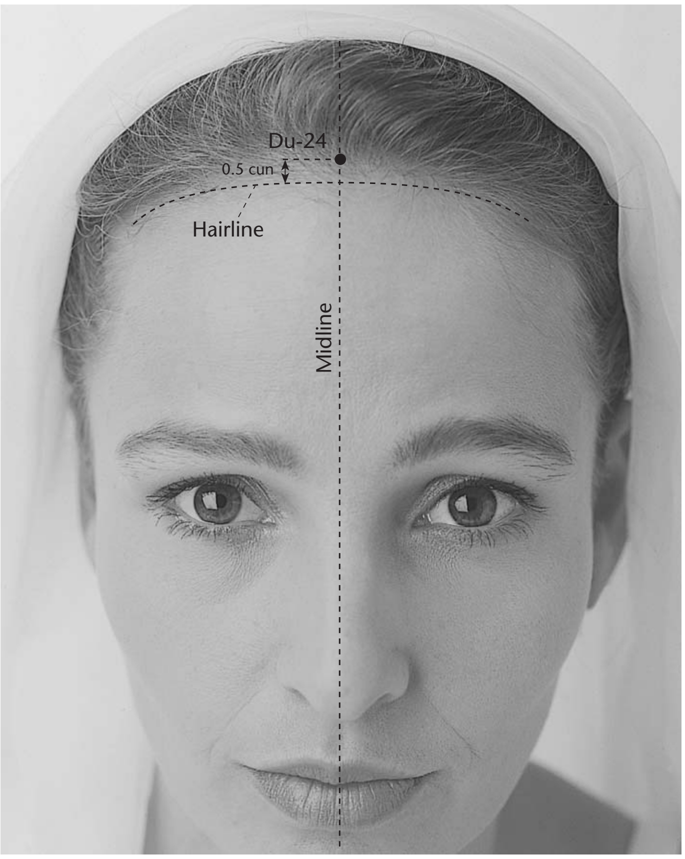
Actions/Indications

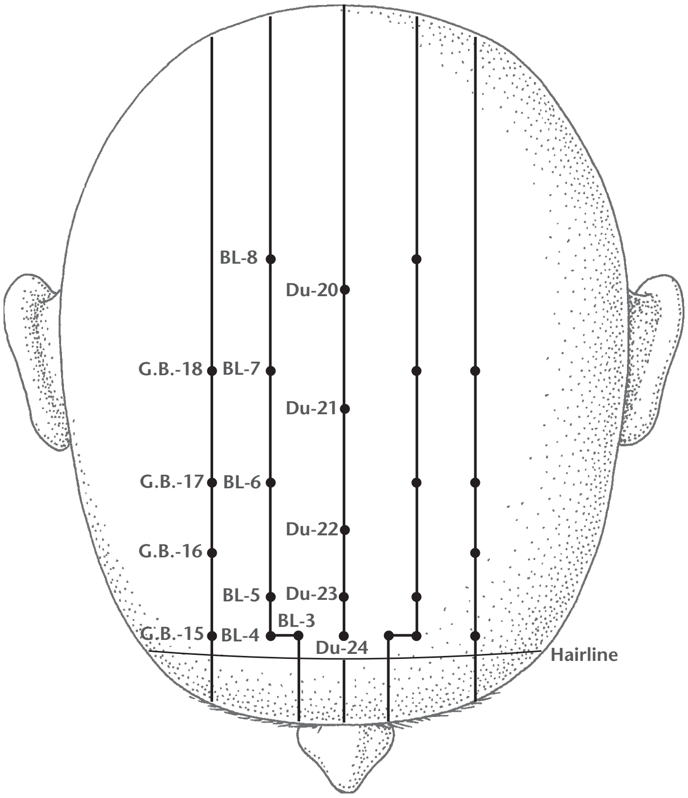
- Calms the *shen*
- Dispels (internal) Wind
- Clears pathogenic factors from the eyes and nose

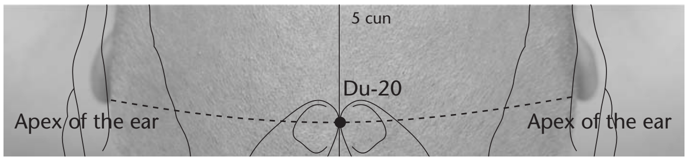
Special features

Meeting point with the BL and ST channels. One of the major points for calming the *shen*.

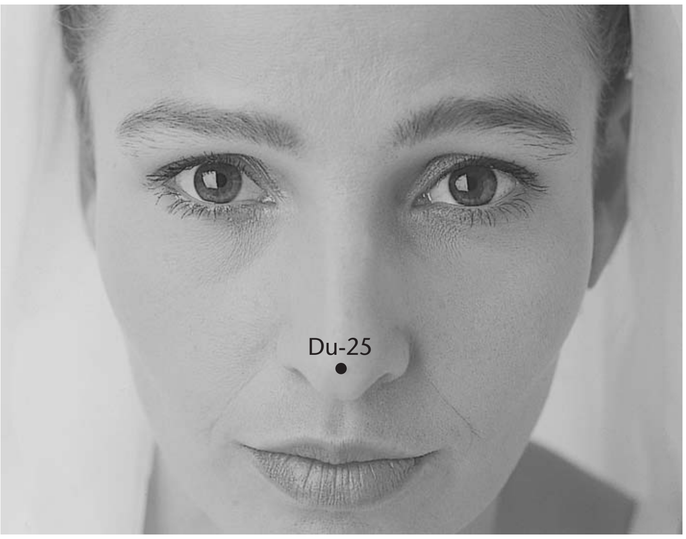



Du-24
0.5 cun
Hairline
Midline


BL-8
Du-20
G.B.-18
BL-7
Du-21
G.B.-17
BL-6
Du-22
G.B.-16
BL-5
Du-23
BL-3
G.B.-15
BL-4
Du-24
Hairline


5 cun
Du-20
Apex of the ear
Apex of the ear

White Crevice SULIAO Du-25



Location

In a depression on the tip of the nose.

How to find

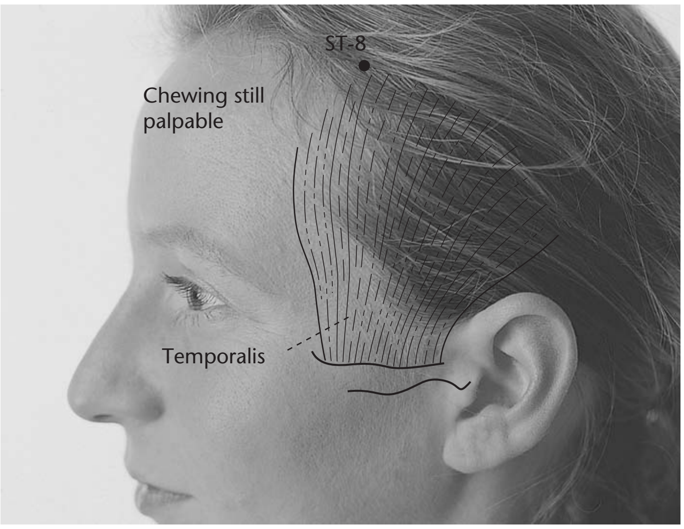
As the name implies, **Du-25** can be located in a depression on the tip of the nose, which generally can be easily palpated.

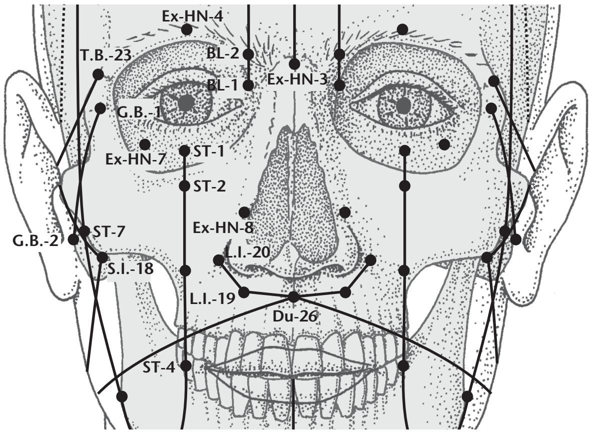
Needling

0.2 cun vertically or transversely (subcutaneously) in a superior direction up to 1 cun. Or prick to bleed. Moxibustion controversial.

Actions/Indications

- Benefits the nose


ST-8
Chewing still palpable
Temporalis


Ex-HN-4
T.B.-23
BL-2
BL-1
Ex-HN-3
G.B.-1
Ex-HN-7
ST-1
ST-2
Ex-HN-8
G.B.-2
ST-7
L.I.-20
S.I.-18
L.I.-19
Du-26
ST-4

Du-26 *Man's Middle* RENZHONG

Location

Below the nose, on the upper third of the philtrum. Note: *shuigou* (Water Grave) is an alternative name for this point.

How to find

Locate the philtrum, which forms a distinct groove on the midline between the root of the nose and the margin of the upper lip. Locate **Du-26** sligthly superior to the midpoint of the philtrum. → **L.I.-19** is located on the same level, 0.5 cun lateral to the midline.

Needling

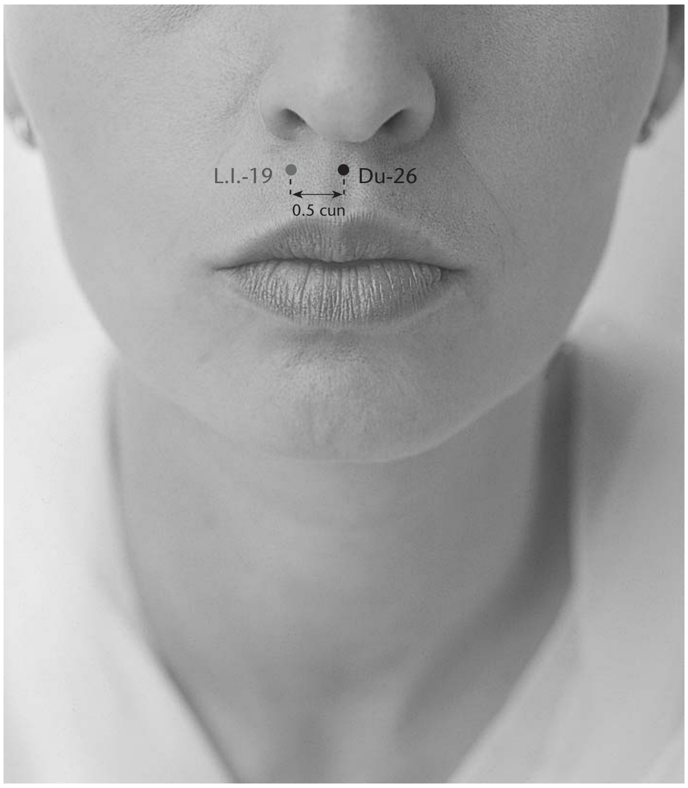
0.3–0.5 cun obliquely in a superior direction. Caution: Needling this point may be painful.

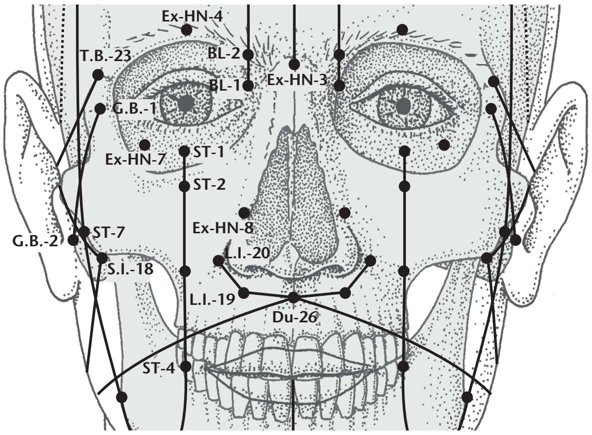
Actions/Indications

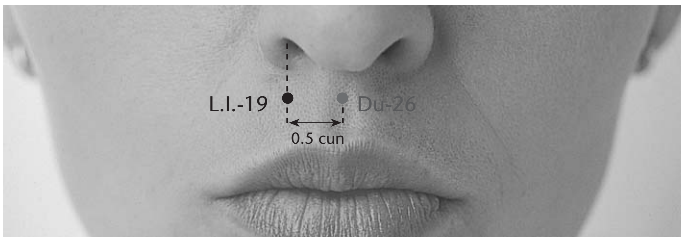
- Revives consciousness
- Benefits the face and nose, eliminates (external) Wind
- Benefits the spine

Special features

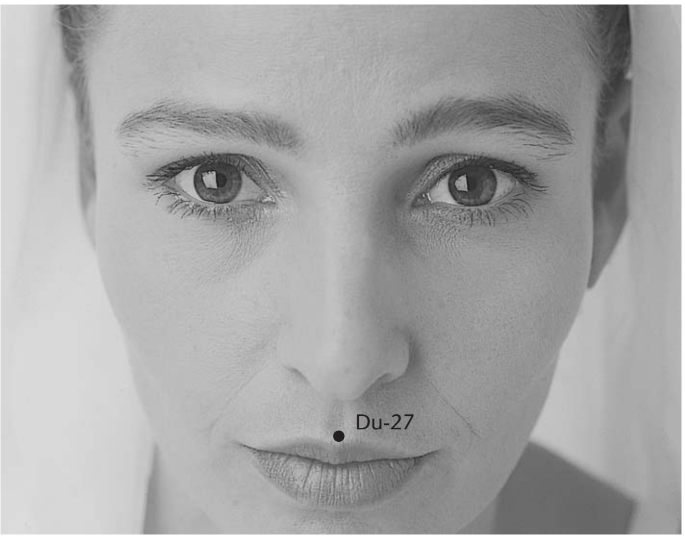
Meeting point with the L.I. and ST channels; Sun Si Miao Ghost point. Major point for acute emergencies: Needle with strongly reducing technique. If no acupuncture needle is available, use a syringe or perform strong acupressure with the nail of the thumb or index finger, supporting the patient's chin with the same hand. Can be used in cases of needle collapse – first remove all other needles.







Extremity of the Mouth DUIDUAN Du-27



Location

On the midline, on the margin of the upper lip and the philtrum.

How to find

Location help: As the name implies, **Du-27** is located on the midline, at the junction of the upper lip and the philtrum.

Needling

Up to 0.3 cun obliquely in a superior direction. No moxibustion.

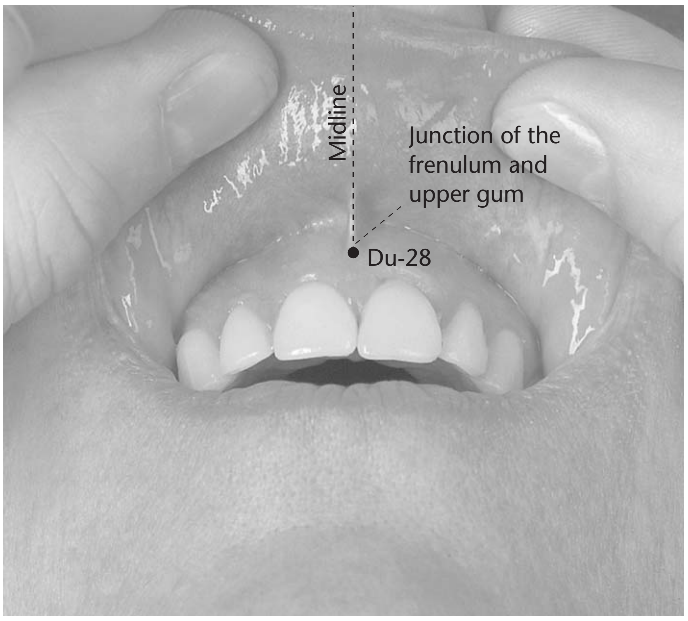
Actions/Indications

- Clears Heat
- Moistens the body
- Local point for the mouth
- Calms the *shen*

Du-28 *Gum Intersection* YINJIAO

Location

On the inside of the upper lip, at the junction of the frenulum and the upper gum.



How to find

Hold the upper lip in a raised position in order to reveal the frenulum and the upper gum. Locate **Du-28** on the midline, at the junction of the frenulum with the upper gum.

Needling

0.1–0.2 cun obliquely in a superior direction or prick to bleed. Do not puncture the frenulum.

Actions/Indications

- Clears Heat (especially from the eyes and the mouth)

Special features

As the name implies, meeting point with the *ren mai* and the ST channel

5.4 *Dai mai*

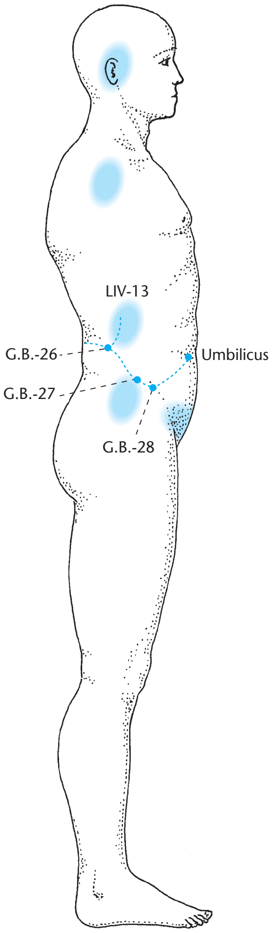
Synonym: Girdling Vessel
The extraordinary vessel *dai mai* is the only vessel (or channel) with a horizontal pathway (except for *luo*-connecting vessels).

Relationships (→ 1.7.3)

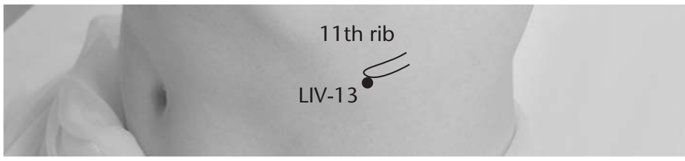
- **Yin/Yang:** *chong mai/dai mai*
- **Central/peripheral:** *dai mai/yang wei mai*. Regions supported by this pairing: lateral eye region as well as temporal region, ears, cheeks, occiput and shoulders. Opening point: **G.B.-41** (*zulinqi*), coupled point: **T.B.-5** (*waiguan*).

Pathway

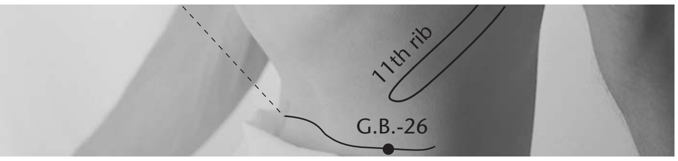
The extraordinary vessel *dai mai* originates in the hypochondrium at the level of L2; according to many other authors it originates at → **LIV-13** (*zhangmen*) at the free end of the 11th rib. It encircles the waist of the body like a belt. As it does so it passes → **G.B.-26** (*dai mai*) at the level of the umbilicus and below the free end of the 11th rib, → **G.B.-27** (*wushu*) and → **G.B.-28** (*weidao*).



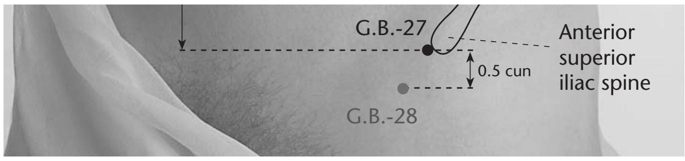
Meeting points with other channels



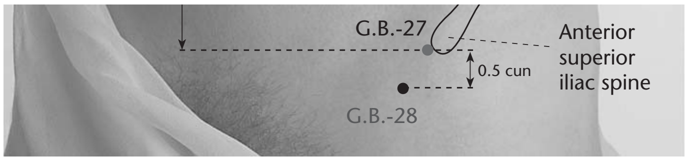
LIV-13 (*zhangmen*): Anterior and inferior to the free end of the 11th rib



G.B.-26 (*daimai*): On the lateral aspect of the waist, at the junction of a vertical line through the free end of the 11th rib and a horizontal line through the umbilicus, approximately 1.8 cun inferior to → **LIV-13**



G.B.-27 (*wushu*): In the depression medial to the anterior superior iliac spine, approximately level with Ren-4



G.B.-28 (*weidao*): Anterior and inferior to the anterior superior iliac spine, 0.5 cun anterior and inferior to G.B.-27

Connections with other channels/Organs

- Gall Bladder and Liver primary channels, Kidney divergent channel
- Kidney, Uterus

Clinical importance (→ 1.7.2, 1.7.3)

- **Controls** and **encircles** the horizontal channels like a belt
- **Connects** the upper and lower halves of the body at the waist
- **Regulates** vaginal discharge
- **Eliminates** Damp-Heat from the Lower Burner, especially from the genitalia
- **Controls** the *shaoyang* channels, especially the G.B. channel

5.5 *Yin wei mai*

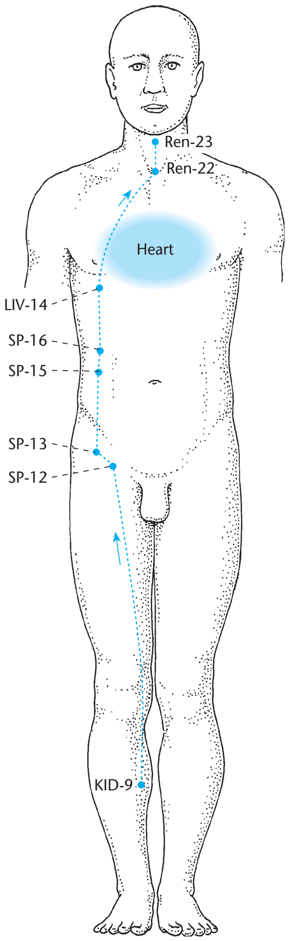
Synonym: Yin Motility Vessel (Deadman), **Yin Heel Vessel** (Maciocia)

Relationships (→ 1.7.3)

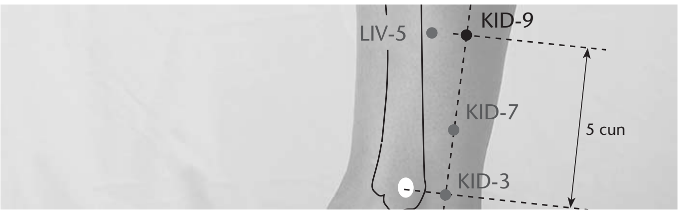
- **Yin/Yang:** *yin wei mai/yang wei mai*
- **Central/peripheral:** *chong mai/yin wei mai*. Regions supported by this pairing: Heart, thorax, Stomach. Opening point: **P-6** (*neiguan*), coupled point: **SP-4** (*gongsun*).

Pathway

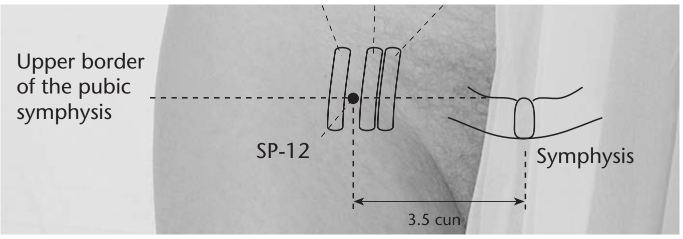
The extraordinary vessel *yin wei mai* originates in the hypochondrium at → **KID-9** (*zhubin*), 5 cun proximal to the prominence of the medial malleolus, ascends the medial aspect of the leg to the inguinal region, follows the Spleen and Liver primary channels, passing the points → **SP-12** (*chongmen*) and → **SP-13** (*fushe*). It then passes → **SP-15** (*daheng*) and → **SP-16** (*fuai*) and again meets with the Spleen and Liver primary channels at → **LIV-14** (*qimen*). The vessel then traverses the thoracic region, passes → **Ren-22** (*tiantu*) in the suprasternal fossa and follows the extraordinary vessel *ren mai* to → **Ren-23** (*lianqiao*) where it terminates.


Ren-23
Ren-22
Heart
LIV-14
SP-16
SP-15
SP-13
SP-12
KID-9

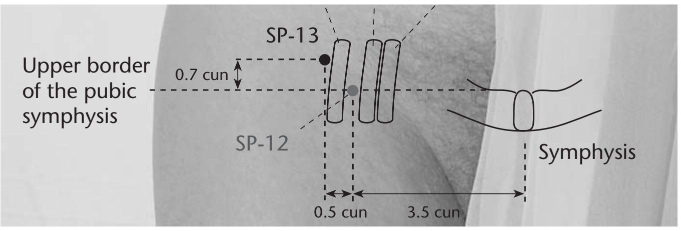
Meeting points with other channels


LIV-5
KID-9
KID-7
5 cun
KID-3

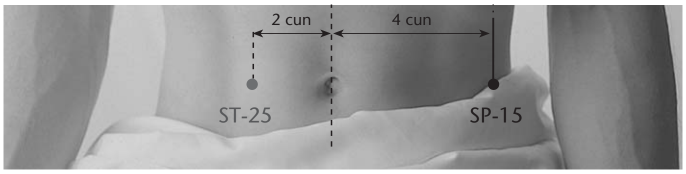
KID-9 (*zhubin*): 5 cun proximal to KID-3 and 2 cun posterior to the medial border of the tibia


Upper border of the pubic symphysis
SP-12
Symphysis
3.5 cun

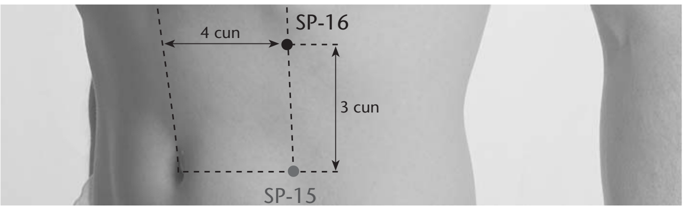
SP-12 (*chongmen*): 3.5 cun lateral to the midline, level with the upper border of the pubic symphysis, lateral to the femoral artery


SP-13
Upper border of the pubic symphysis
0.7 cun
SP-12
Symphysis
0.5 cun
3.5 cun

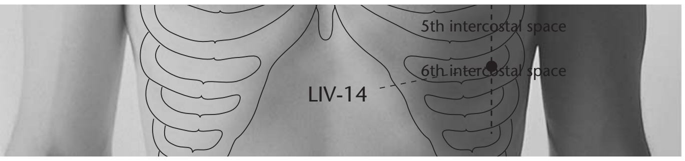
SP-13 (*fushe*): 4 cun lateral to the anterior midline (mamillary line) and 0.7 cun superior to the upper border of the pubic symphysis


2 cun
4 cun
ST-25
SP-15

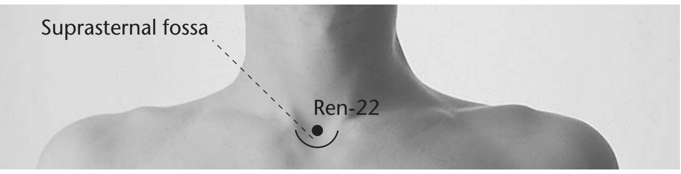
SP-15 (*daheng*): 4 cun lateral to the centre of the umbilicus


4 cun
SP-16
3 cun
SP-15

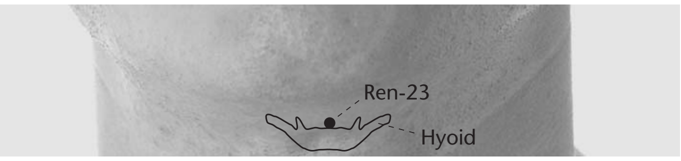
SP-16 (*fuai*): 3 cun superior to the centre of the umbilicus and 4 cun lateral to the anterior midline, on the mamillary line


5th intercostal space
6th intercostal space
LIV-14

LIV-14 (*qimen*): In the 6th intercostal space, on the mamillary line, 4 cun lateral to the midline.


Suprasternal fossa
Ren-22

Ren-22 (*tiantu*): 0.5 cun superior to the sternum, in the centre of the suprasternal fossa


Ren-23
Hyoid

Ren-23 (*lianquan*): On the anterior midline, superior to the upper border of the hyoid bone

Connections with other channels/organs

- Kidney, Spleen and Liver primary channels, *ren mai*
- Internal organs

Clinical importance (→ 1.7.2, 1.7.3)

- **Connects** and **regulates** all **Yin channels** of the body. It connects the KID, SP and LIV channels and the *ren mai* and dominates the **Interior** of the body (the internal organs).
- **Strengthens** Yin and Heart-Blood, especially in women
- **Balances** the emotions

5.6 *Yang wei mai*

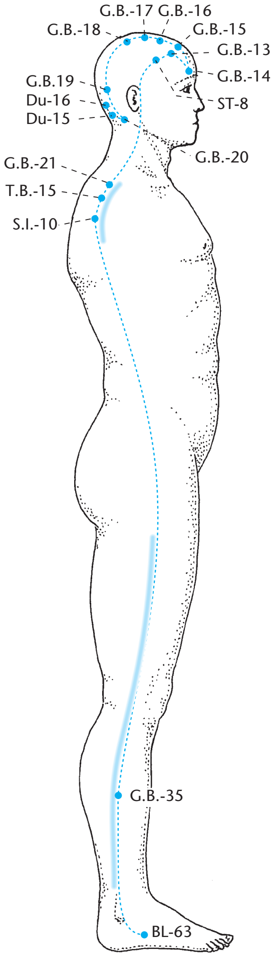
Synonym: Yang Motility Vessel (Deadman), **Yang Heel Vessel** (Maciocia)

Relationships (→ 1.7.3)

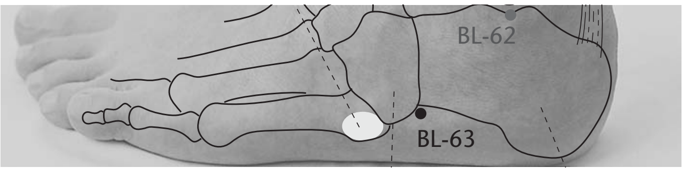
Yin/Yang: *yin wei mai/yang wei mai*
Central/peripheral: *dai mai/yang wei mai*. Regions supported by this pairing: Lateral eye region, temporal region, ears, cheeks, neck and shoulders. Opening point: **T.B.-5** (*waiguan*), coupled point: **G.B.-41** (*zulinqi*).

Pathway

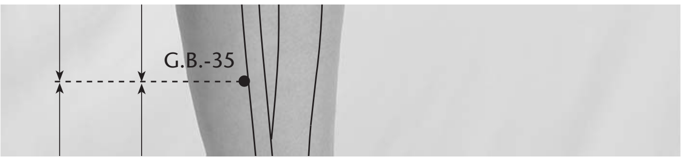
The extraordinary vessel *yang wei mai* originates at → **BL-63** (*jinmen*) in the depression posterior to the tuberosity of the 5th metatarsal bone, runs anterior to the lateral malleolus, passes → **G.B.-35** (*yangjiao*), ascends the lateral aspect of the leg, passes the hip, ascends the posterior aspect of the costal region to the shoulder, passes → **S.I.-10** (*naoshu*), → **T.B.-15** (*tianliao*), → **G.B.-21** (*jianjing*) and ascends the neck. The vessel then ascends anterior to the ear (according to some authors, for example Solinas et al. (1998), posterior to the ear) to the forehead, passing → **ST-8** (*touwei*), → **G.B.-13** (*benshen*) and → **G.B.-14** (*yangbai*). It then runs with the G.B. channel from **G.B.-15** to **G.B.-20** on the occiput, passing → **G.B.-15** (*toulinqi*), → **G.B.-16** (*muchuang*), → **G.B.-17** (*zhengying*), → **G.B.-18** (*chengling*), → **G.B.-19** (*naokong*) and → **G.B.-20** (*fengchi*). The vessel then continues from **G.B.-20** to the posterior midline, passing → **Du-16** (*fengfu*) and → **Du-15** (*yamen*), where the vessel terminates.



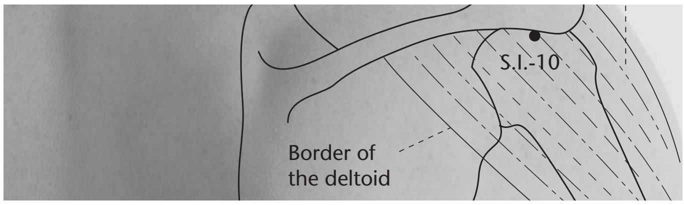
Meeting points with other channels



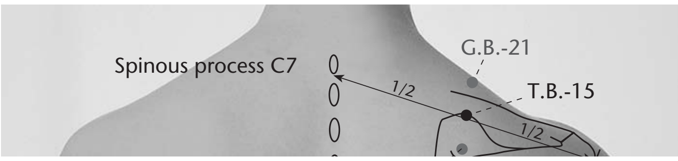
BL-63 (*jinmen*): In a depression anterior and inferior to → **BL-62** between the calcaneus and the cuboid bone, proximal to the tuberosity of the 5th metatarsal bone



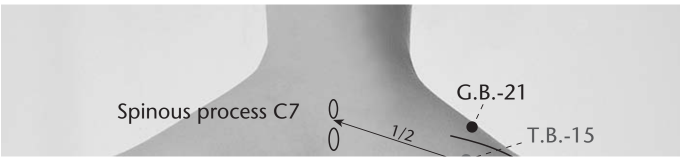
G.B.-35 (*yangjiao*): 7 cun proximal to the highest prominence of the lateral malleolus, on the posterior border of the fibula


S.I.-10
Border of
the deltoid

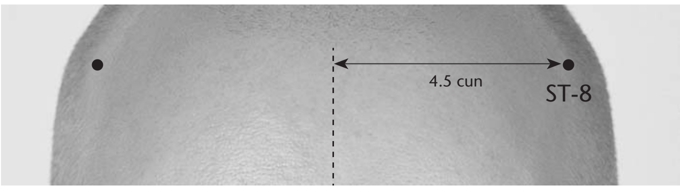
S.I.-10 (*naoshu*): With the arm adducted on a line extending in a superior direction from the posterior axillary fold, on the lower border of the scapular spine


Spinous process C7
G.B.-21
T.B.-15
1/2
1/2

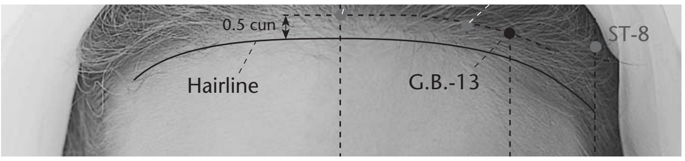
T.B.-15 (*tianliao*): At the midpoint of an imaginary line between the spinous process of the C7 and the lateral extremity of the acromion


Spinous process C7
G.B.-21
T.B.-15
1/2

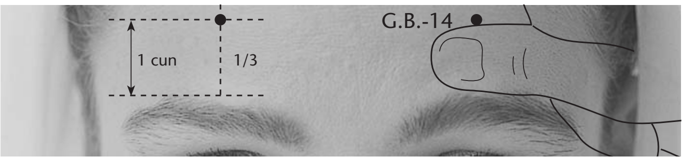
G.B.-21 (*jianjing*): At the highest point of the shoulder, midway between the lower border of the spinous process of C7 and the lateral extremity of the acromion



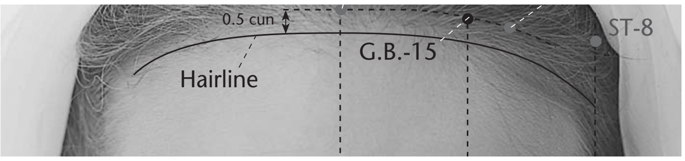
ST-8 (*touwei*): At the temporal corner of the forehead, on the border of the temporalis muscle and 0.5 cun within the anterior hair line or 4.5 cun lateral to the anterior midline (Du-24)


0.5 cun
ST-8
Hairline
G.B.-13

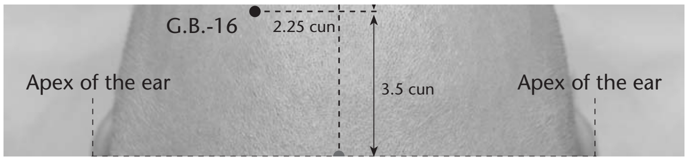
G.B.-13 (*benshen*): 3 cun lateral to → **Du-24** (on the midline, 0.5 cun superior to the anterior hairline)


G.B.-14
1 cun
1/3

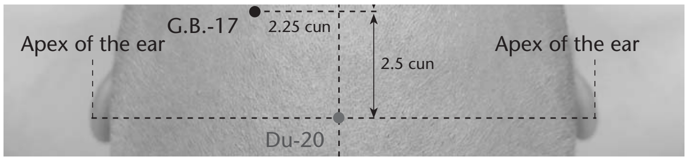
G.B.-14 (*yangbai*): When looking straight ahead on the pupil line, approximately 1 cun superior to the midpoint of the eyebrow, at the junction of the eminence and the superciliary arch


0.5 cun
ST-8
G.B.-15
Hairline

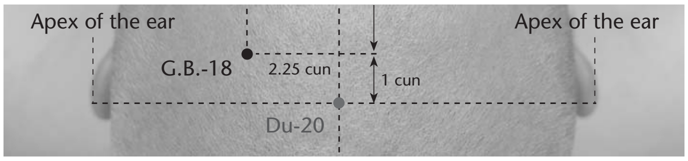
G.B.-15 (*toulinqi*): When looking straight ahead superior to the pupil, 0.5 cun superior to the anterior hairline


G.B.-16
2.25 cun
Apex of the ear
3.5 cun
Apex of the ear

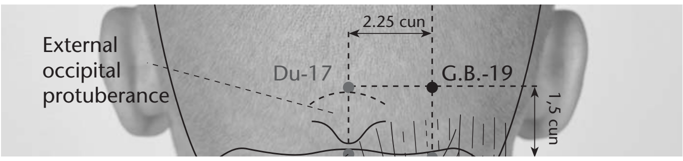
G.B.-16 (*muchuang*): 1.5 cun superior to the anterior hairline, on the pupil line, or 2.25 cun lateral to the midline (= midway between → **Du-24** and → **ST-8**)


G.B.-17
2.25 cun
Apex of the ear
2.5 cun
Apex of the ear
Du-20

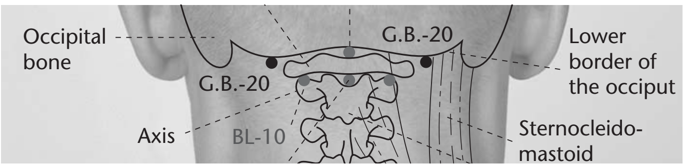
G.B.-17 (*zhengying*): 2.5 cun superior to the anterior hairline and 2.25 cun lateral to the midline


Apex of the ear
Apex of the ear
G.B.-18
2.25 cun
1 cun
Du-20

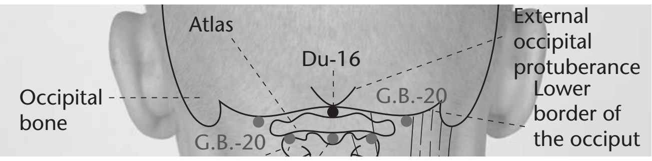
G.B.-18 (*chengling*): 4 cun superior to the anterior hairline or 1 cun anterior to → **Du-20**, 2.25 cun lateral to the midline


2.25 cun
External occipital protuberance
Du-17
G.B.-19
1.5 cun

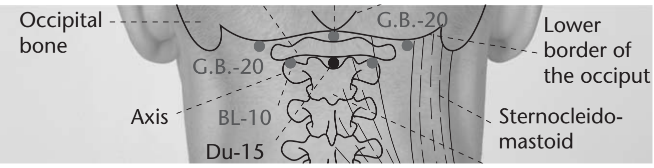
G.B.-19 (*naokong*): On the occiput, level with the upper border of the external occipital protuberance (→ **Du-17**), 2.25 cun lateral to the midline


Occipital bone
G.B.-20
G.B.-20
Lower border of the occiput
Axis
BL-10
Sternocleido-mastoid

G.B.-20 (*fengchi*): On the lower border of the occipital bone, in the depression between the origins of the sternocleidomastoid and trapezius


Atlas
External occipital protuberance
Du-16
Occipital bone
G.B.-20
Lower border of the occiput
G.B.-20

Du-16 (*fengfu*): On the posterior midline, directly below the external occipital protuberance, in the depression between the origins of the trapezius


Occipital bone
G.B.-20
Lower border of the occiput
G.B.-20
Axis
BL-10
Sternocleido-mastoid
Du-15

Du-15 (*yamen*): On the occiput, on the posterior midline, in the depression between the 1st (atlas) and 2nd cervical vertebrae, approximately 0.5 cun below → **Du-16**

Connections with other channels/Organs

- BL, G.B., ST, S.I., T.B. and L.I. primary channels, *du mai*

Clinical importance

- **Connects** and **regulates** all **Yang channels** of the body. It connects the BL, G.B., ST, S.I., T.B. and L.I. channels as well as the *du mai* and controls the Exterior of the whole body (especially the *taiyang* and *shaoyang* channels)
- Harmonises the Nutritive Qi (*ying qi*) and the Defensive Qi (*wei qi*)
- Expels Exterior Wind-Cold, especially with *shaoyang*-syndrome.

5.7 *Yin qiao mai*

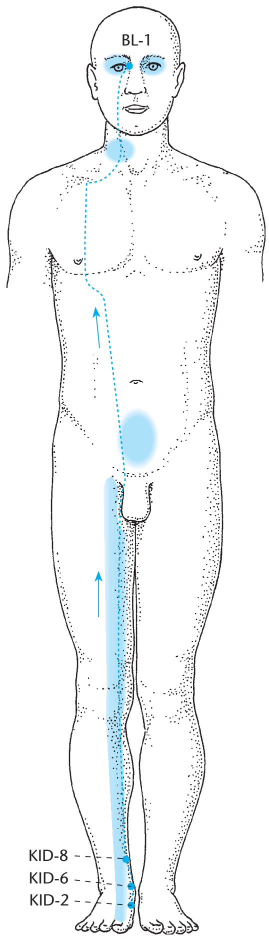
Synonym: Yin Motility Vessel (Deadman), **Yin Heel Vessel** (Maciocia)

Relationships (→ 1.7.2, 1.7.3)

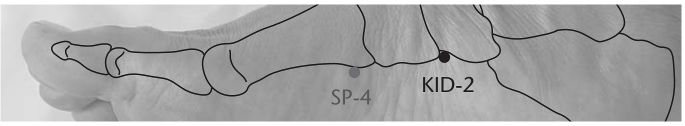
- **Yin/Yang:** *yin qiao mai/yang qiao mai*
- **Central/peripheral:** *ren mai/yin qiao mai*. Regions supported by this pairing: Face, throat, thorax, Lung, diaphragm, abdomen. Opening point: **KID-6** (*zhaohai*), coupled point: **LU-7** (*lieque*).

Pathway

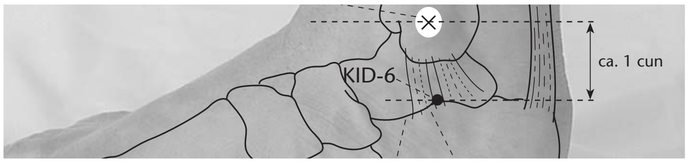
The extraordinary vessel *yin qiao mai* originates at → **KID-2** (*rangu*) inferior to the navicular tuberosity (according to some authors it only begins at → **KID-6**), runs to → **KID-6** (*zhaohai*) and → **KID-8** (*jiaoxin*), ascends the posteromedial aspect of the leg to the external genital region, ascends the abdomen to the thorax, crosses the supraclavicular fossa and continues to the throat and face. It then runs to the inner canthus of the eye where it connects with the Bladder primary channel and the *yang qiao mai* at → **BL-1** (*jingming*). It then ascends to enter the Brain.



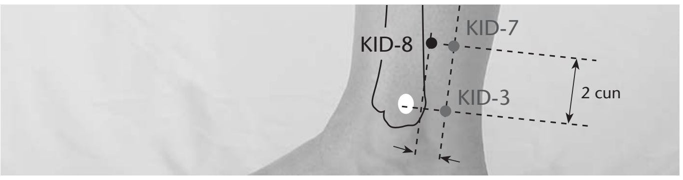
Meeting points with other channels



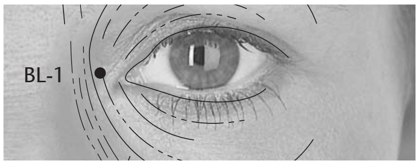
KID-2 (*rangu*): In a depression at the anterior/inferior border of the navicular bone, at the border of the 'red and white' skin



KID-6 (*zhaohai*): In the depression inferior to the highest prominence of the medial malleolus, over the joint space between the talus and calcaneus



KID-8 (*jiaoxin*): 2 cun proximal to the highest prominence of the medial malleolus, posterior to the border of the tibia



BL-1 (*jingming*): In a depression 0.1 cun superior and medial to the inner canthus of the eye

Connections with other channels/Organs

- Kidney and Bladder primary channels
- Brain

Clinical importance (→ 1.7.2, 1.7.3)

- Together with the *yang qiao mai* controls the musculature of the lower extremities
- Together with the *yang qiao mai* regulates the opening and closing of the eyes
- Regulates the functioning of the Brain
- Removes stagnation (of Qi, Blood or Dampness) in the Lower Burner, especially in the Uterus in women

5.8 *Yang qiao mai*

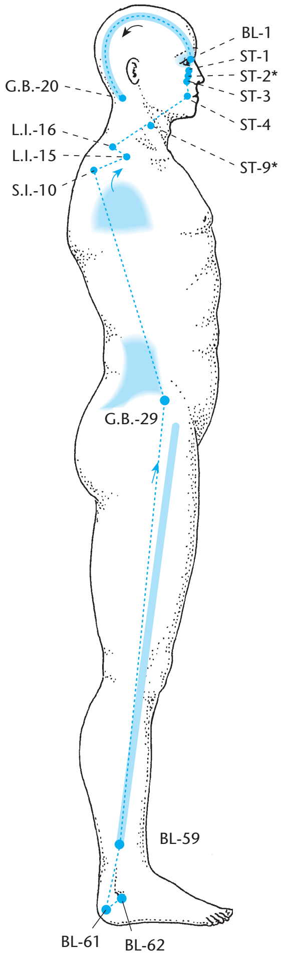
Synonym: Yang Motility Vessel (Deadman), **Yang Heel Vessel** (Maciocia)

Relationships (→ 1.7.3)

- **Yin/Yang:** *yin qiao mai*/*yang qiao mai*
- **Central/peripheral:** *du mai*/*yin qiao mai*. Regions supported by this pairing: Inner canthus of the eye, occiput, shoulders and back. Opening point: **BL-62** (*shenmai*), coupled point: **S.I.3** (*houxi*)).

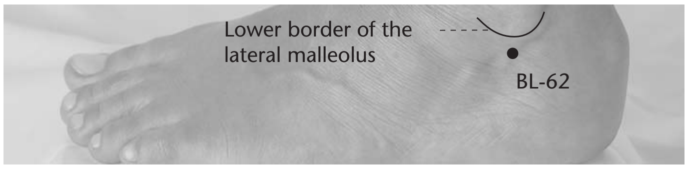
Pathway

The extraordinary vessel *yang qiao mai* originates at → **BL-62** (*shenmai*) below the prominence of the lateral malleolus, curves briefly around the malleolus to → **BL-61** (*pucan*) and ascends anterior to the Achilles tendon to → **BL-59** (*fuyang*), travels up the lateral aspect of the leg, crosses the hip, passing → **G.B.-29** (*juliao*), ascends the flanks and the posterior aspect of the shoulders, passes → **S.I.10** (*naoshu*), continues to → **L.I.-15** (*jianyu*) and runs in a curve to → **L.I.-16** (*jugu*), crosses the supraclavicular fossa, ascends the throat, according to some authors passing → **ST-9** (*renying*), and reaches the face. Here the vessel passes the points → **ST-4** (*dicang*) and → **ST-3** (*juliao*); according to some authors also → **ST-2** (*sibai*) and → **ST-1** (*chengqi*) in the infraorbital region. It then reaches → **BL-1** (*jingming*), where it meets the extraordinary vessel *yin qiao mai*, ascends the forehead to the vertex and descends posteriorly to → **G.B.-20** (*fengchi*); according to the *Nan Jing* and the *Nei Jing* it also reaches → **Du-16** (*fengfu*), where it enters the Brain.

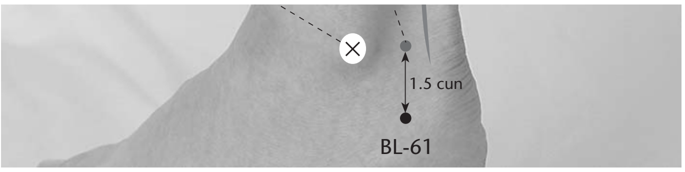


* According to Deadman et al 1998.

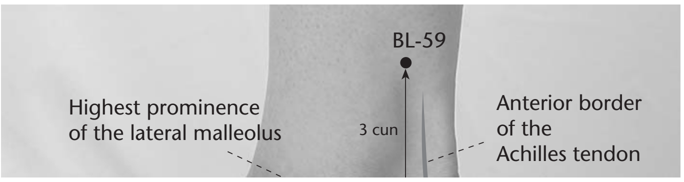
Intersection points with other channels



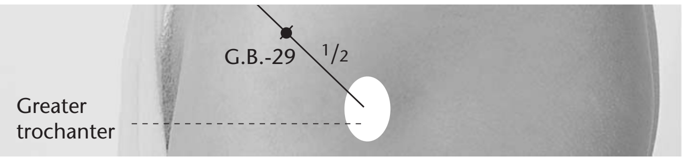
BL-62 (*shenmai*): In a depression directly inferior to the highest prominence of the lateral malleolus, over the joint space between the talus and calcaneus



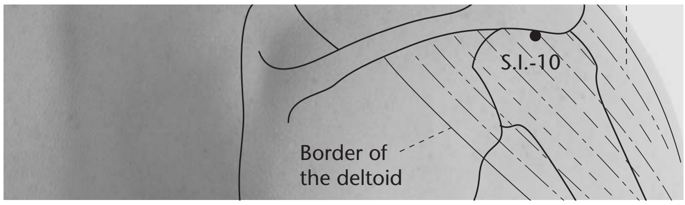
BL-61 (*pucan*): In a depression on the calcaneus, approximately 1.5 cun inferior to → **BL-60**


BL-59
Highest prominence of the lateral malleolus
3 cun
Anterior border of the Achilles tendon

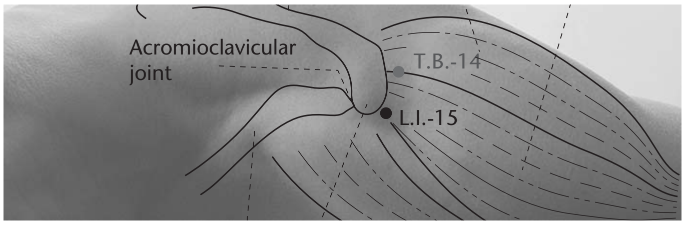
BL-59 (*fuyang*): 3 cun superior to → BL-60 (in the depression between the highest prominence of the lateral malleolus and the Achilles tendon)


G.B.-29
1/2
Greater trochanter

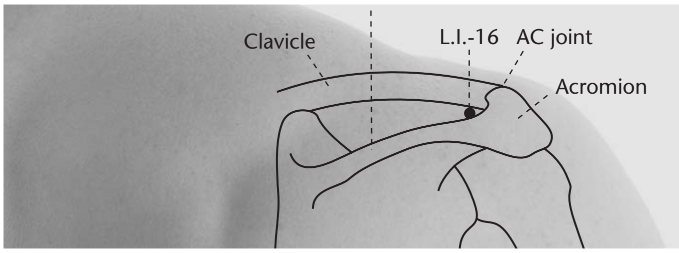
G.B.-29 (*juliao*): At the midpoint of a line connecting the anterior superior iliac spine and the greater trochanter, at the anterior border of the iliac crest


S.I.-10
Border of the deltoid

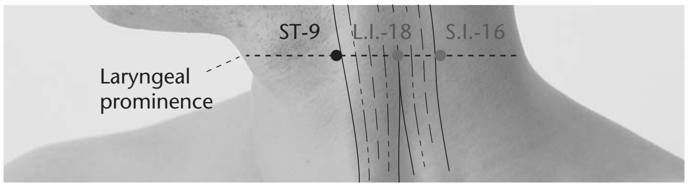
S.I.-10 (*naoshu*): With the arm adducted on a line extending in a superior direction from the posterior axillary fold, on the lower border of the scapular spine


Acromioclavicular joint
T.B.-14
L.I.-15

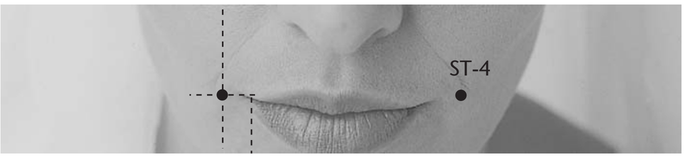
L.I.-15 (*jianyu*): In the depression distal and anterior to the acromion, between the clavicular and acromial portions of the deltoid muscle


Clavicle
L.I.-16
AC joint
Acromion

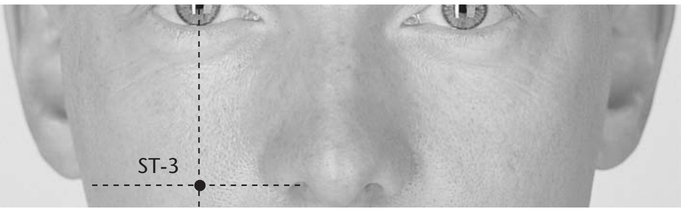
L.I.-16 (*jugu*): In a depression between the acromial extremity of the clavicle and the junction of the scapular spine and the acromion


ST-9
L.I.-18
S.I.-16
Laryngeal prominence

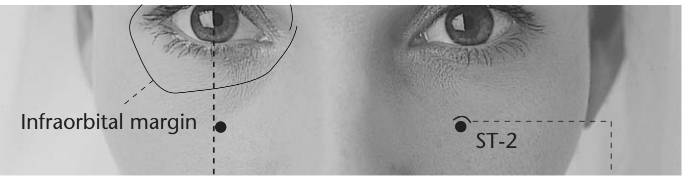
ST-9 (*renying*): Approximately 1.5 cun lateral to the anterior midline, level with the laryngeal prominence, at the anterior border of the sternocleidomastoid



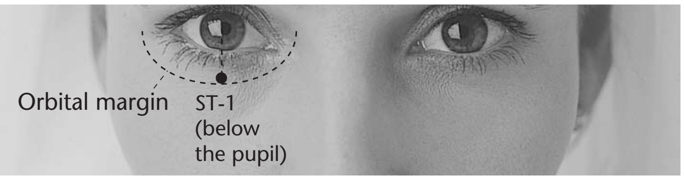
ST-4 (*dicang*): When looking straight ahead on the pupil line, approximately 0.4 cun lateral to the corner of the mouth



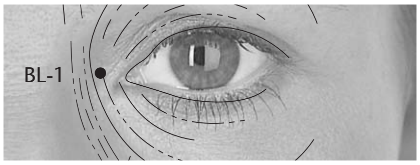
ST-3 (*juliao*): When looking straight ahead, directly below the centre of the pupil, level with the lower border of the ala nasi


Infraorbital margin
ST-2

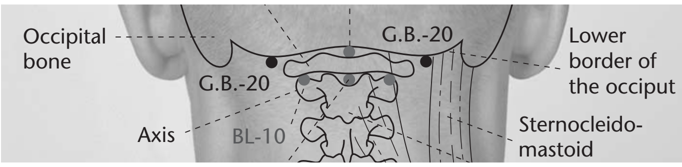
ST-2 (*sibai*): When looking straight ahead, directly below the centre of the pupil, in the depression at the infraorbital foramen


Orbital margin
ST-1 (below the pupil)

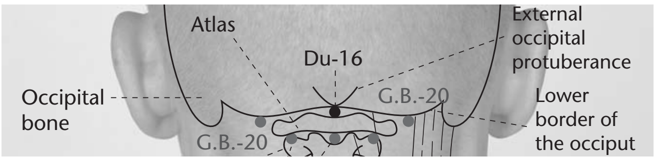
ST-1 (*chengqi*): With the eyes looking straight forward, directly below the centre of the pupil, between the eyeball and the infraorbital ridge



BL-1 (*jingming*): In a depression 0.1 cun superior and medial to the inner canthus of the eye


Occipital bone
G.B.-20
G.B.-20
Lower border of the occiput
Axis
BL-10
Sternocleido-mastoid

G.B.-20 (*fengchi*): On the lower border of the occipital bone, in the depression between the origins of the sternocleidomastoid and trapezius


Atlas
External occipital protuberance
Du-16
Occipital bone
G.B.-20
G.B.-20
Lower border of the occiput

Du-16 (*fengfu*): On the posterior midline, directly below the external occipital protuberance, in the depression between the origins of the trapezius

Connections with other channels/Organs

- Kidney, Bladder, Gall Bladder, Stomach, Large Intestine and Small Intestine primary channels
- Brain

Clinical importance (→ 1.7.2, 1.7.3)

- Together with the *yin qiao mai* controls the musculature of the lower extremities
- Together with the *yang qiao mai* regulates the opening and closing of the eyes
- Regulates the functioning of the Brain, eliminates internal and external Wind from the head
- Removes obstructions and stagnation from the spine, especially after traumatic injuries

6 Extra Points

Claudia Focks, Ulrich März

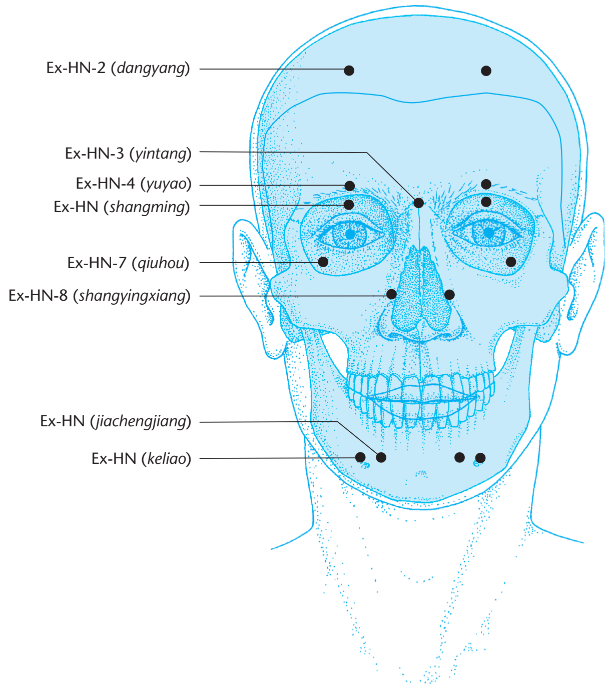
Besides the 361 classic acupuncture points located on the channels there are a number of **Ex**tra Points (**Ex**), located with a few exceptions outside the pathways of the primary channels. In 1991, a new nomenclature for these extra points was confirmed in the People's Republic of China, listing 48 points (*The Location of Acupoints, State Standard of the People's Republic of China*, Foreign Languages Press, Beijing, 1990).

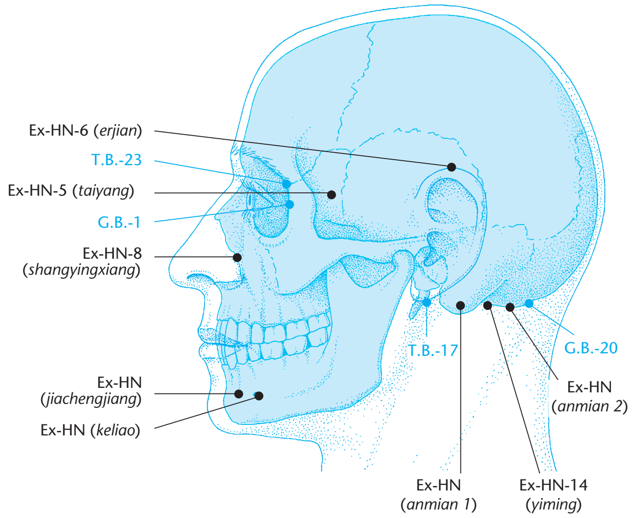
In the past, authors have developed ways of identifying the extra points by names or numbers:

- Nguyen Van Nghi; König and Wancura: '**P**unkte **au**ßerhalb der **M**eridiane' (points not on meridians) (PaM) and '**N**eu-**P**unkte' (new points) (NP); Schnorrenberger (wall charts translated from the Chinese language) uses the same numbering system as Nguyen Van Nghi but refers to the **PaM** as '**Z**usatz**p**unkte' (additional points) (ZP) and also as '**N**eu-**P**unkte' (NP)
- Shanghai College for Traditional Medicine (*Acupuncture – a Comprehensive Text*, English translation by O'Connor J, Bensky D, which also forms the foundation for Deadman et al. 1998 and Ellis and Wiseman 1991): **M**iscellaneous (M) and **N**ew (N) Points
- Hempen 1995: '**E**xtrapunkte' (extra points) (Ex).

The following tables give an overview of the most commonly used extra points also listed in this atlas.

6.1 Extra Points: Head and Neck (EX-HN)


Ex-HN-2 (*dangyang*)
Ex-HN-3 (*yintang*)
Ex-HN-4 (*yuyao*)
Ex-HN (*shangming*)
Ex-HN-7 (*qiuhou*)
Ex-HN-8 (*shangyingxiang*)
Ex-HN (*jiachengjiang*)
Ex-HN (*keliao*)


Ex-HN-6 (*erjian*)
T.B.-23
Ex-HN-5 (*taiyang*)
G.B.-1
Ex-HN-8 (*shangyingxiang*)
Ex-HN (*jiachengjiang*)
Ex-HN (*keliao*)
T.B.-17
G.B.-20
Ex-HN (*anmian 2*)
Ex-HN (*anmian 1*)
Ex-HN-14 (*yiming*)

English abbreviation (standard)	*Pinyin* name	Nguyen Van Nghi, König and Wancura, Schnorrenberger	Shanghai College	Ex (Hempen)
Ex-HN-1	*sishencong*	PaM or ZP1	M-HN-1	Ex6
Ex-HN-2	*dangyang*		M-HN	
Ex-HN-3	*yintang*	PaM or ZP3	M-HN-3	Ex1
Ex-HN-4	*yuyao*	PaM or ZP6	M-HN-6	
Ex-HN-5	*taiyang*	PaM or ZP9	M-HN-9	Ex2
Ex-HN-6	*erjian*	PaM or ZP10	M-HN-10	
Ex-HN-7	*qiuhou*	PaM or ZP8	M-HN-8	
Ex-HN-8	*shangyingxiang/bitong*	NP12 (PaM or ZP14*)	M-HN-14	Ex3
Ex-HN-9	*neiyingxiang*		M-HN-35	
Ex-HN-10	*juquan*		M-HN-36	
Ex-HN-11	*haiquan*		M-HN-37	
Ex-HN-12	*jinjin*[†]	PaM or ZP20	M-HN-20	
Ex-HN-13	*yuye*[†]	PaM or ZP20	M-HN-20	
Ex-HN-14	*yiming*	PaM or ZP13	M-HN-13	Ex4
Ex-HN-15	*jing(bailao)*	PaM or ZP30	M-HN-30	
Further extra points				
Ex-HN	*shangming*		N-HN-4	
Ex-HN	*anmian*[‡]	NP27 and 28 (*anmian*[‡]1 und 2)	N-HN-54 M-HN-54 (Deadman)	Ex5
Ex-HN	*jiabi*	PaM or ZP15		
Ex-HN	*jiachengjiang*	PaM or ZP18 (*heliao/keliao*)	M-HN-18	Ex7
Ex-HN	*chonggu/zhuidong*	PaM or ZP31	M-HN-31	
Ex-HN	*jingbi*		M-HN-41	

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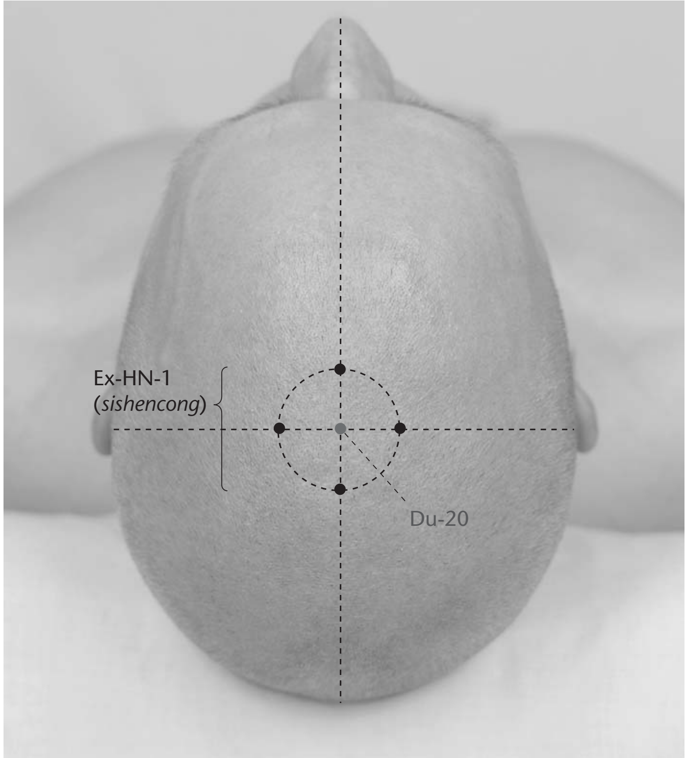
[*] Nguyen Van Nghi and Schnorrenberger describe a different location for the point with this *pinyin* name (location: 0.5 cun inferior to the inner canthus of the eye); the 'standard' location is described under NP12 as '*bitong*' or '*bicong*'.

[†] The Shanghai nomenclature and also Nguyen Van Nghi, König and Wancura and Schnorrenberger describe the extra points *jinjin* and *yuye* as a pair of points.

[‡] There exists differing information regarding the extra point *anmian*; for example the Shanghai College (and Wiseman) describe *anmian* as N-HN-54 (in Deadman: M-HN-54) with the following location: midway between G.B.-20 and T.B.-17; Nguyen Van Nghi and Schnorrenberger describe *anmian* as two new points with the following locations: *anmian* 1 is located midway between T.B.-17 and *yiming* (PaM13 or Ex-HN-14), *anmian* 2 midway between G.B.-20 and *yiming* (*anmian* according to the Shanghai College is shown on the point page; the location of *anmian* 1 and 2 according to Nguyen and Schnorrenberger in figure 6.1).

Four Alert Spirit SISHENCONG Ex-HN-1


Ex-HN-1
(*sishencong*)
Du-20

Location

A group of four points, each located 1 cun from → **Du-20** (anterior, posterior and lateral) (→ 3.1.1).

How to find

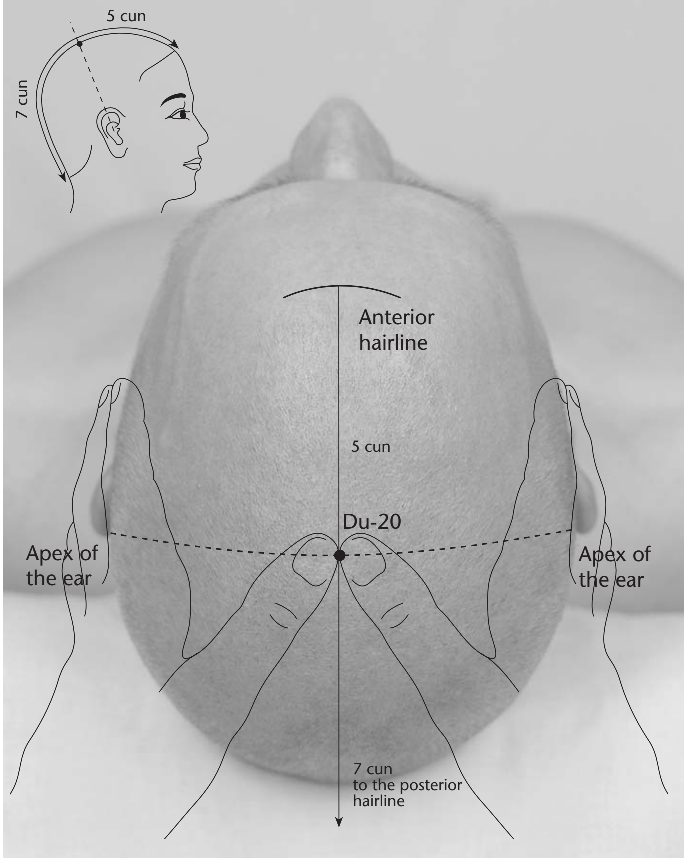
First, locate → **Du-20** on the highest point of the head, at the junction of a line connecting the apices of the ears and the vertical midline. Alternative location method: Locate → **Du-20** 5 cun superior to the anterior and 7 cun superior to the posterior hairline. **Ex-HN-1** (*sishencong*) forms a star-shaped group of points around → **Du-20**: two points are located at a distance of 1 cun each on the *du mai*, whereas the other two are located 1 cun each from → **Du-20** in a lateral direction.

Needling

0.5–1 cun obliquely towards → **Du-20**

Actions/Indications

- Calm the *shen*
- Alleviate pain
- Calm Wind
- Benefit the eyes and ears


5 cun
7 cun
Anterior hairline
5 cun
Du-20
Apex of the ear
Apex of the ear
7 cun to the posterior hairline

Ex-HN-2 *Above the Yang* DANGYANG

Location

With the patient looking straight ahead, vertically above the pupil, 1 cun above the anterior hairline.

How to find

In patients with a receding hairline, the original hairline can often be recognized by a change in skin texture. Location help (→ 3.1.1): Ask the patient to frown, as this often reveals the site of the original hairline. Ask the patient to look straight ahead, then locate **Ex-HN-2** by measuring 1 cun from the hairline, on a vertical line through the pupil.

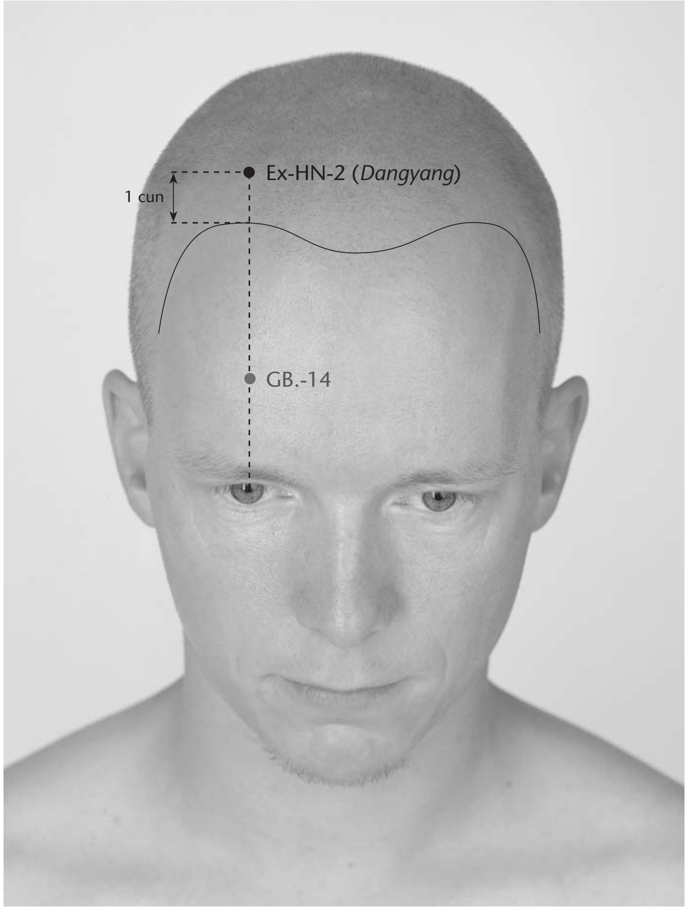
→ **G.B.-14** is also located on the pupil line (on the lower border of the frontal eminence). Located on the same level (1 cun above the hairline) are → **BL-5** (more medial, 1.5 cun from the anterior midline) and → **Du-23** (on the anterior midline).

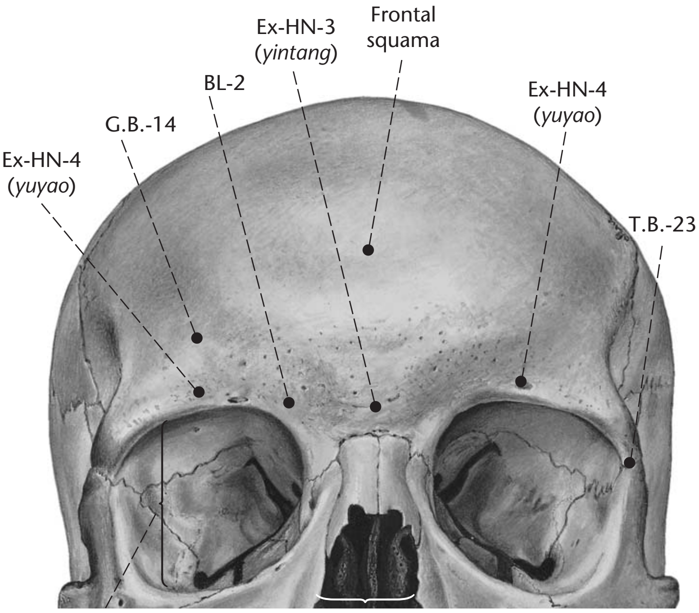
Needling

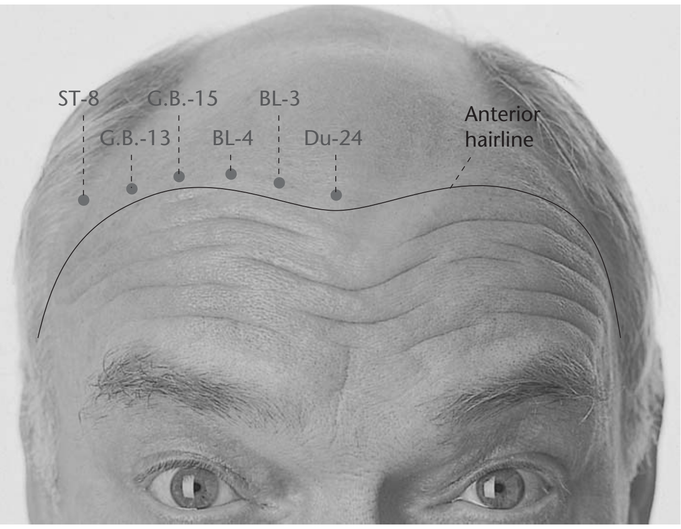
0.5 cun transversely (subcutaneously) towards the site of the disorder/pain.

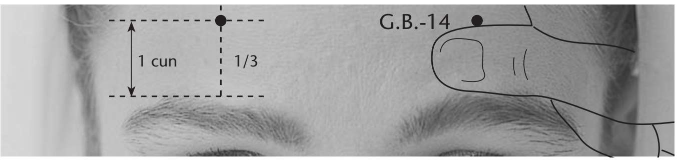
Actions/Indications

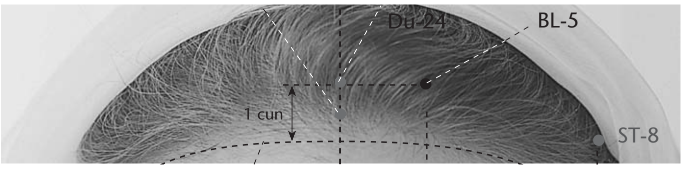
- Dispels Wind and Heat, alleviates pain


Ex-HN-2 (*Dangyang*)
1 cun
GB.-14

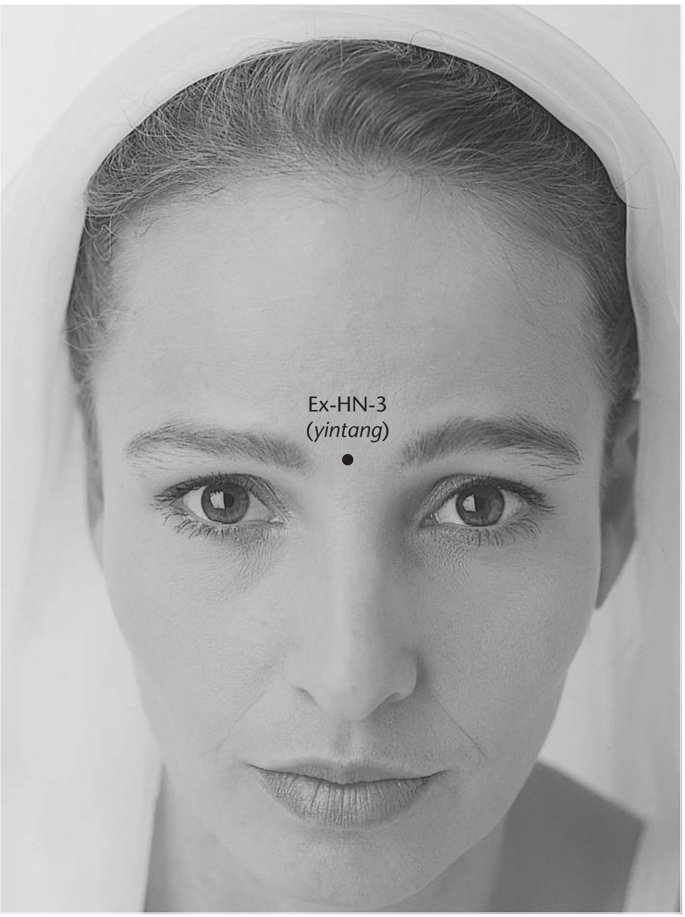

Ex-HN-3
(*yintang*)
Frontal
squama
BL-2
Ex-HN-4
(*yuyao*)
G.B.-14
Ex-HN-4
(*yuyao*)
T.B.-23


ST-8
G.B.-15
BL-3
G.B.-13
BL-4
Du-24
Anterior
hairline


1 cun
1/3
G.B.-14


Du-24
BL-5
1 cun
ST-8

Hall of Impression YINTANG Ex-HN-3


Ex-HN-3
(*yintang*)

Location

On the anterior midline (*du mai*), between the eyebrows.

How to find

Locate the glabella (→ 3.1.1), a smooth surface on the frontal bone, directly above the root of the nose, between the superciliary arches. Then locate **Ex-HN-3** (*yintang*) in its centre, on the midline and between the medial extremities of the eyebrows. Located along the superciliary arches (from medial to lateral) are → **BL-2,** → **Ex-HN-4** (*yuyao*) and → **T.B.-23**.

Needling

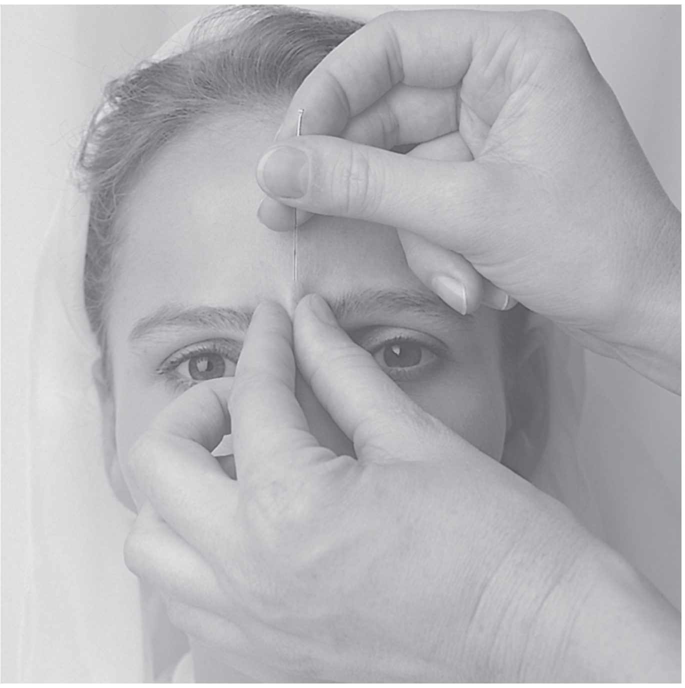
Pinching-skin method: With the thumb and index finger, form a skin fold above the point and insert the needle 0.3–0.5 cun transversely from superior to inferior into the fold, towards the root of the nose. Alternative methods: Oblique or transverse (subcutaneous) insertion towards the eyebrows (→ **BL-2**) or prick to bleed.

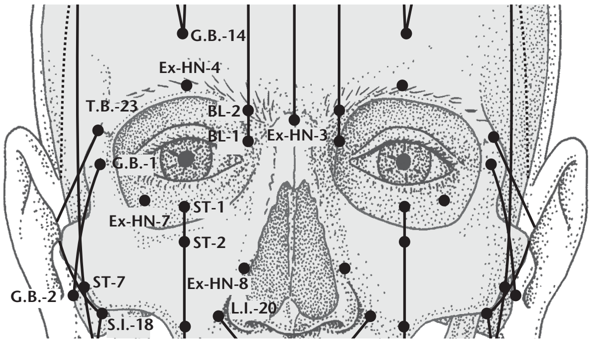
Actions/Indications

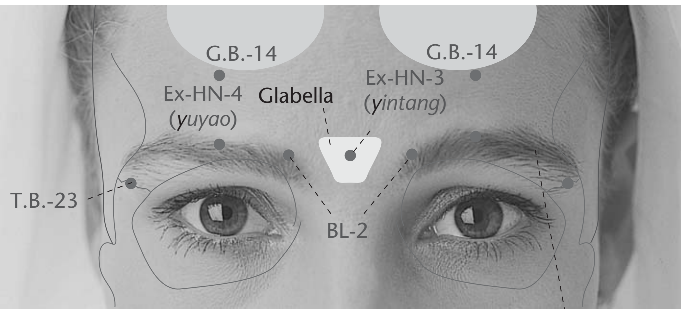
- Calms the *shen*
- Benefits the nose
- Eliminates (internal) Wind
- Opens the channel, alleviates pain

Special features

Commonly used extra point with a harmonising effect



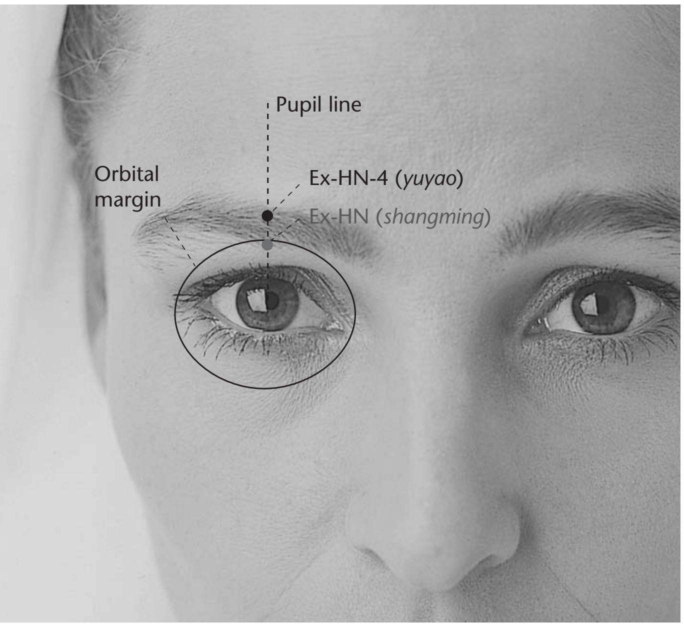

G.B.-14
Ex-HN-4
T.B.-23
BL-2
BL-1
Ex-HN-3
G.B.-1
ST-1
Ex-HN-7
ST-2
ST-7
Ex-HN-8
G.B.-2
L.I.-20
S.I.-18


G.B.-14
G.B.-14
Ex-HN-3
(*yintang*)
Ex-HN-4
(*yuyao*)
Glabella
T.B.-23
BL-2

Ex-HN-4 *Fish Waist* YUYAO

Location

In the centre of the eyebrow, with the eyes looking straight ahead directly above the pupil.


Pupil line
Orbital margin
Ex-HN-4 (*yuyao*)
Ex-HN (*shangming*)

How to find

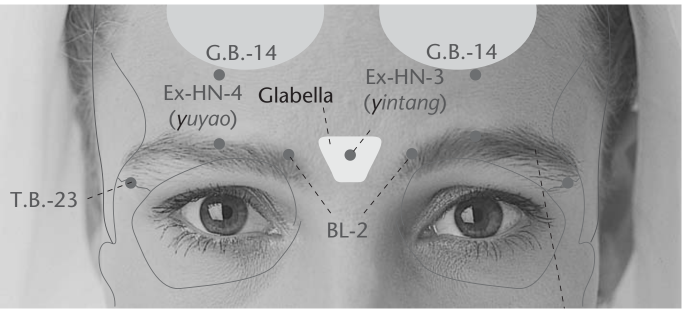
With the patient looking straight ahead, palpate the eyebrow directly above the pupil, superior to the supraorbital ridge. There, locate **Ex-HN-4** (*yuyao*) in a small depression on the superciliary arch.

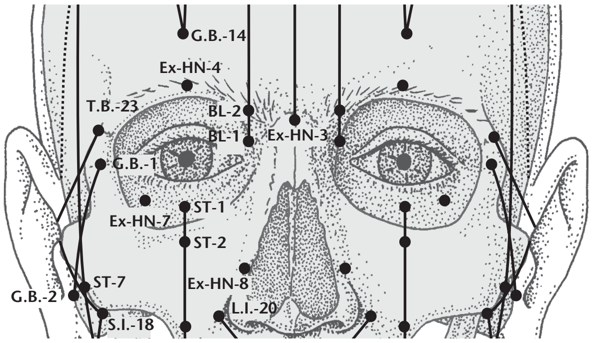
Needling

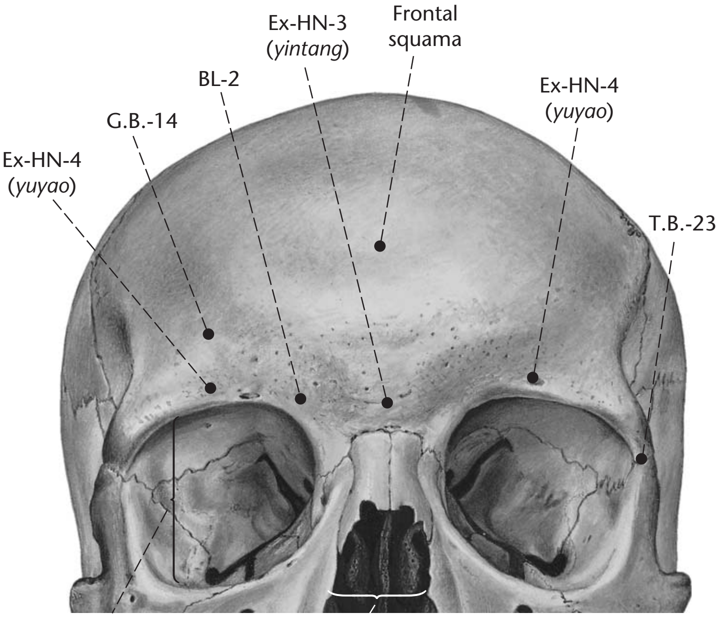
0.3–0.5 cun vertically or obliquely towards the eye.

Actions/Indications

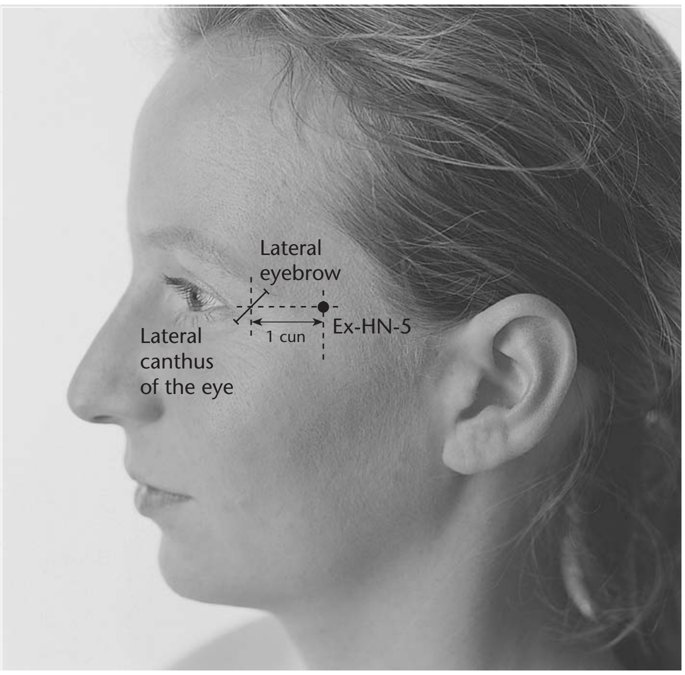
- Benefits the eyes
- Dispels pain

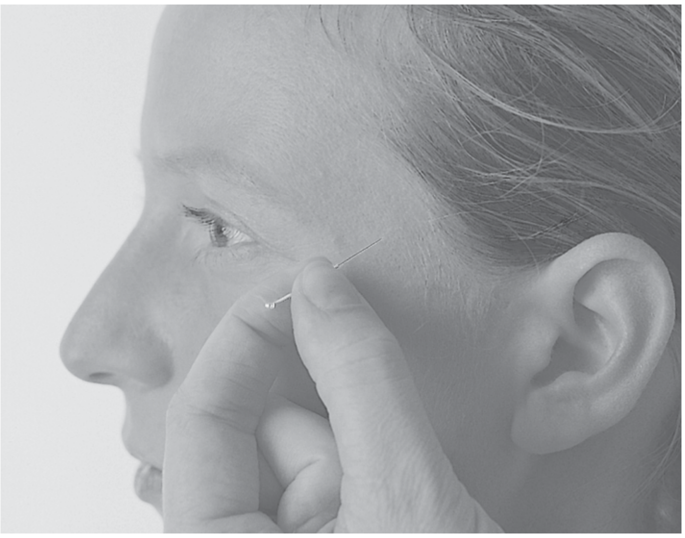

G.B.-14
G.B.-14
Ex-HN-3 (*yintang*)
Ex-HN-4 (*yuyao*)
Glabella
T.B.-23
BL-2

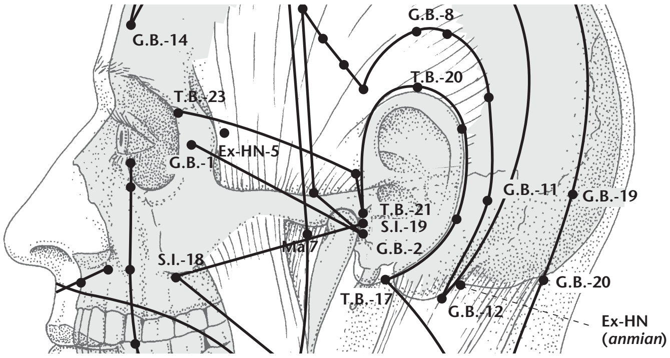

G.B.-14
Ex-HN-4
T.B.-23
BL-2
BL-1
Ex-HN-3
G.B.-1
ST-1
Ex-HN-7
ST-2
ST-7
G.B.-2
Ex-HN-8
L.I.-20
S.I.-18

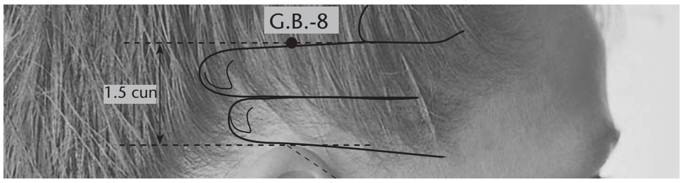

Ex-HN-3 (*yintang*)
Frontal squama
BL-2
G.B.-14
Ex-HN-4 (*yuyao*)
Ex-HN-4 (*yuyao*)
T.B.-23

Supreme Yang TAIYANG **Ex-HN-5**


Lateral eyebrow
Lateral canthus of the eye
1 cun
Ex-HN-5




G.B.-14
G.B.-8
T.B.-20
T.B.-23
Ex-HN-5
G.B.-1
G.B.-11
G.B.-19
T.B.-21
S.I.-19
G.B.-2
Ma 7
S.I.-18
G.B.-20
T.B.-17
G.B.-12
Ex-HN (*anmian*)



Location

On the temple, in a depression approximately 1 cun lateral to the midpoint of a line connecting the lateral extremity of the eyebrow and the outer canthus of the eye.

How to find

On the temple, first, draw a line between the lateral extremity of the eyebrow and the outer canthus of the eye. Next, palpate from the midpoint of this line in a lateral direction, until you can feel a distinct depression in the temporal bone. **Ex-HN-5** (*taiyang*) is located in the centre of this depression. This point tends to be pressure-sensitive, especially with temporal headaches. Patients often get relief by using acupressure on this point.

Needling

0.5–0.6 cun vertical insertion into the temporal muscle or obliquely in a lateral direction or transversely (subcutaneously) towards → **G.B.-8.** This point often bleeds when needled. Prick to bleed to drain Heat.

Actions/Indications

- Eliminates Wind, clears Heat, reduces swellings, opens the channel, alleviates pain

Special features

One of the most important and most commonly used extra points, especially with headaches

Ex-HN-6 *Tip of the Ear* ERJIAN

Location

On the apex of the ear, on the helix.

How to find

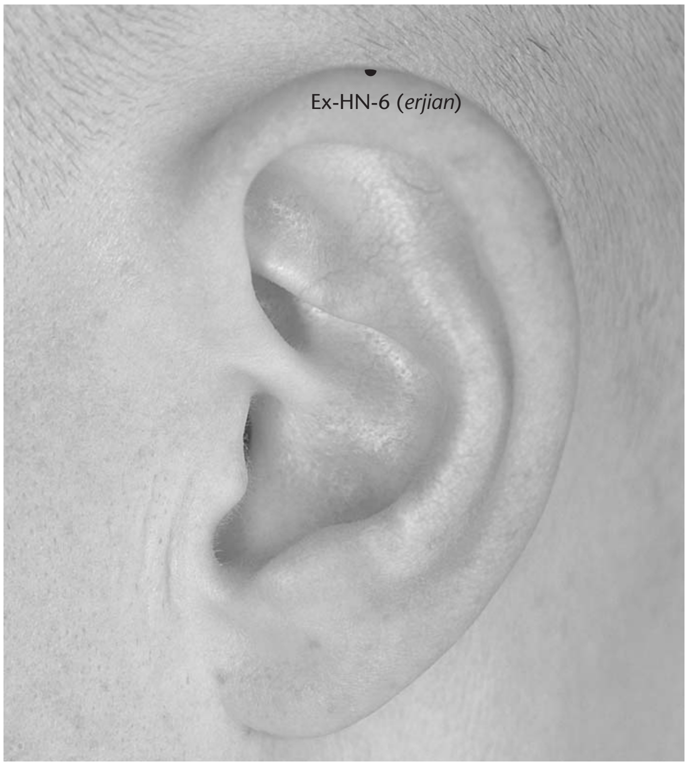
Fold the ear anteriorly, so that the posterior portion of the upper helix covers its anterior part. The point is located at the highest point of the fold. This is also the location of the auricular point **78**.

Needling

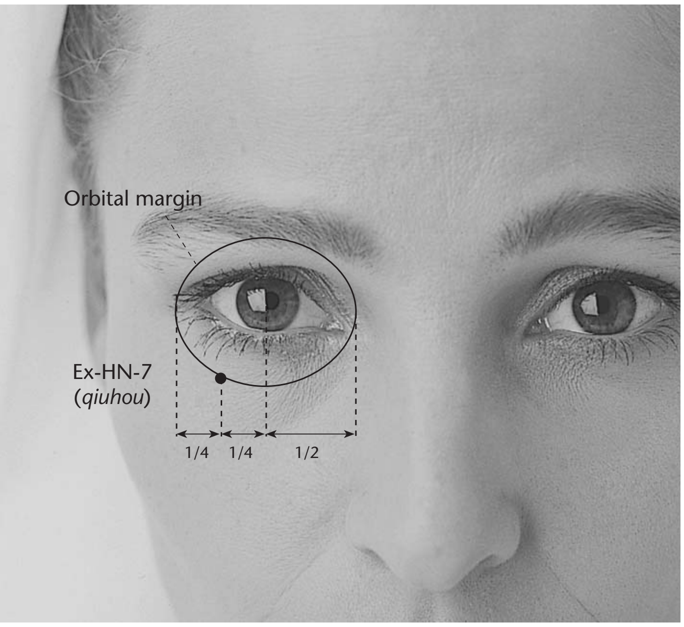
Vertically 0.1–0.2 cun. Some authors advise to bleed this point for Heat conditions, but this is not recommended owing to the danger of causing an otic haematoma. Indirect moxibustion for vision disorders.

Actions/Indications

- Clears Heat, alleviates pain, benefits the eyes and the throat



Behind the Ball QIUHOU **Ex-HN-7**


Orbital margin
Ex-HN-7
(*qiuhou*)
1/4
1/4
1/2

Location

On the lower border of the orbit, at the junction of the lateral quarter and the medial three quarters.

How to find

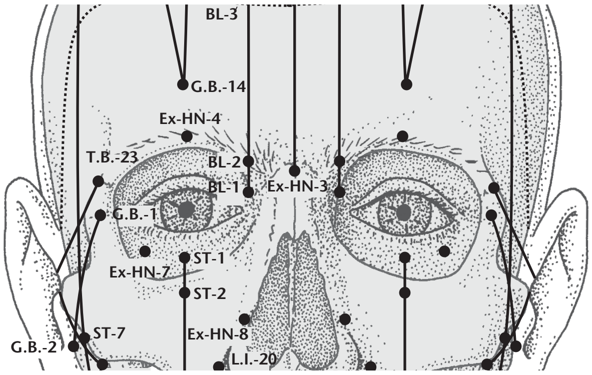
Divide the horizontal extension of the diameter of the orbit in quarters. Then locate the point at the junction of the first and second lateral quarters, slightly superior to the border of the orbit.

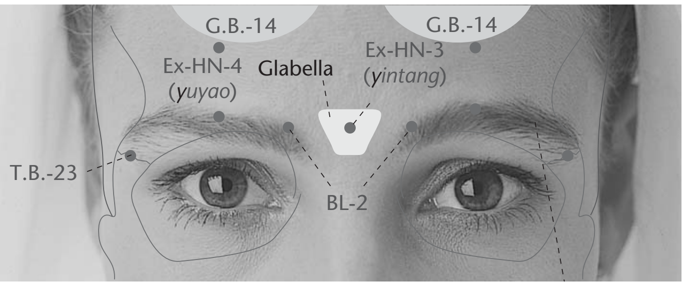
Needling

Ask the patient to look upward and gently push the eyeball upward, away from the lower eyelid. Slowly insert the needle 0.5–1 cun into the fatty tissue immediately above the bone (orbit). Caution: Do not injure the eyeball and the periosteum. Avoid the venous plexus and arteries! Pay attention to any pain from needling. No needle manipulation! After removal of the needle, compress the site for 10 minutes. Haematomas may still occur (inform the patient prior to needling). Moxibustion is contraindicated. Alternative, less difficult points for eye disorders: **BL-2, T.B.-23**, **G.B.-1**, **ST-2, Ex-HN-5** (*taiyang*), **Ex-HN-4** (*yuyao*).

Actions/Indications

- Disorders of the eyes


BL-3
G.B.-14
Ex-HN-4
T.B.-23
BL-2
BL-1
Ex-HN-3
G.B.-1
ST-1
Ex-HN-7
ST-2
ST-7
G.B.-2
Ex-HN-8
L.I.-20


G.B.-14
G.B.-14
Ex-HN-4
(*yuyao*)
Glabella
Ex-HN-3
(*yintang*)
T.B.-23
BL-2

Ex-HN-8 *Upper* Yingxiang SHANGYINGXIANG

Location

At the upper end of the nasiolabial groove, at the junction of the maxilla and the nasal cavity. Note: *bitong* (Clear Nose) is an alternative name for this point.

How to find

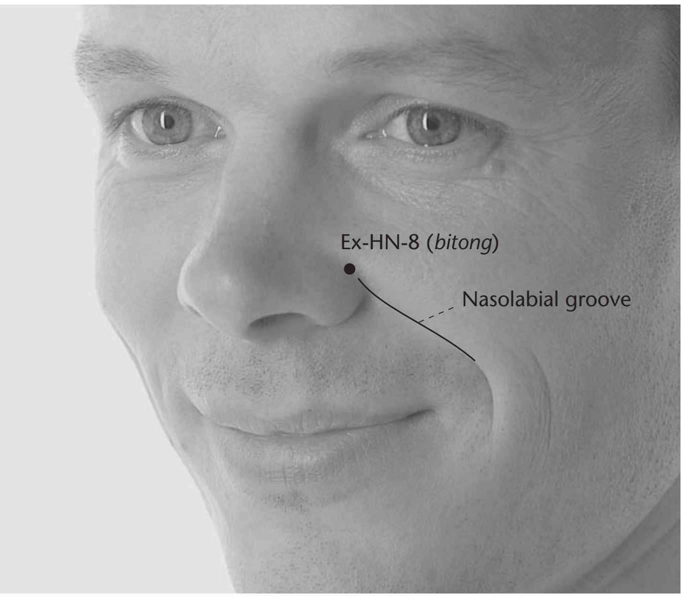
At the upper end of the nasiolabial groove, palpate for the bony margin of the nasal cavity. Here, **Ex-HN-8** (*shangyingxiang* or *bitong*) is located at the junction of the nose and the cheek.

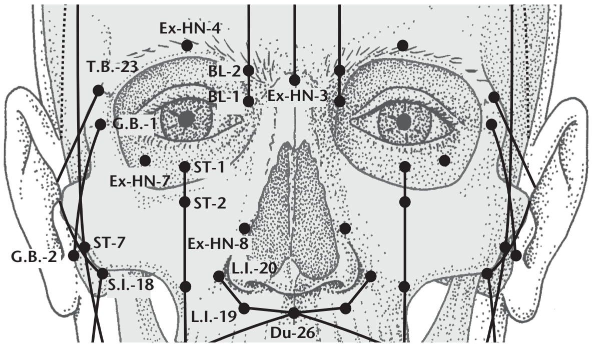
Needling

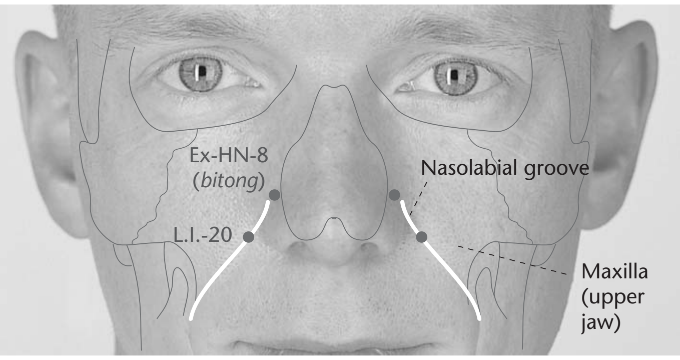
0.3–0.5 cun vertically towards the centre of the nasal cavity.

Actions/Indications

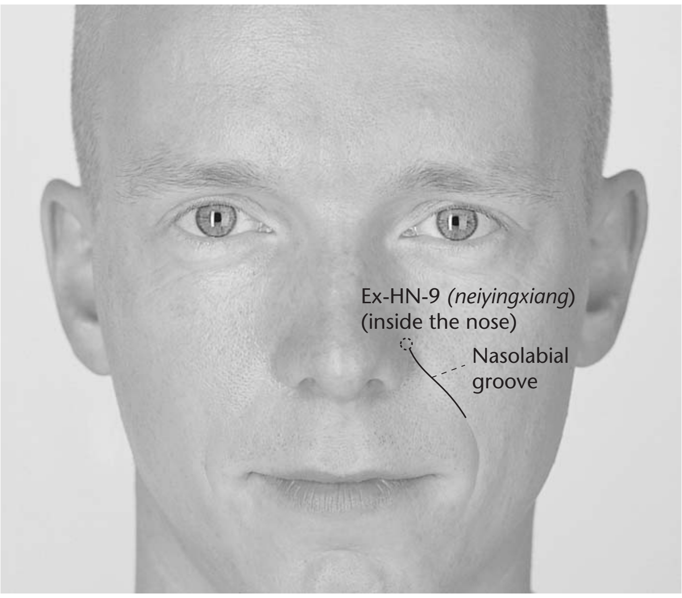
- Clears Heat, opens the nasal passages

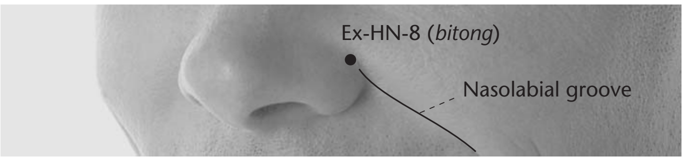

Ex-HN-8 (*bitong*)
Nasolabial groove


Ex-HN-4
T.B.-23
BL-2
BL-1
Ex-HN-3
G.B.-1
ST-1
Ex-HN-7
ST-2
Ex-HN-8
ST-7
G.B.-2
L.I.-20
S.I.-18
L.I.-19
Du-26


Ex-HN-8
(*bitong*)
L.I.-20
Nasolabial groove
Maxilla
(upper
jaw)

Inner Yingxiang NEIYINGXIANG Ex-HN-9


Ex-HN-9 *(neiyingxiang)*
(inside the nose)
Nasolabial groove


Ex-HN-8 (*bitong*)
Nasolabial groove

Location

In the nasal cavity, at the junction of the nasal bone and the nasal cartilage.

How to find

This point lies 'opposite' the external point → **Ex-HN-8** (*shangyingxiang* or *bitong*), which is located at the upper end of the nasolabial groove.

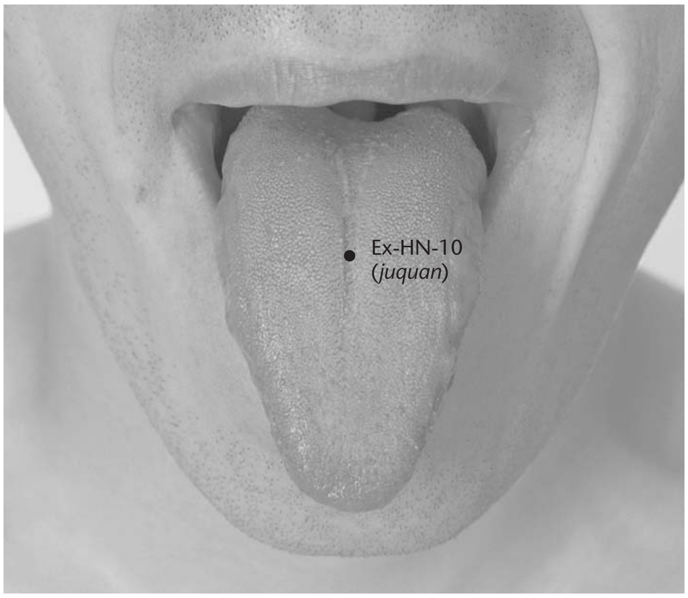
Needling

Prick to bleed with a needle, lancet or three-edged needle. Caution: Contraindicated in patients with bleeding disorders (or taking anticoagulants). Needling may be painful!

Actions/Indications

- Clears Heat, drains Fire

Ex-HN-10 *Gathering Spring* JUQUAN



Location

With maximal extension of the tongue, in the centre of the tongue body.

How to find

With maximal extension of the tongue in the centre of the tongue body.

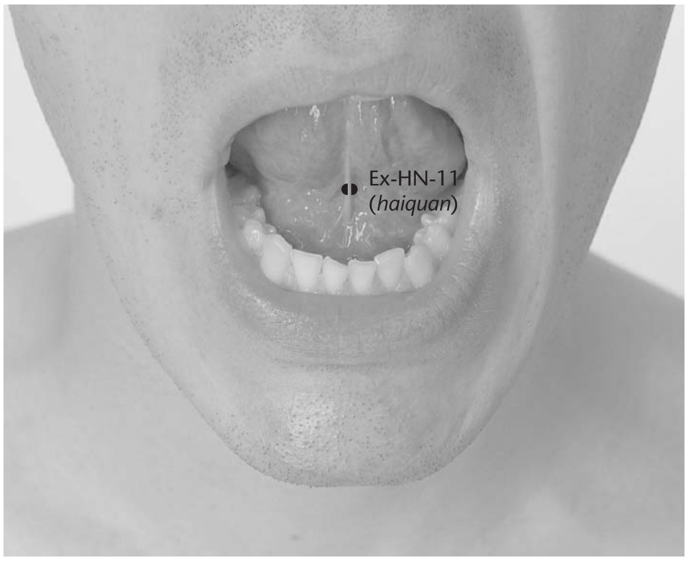
Needling

Vertically 0.2 cun. Needling may be painful!

Actions/Indications

- Deviation of the tongue, impaired mobility or atrophy of the musculature of the tongue: for example, after a stroke or with loss of sense of taste

Sea Spring HAIQUAN **Ex-HN-11**


Ex-HN-11
(haiquan)

Location

Below the tongue, in the centre of the frenulum, between the points ➞ **Ex-HN-12** (*jinjin*) and ➞ **Ex-HN-13** (*yuye*).

How to find

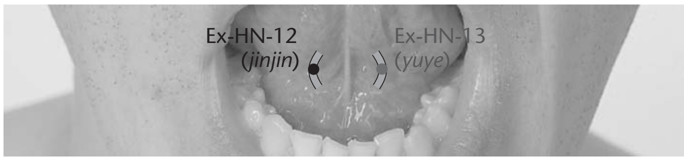
Ask the patient to roll their tongue upward to reveal the frenulum. To avoid injury to the frenulum, this point should be located at the base of the frenulum.

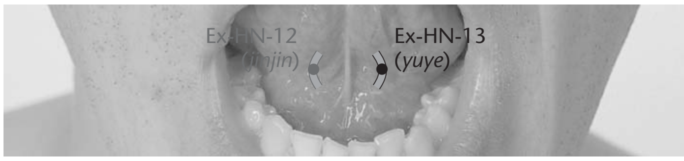
Needling

Vertically 0.2 cun. Remove needle immediately after short stimulation. Needling may be painful!

Actions/Indications

- Mouth and tongue ulcers, hiccups


Ex-HN-12
(jinjin)
Ex-HN-13
(yuye)


Ex-HN-12
(jinjin)
Ex-HN-13
(yuye)

Ex-HN-12 *Golden Liquid* JINJIN

Location

On the underside of the tongue, on the lingual vein to the left of the frenulum.

How to find

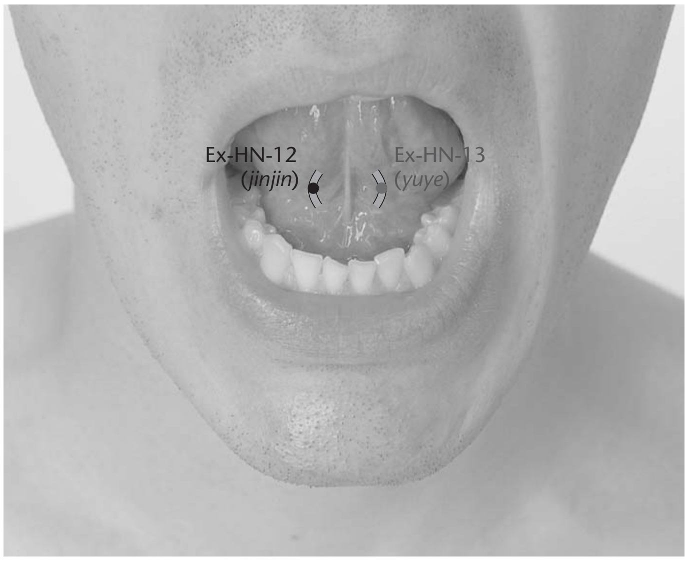
Ask the patient to roll their tongue upward to reveal the lingual veins.

Needling

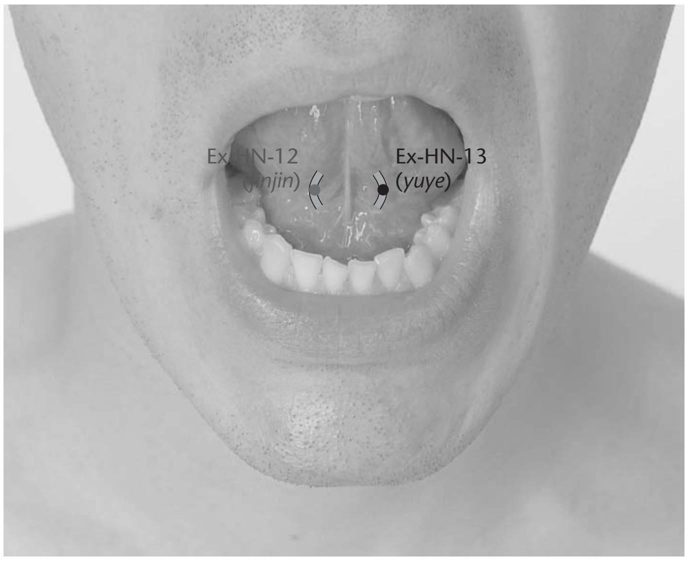
Prick to bleed: Briefly puncture with a needle, lancet or three-edged needle and let bleed. Often used together with → **Ex-HN-13** (*yuye*). Caution: Contraindicated with bleeding disorders or in patients taking anticoagulant medication.

Actions/Indications

- Dispels Heat and Wind



Jade Fluid YUYE Ex-HN-13



Location

On the underside of the tongue, on the great lingual vein to the right of the frenulum.

How to find

Ask the patient to roll their tongue upward to reveal the lingual veins.

Needling

Prick to bleed: Briefly puncture with a needle, lancet or three-edged needle and let bleed. Often used together with → **Ex-HN-12** (*jinjin*). Caution: Contraindicated with bleeding disorders or in patients taking anticoagulant medication.

Actions/Indications

- Dispels Heat and Wind

Ex-HN-14 *Eye Brightening* YIMING

Location

At the junction of the head and the occiput, posterior to the mastoid bone.

How to find

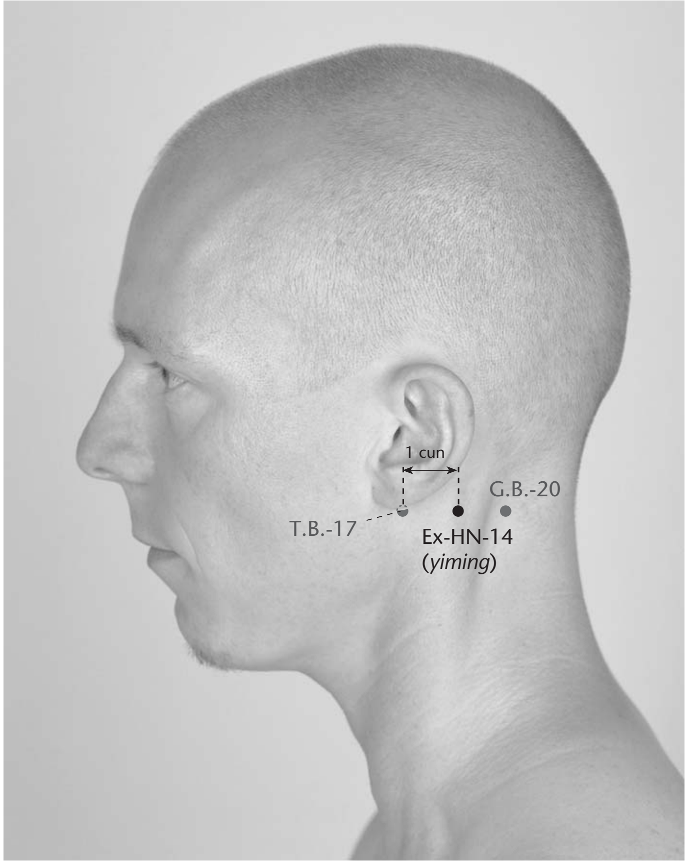
Ex-HN-14 (*yiming*) is located on a line connecting → **T.B.-17** (below the earlobe, between the maxilla and the mastoid) and → **G.B.-20** (at the junction of the occiput and the neck, in the centre of the dorsolateral depression). From → **T.B.-17**, measure 1 cun towards the posterior and there locate *yiming* posterior to the mastoid.
Located slightly superior and posterior to *yiming* is → **Ex-HN** (*anmian*), in the corner between the mastoid and the occiput.

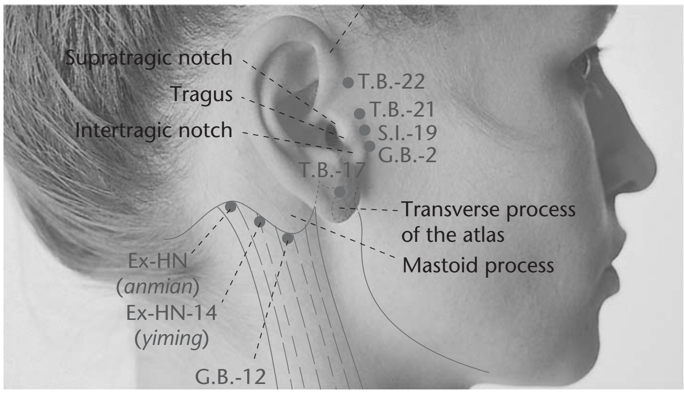
Needling

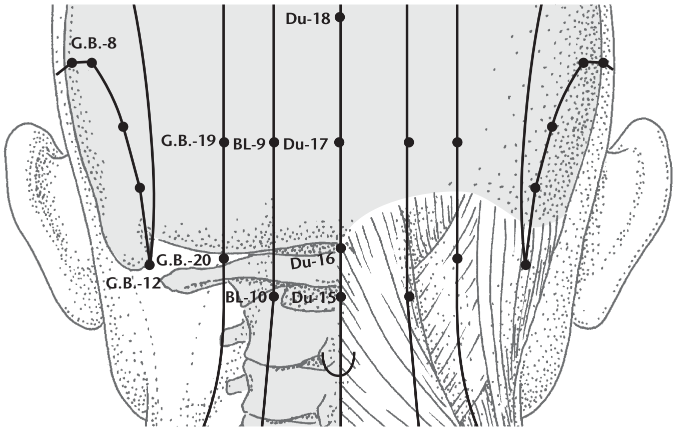
Vertically 0.5–1 cun

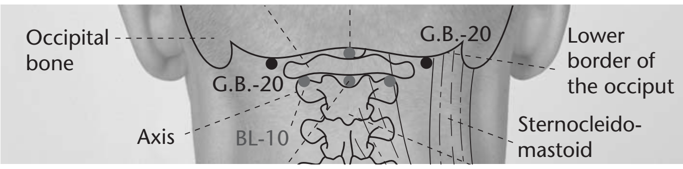
Actions/Indications

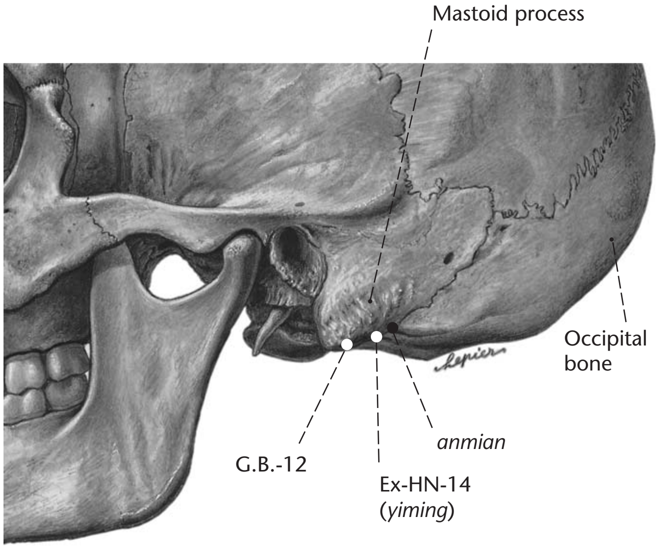
- Disorders of the eyes and ears, dizziness, insomnia


1 cun
G.B.-20
T.B.-17
Ex-HN-14
(*yiming*)

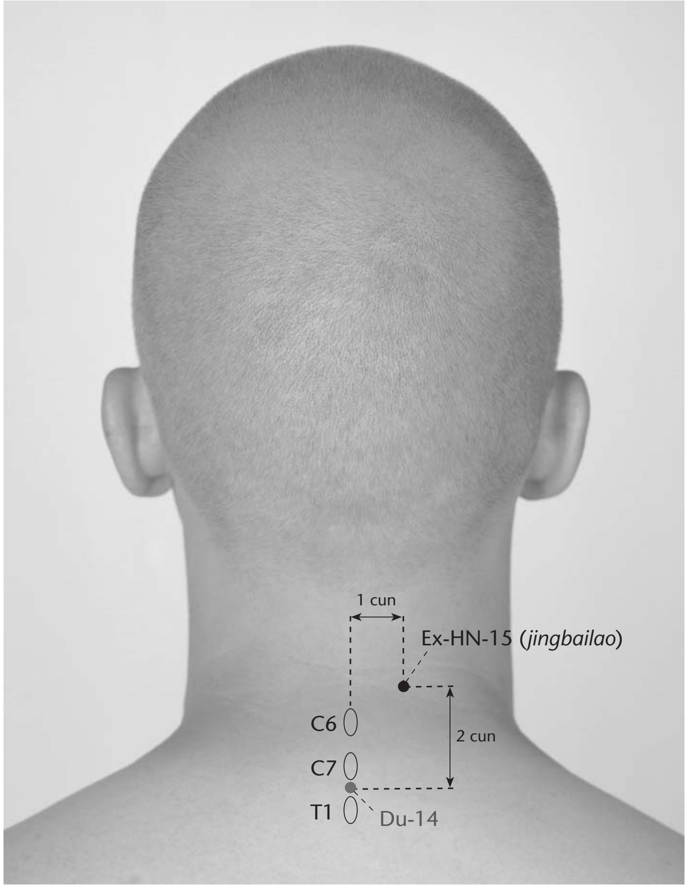

Supratragic notch
Tragus
Intertragic notch
T.B.-22
T.B.-21
S.I.-19
G.B.-2
T.B.-17
Transverse process of the atlas
Mastoid process
Ex-HN
(*anmian*)
Ex-HN-14
(*yiming*)
G.B.-12

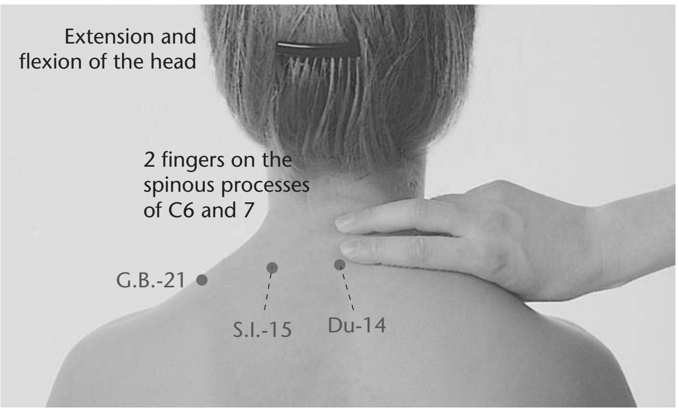

Du-18
G.B.-8
G.B.-19
BL-9
Du-17
G.B.-20
Du-16
G.B.-12
BL-10
Du-15

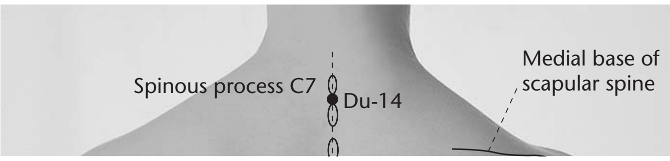

Occipital bone
G.B.-20
G.B.-20
Lower border of the occiput
Axis
BL-10
Sternocleido-mastoid


Mastoid process
Occipital bone
anmian
G.B.-12
Ex-HN-14
(*yiming*)

Hundred Taxations JINGBAILAO/BAILAO Ex-HN-15


1 cun
Ex-HN-15 (*jingbailao*)
C6
2 cun
C7
T1
Du-14


Extension and flexion of the head
2 fingers on the spinous processes of C6 and 7
G.B.-21
S.I.-15
Du-14


Spinous process C7
Du-14
Medial base of scapular spine

Location

2 cun superior to the lower border of the spinous process of the 7th cervical vertebra (C7) and 1 cun lateral to the midline.

How to find

For locating C7, see → 3.4.1. → **Du-14** (*dazhui*) is located below the spinous process of C7. From there, measure 2 cun in a superior and 1 cun in a lateral direction.

Needling

Vertically 0.5–0.8 cun

Actions/Indications

- Dispels Wind and Dampness
- Opens the channel

Upper Brightness SHANGMING

Location

Directly superior to the pupil, below the margin of the orbit.

How to find

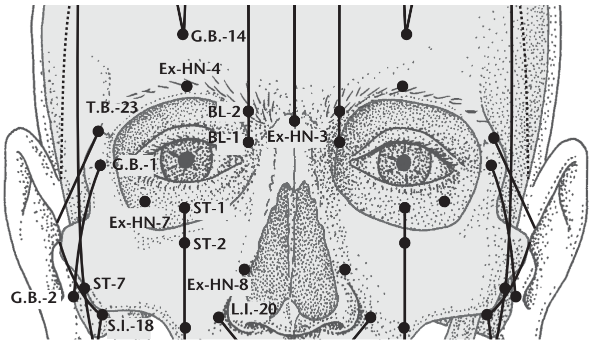
With the patient looking straight ahead, palpate for the margin of the orbit directly above the pupil. **Ex-HN** (*shangming*) is located between the upper margin of the orbit and the eyeball.

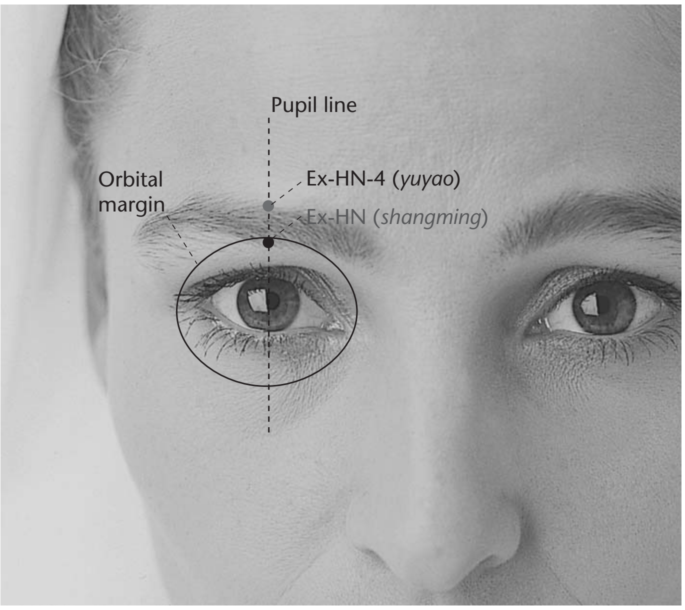
Needling

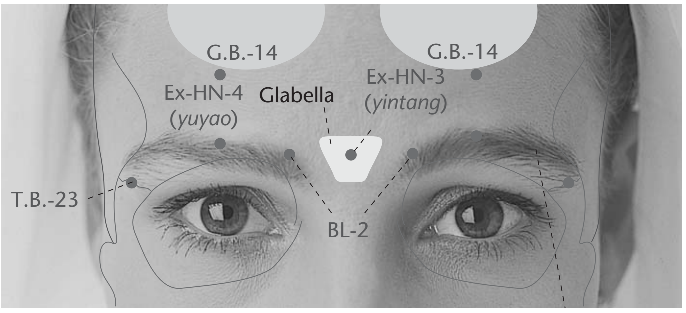
Gently push the eyeball downward. Slowly insert the needle 0.5–1 cun vertically into the fatty tissue immediately below the bone (orbit). Caution: Pay attention to any pain from needling. No manipulation! After removal of the needle, compress the site for 10 minutes. Haematomas may still occur (inform the patient prior to needling). Alternative points with less risk of complications are **BL-2, T.B.-23**, **G.B.-1, ST-2, Ex-HN-5** (*taiyang*), **Ex-HN-4** (*yuyao*).

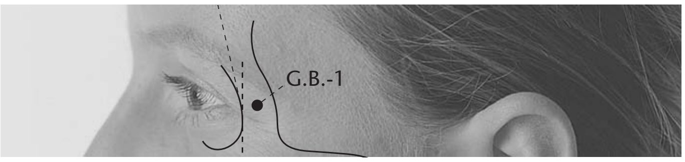
Actions/Indications

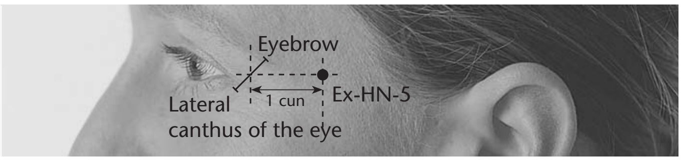
- Disorders of the eyes

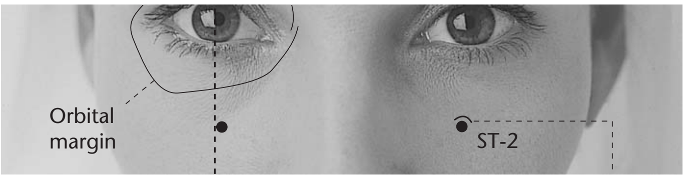

G.B.-14
Ex-HN-4
T.B.-23
BL-2
BL-1
Ex-HN-3
G.B.-1
ST-1
Ex-HN-7
ST-2
ST-7
G.B.-2
Ex-HN-8
L.I.-20
S.I.-18


Pupil line
Orbital margin
Ex-HN-4 (yuyao)
Ex-HN (shangming)


G.B.-14
G.B.-14
Ex-HN-3 (yintang)
Ex-HN-4 (yuyao)
Glabella
T.B.-23
BL-2




Eyebrow
1 cun
Ex-HN-5
Lateral canthus of the eye


Orbital margin
ST-2

Peaceful Sleep ANMIAN **Ex-HN**

Location

Posterior to the ear, between → **T.B.-17** and → **G.B.-20**, posterior to the mastoid process.

How to find

First, locate → **T.B.-17** (directly below the earlobe, in the depression between the lower jaw and the mastoid process (→ 3.1) that forms when the mouth is open). Next, locate → **G.B.-20** on the lower border of the occiput, in the depression between the origins of the sternocleidomastoid and trapezius muscles. Locate **Ex-HN** (*anmian*) approximately midway between these two points, slightly posterior to the mastoid bone and superior to → **G.B.-12**, in a depression on the lower border of the occiput.

Needling

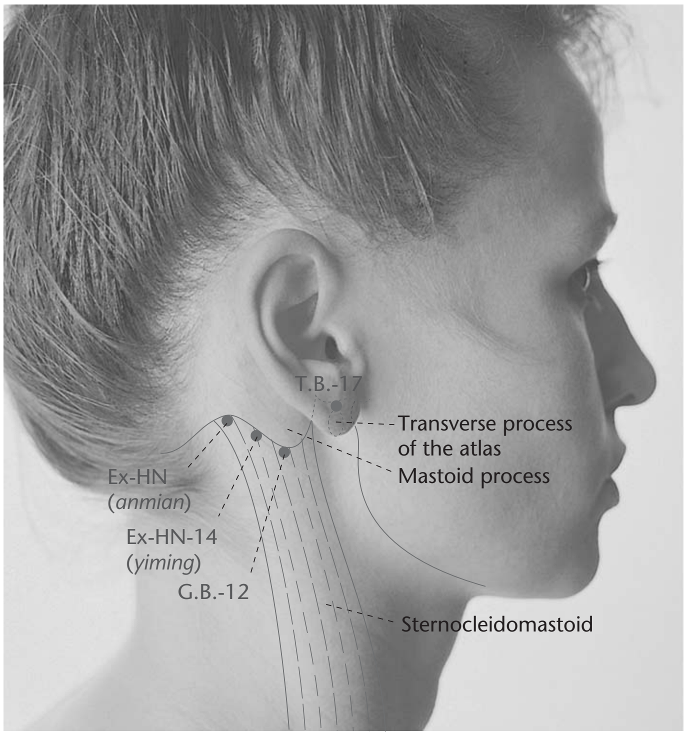
0.5–1 cun vertically or obliquely towards → **T.B.-17** (*yifeng*) or → **G.B.-20** (*fengchi*).

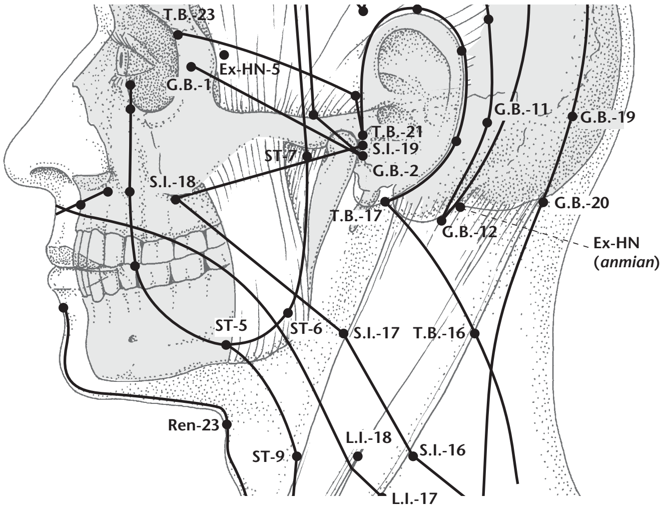
Actions/Indications

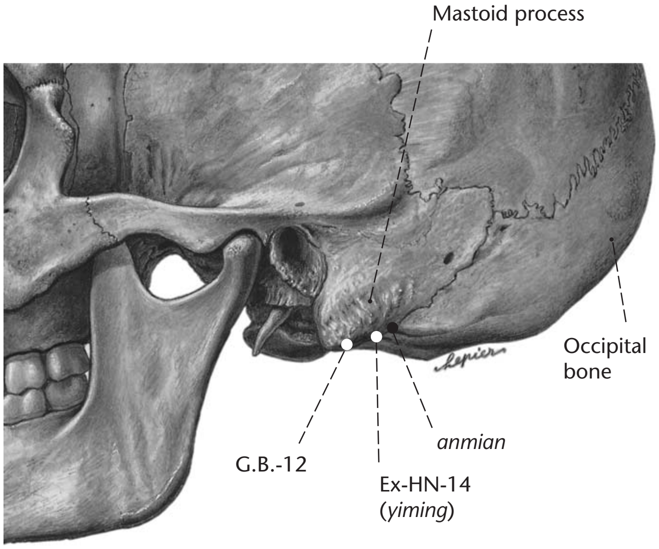
- Calms the *shen*

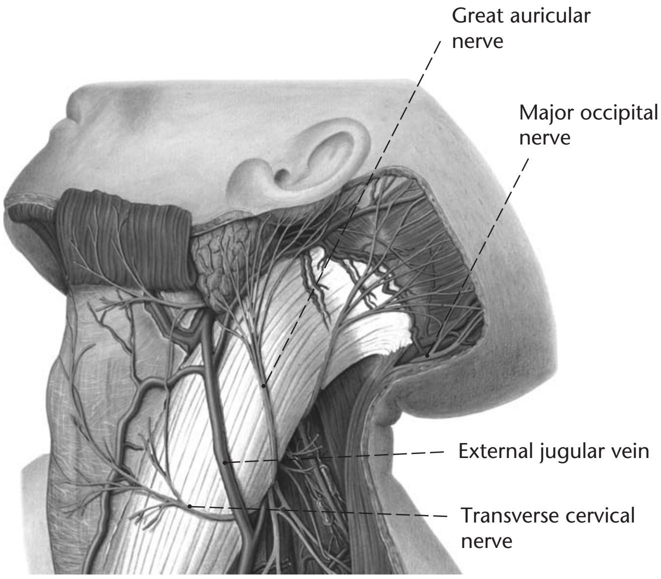
Special features

Important calming point for sleeping disorders. This extra point is not part of the WHO classification of extra points.


T.B.-17
Transverse process of the atlas
Mastoid process
Ex-HN (*anmian*)
Ex-HN-14 (*yiming*)
G.B.-12
Sternocleidomastoid


T.B.-23
Ex-HN-5
G.B.-1
G.B.-11
G.B.-19
T.B.-21
S.I.-19
G.B.-2
ST-7
S.I.-18
G.B.-20
T.B.-17
G.B.-12
Ex-HN (*anmian*)
ST-5
ST-6
S.I.-17
T.B.-16
Ren-23
L.I.-18
S.I.-16
ST-9
L.I.-17


Mastoid process
Occipital bone
anmian
G.B.-12
Ex-HN-14 (*yiming*)


Great auricular nerve
Major occipital nerve
External jugular vein
Transverse cervical nerve

Ex-HN *Cheek Centre* JIALI

Location

Inside the mouth, on the mucosa of the cheek, 1 cun posterior to the corner of the mouth.

How to find

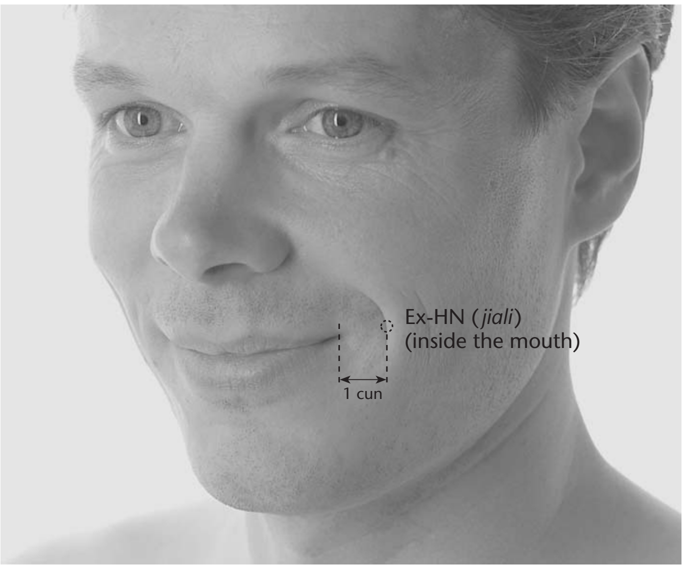
Locate this point on the mucosa of the cheek, 1 cun posterior to the corner of the mouth.

Needling

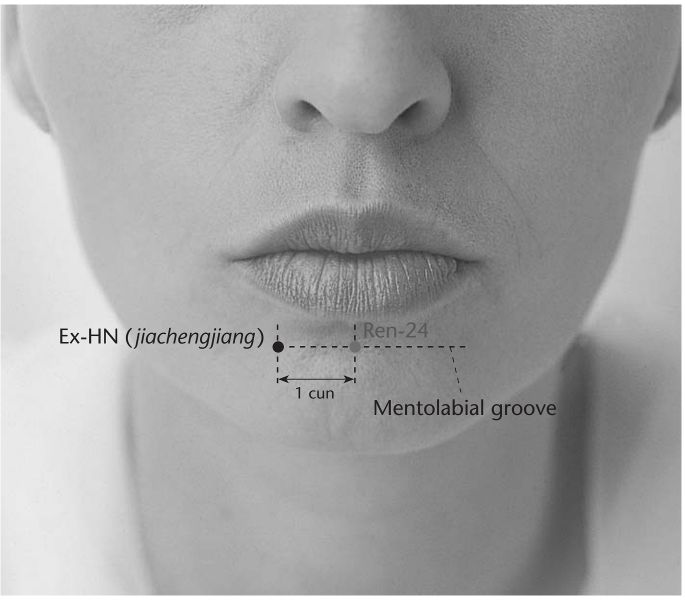
0.3–0.5 cun obliquely in a posterior direction, prick to bleed.

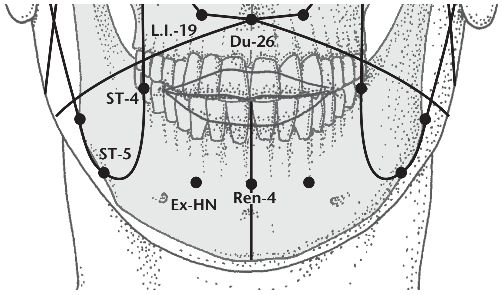
Actions/Indications

- Clears Heat
- For inflammations of the mouth and throat, for gastritis



Adjacent to Container of Fluids JIACHENGJIANG Ex-HN


Ex-HN (*jiachengjiang*)
Ren-24
1 cun
Mentolabial groove


L.I.-19
Du-26
ST-4
ST-5
Ex-HN
Ren-4

Location

1 cun lateral to the centre of the mentolabial groove.

How to find

This point is located on the mental foramen. → **Ren-24** (*chengjiang*) is located in the centre of the mentolabial groove.

Needling

0.3–0.5 cun vertically or up to 1 cun obliquely towards the mental foramen.

Actions/Indications

- Dispels Wind, opens the channel

Ex-HN

Prominent Bone CHONGGU ZHUIDONG

Location

Below the spinous process of the 6th cervical vertebra (C6).

How to find

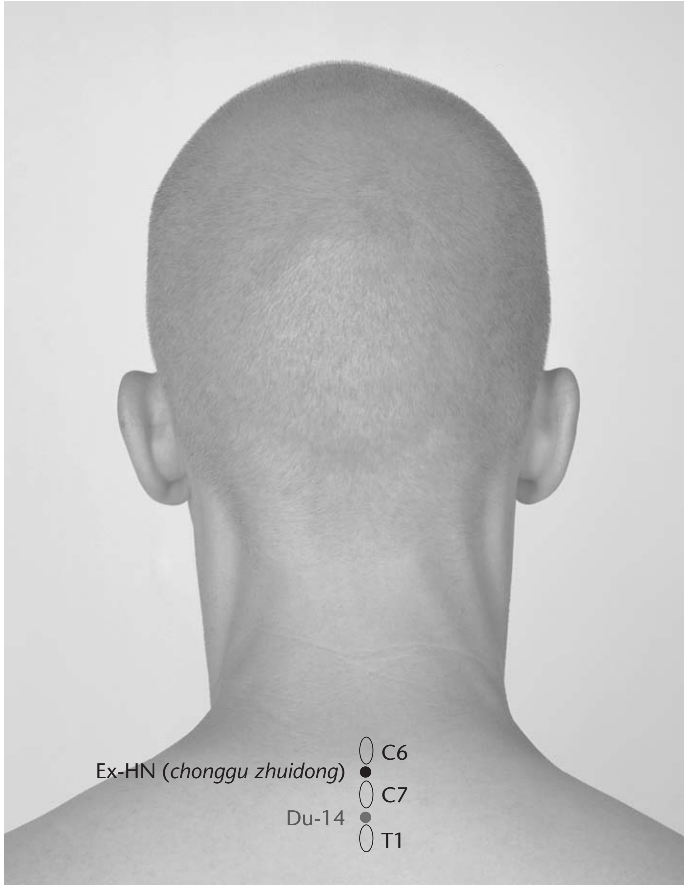
This point is located on the posterior midline and thus on the *du mai*. In fact, the 'prominent bone' (vertebra prominens) inferior to *chonggu zhuidong* is the spinous process of either C7 or T1. → **Du-14** is located between the two. For the correct method of locating C6 and C7 → 3.4.1.

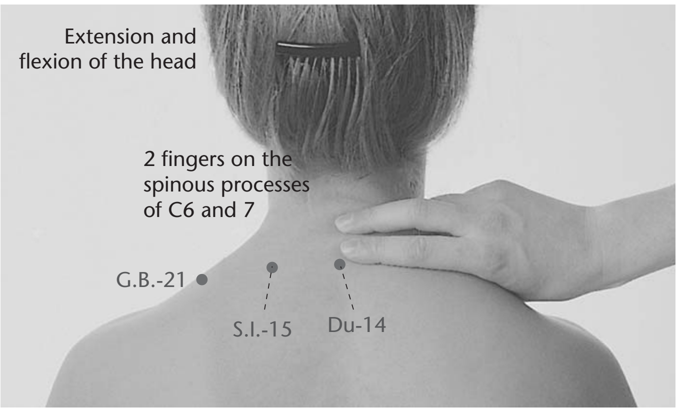
Needling

0.5–1 cun obliquely in a superior direction.

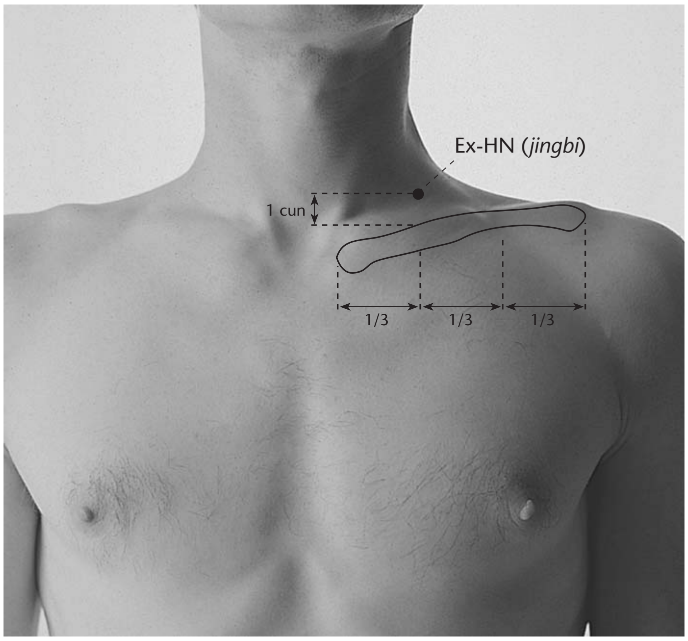
Actions/Indications

- Dispels external pathogenic factors
- Harmonises the *shen*


C6
Ex-HN (*chonggu zhuidong*)
C7
Du-14
T1


Extension and flexion of the head
2 fingers on the spinous processes of C6 and 7
G.B.-21
S.I.-15
Du-14

Upper Arm JINGBI Ex-HN


Ex-HN (*jingbi*)
1 cun
1/3
1/3
1/3

Location

1 cun superior to the junction of the proximal and middle third of the clavicle.

How to find

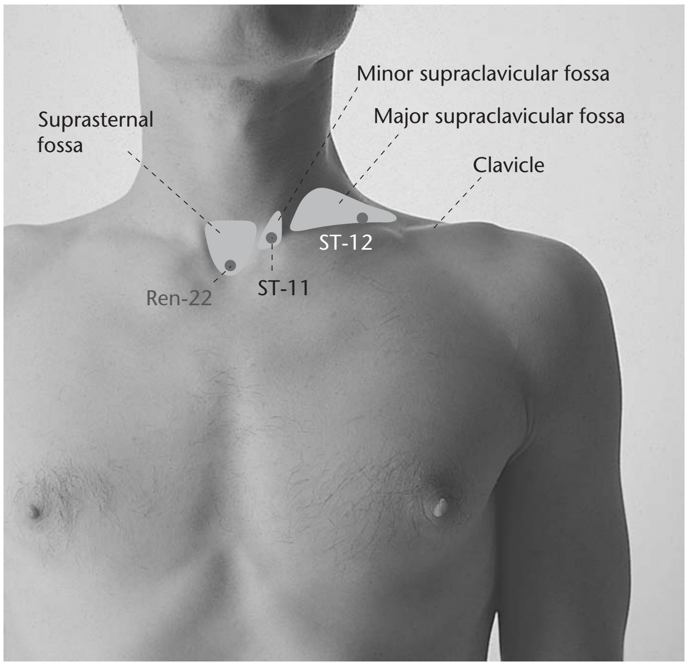
Measure a third of the clavicle from its medial end, then measure 1 cun in a superior direction and there locate *jingbi* in the supraclavicular fossa. The point is located above the brachial plexus. → **ST-12** is very close to this point, directly superior to the midpoint of the clavicle.

Needling

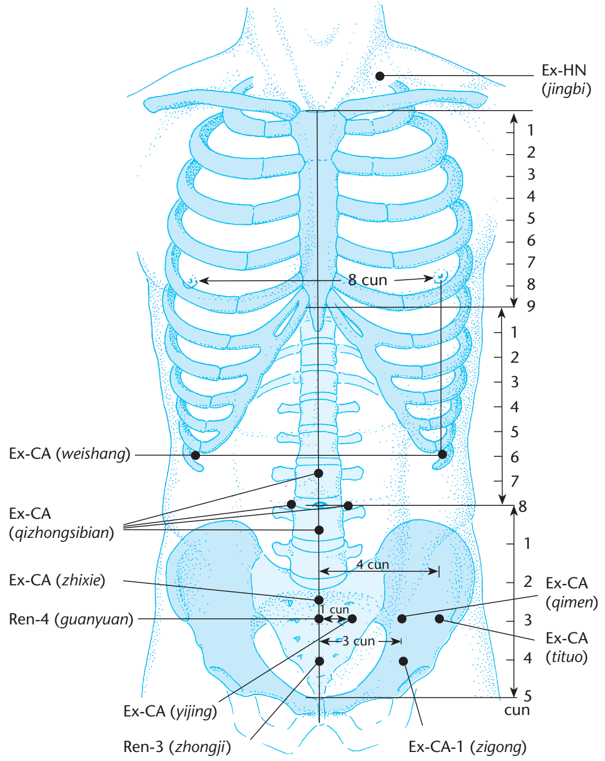
Vertically 0.3–0.5 cun. During insertion or stimulation, a tingling or warm sensation should be felt radiating to the fingers. Caution: Pneumothorax.

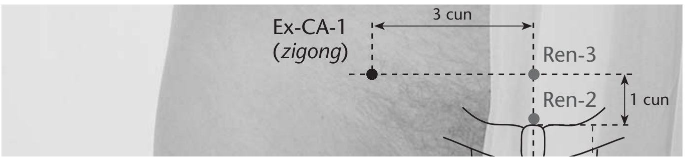
Actions/Indications

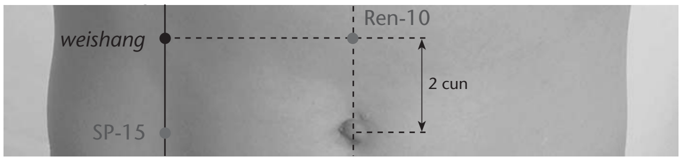
- Paraesthesia and paralysis of the upper extremity

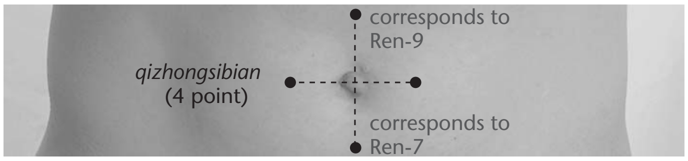

Minor supraclavicular fossa
Major supraclavicular fossa
Suprasternal fossa
Clavicle
ST-12
ST-11
Ren-22

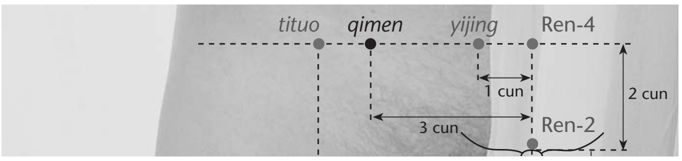
6.2 Extra Points: Chest and Abdomen (EX-CA)

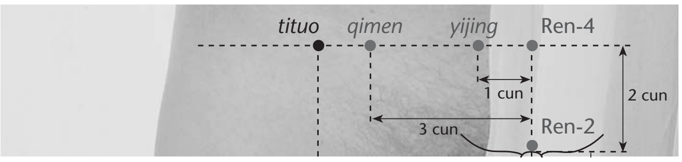

Ex-HN
(jingbi)
1
2
3
4
5
6
7
8
9
8 cun
1
2
3
4
5
6
7
8
Ex-CA (weishang)
Ex-CA
(qizhongsibian)
Ex-CA (zhixie)
Ren-4 (guanyuan)
4 cun
1 cun
3 cun
1
2
3
4
5
cun
Ex-CA
(qimen)
Ex-CA
(tituo)
Ex-CA (yijing)
Ren-3 (zhongji)
Ex-CA-1 (zigong)

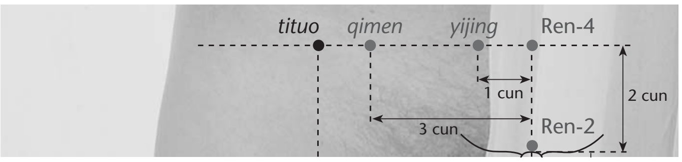

Ex-CA-1
(zigong)
3 cun
Ren-3
Ren-2
1 cun


weishang
Ren-10
2 cun
SP-15


corresponds to
Ren-9
qizhongsibian
(4 point)
corresponds to
Ren-7

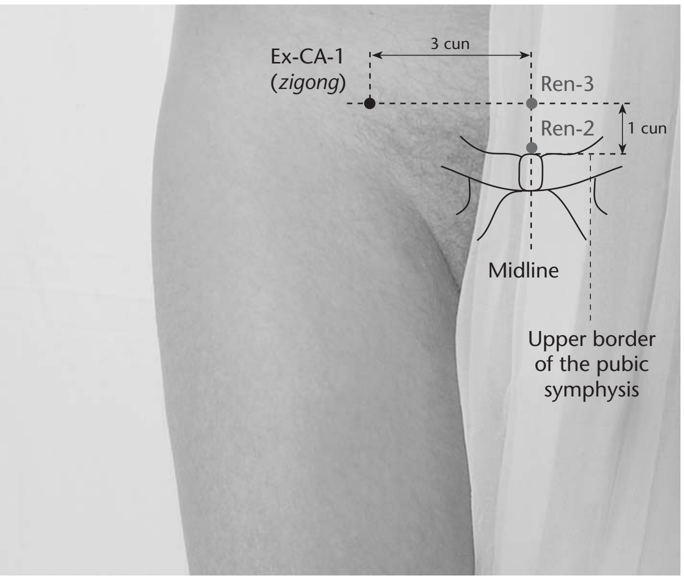

tituo
qimen
yijing
Ren-4
1 cun
2 cun
3 cun
Ren-2


tituo
qimen
yijing
Ren-4
1 cun
2 cun
3 cun
Ren-2


tituo
qimen
yijing
Ren-4
1 cun
2 cun
3 cun
Ren-2

English abbreviation (standard)	*Pinyin* name	Nguyen Van Nghi, König and Wancura, Schnorrenberger	Shanghai College	Ex (Hempen)
Ex-CA-1	*zigong*	PaM or ZP49	M-CA-18	Ex9
Further extra points				
Ex-CA	*weishang*			
Ex-CA	*qizhongsibian*			
Ex-CA	*yijing*	PaM or ZP45		
Ex-CA	*qimen*	PaM or ZP46		
Ex-CA	*tituo*	NP39	M-CA-4	
Ex-CA	*zhixie*	NP38	N-CA31	

Palace of the Child ZIGONG Ex-CA-1


Ex-CA-1
(*zigong*)
3 cun
Ren-3
Ren-2
1 cun
Midline
Upper border of the pubic symphysis

Location

3 cun lateral to the anterior midline and 1 cun superior to the upper border of the pubic symphysis.

How to find

The distance between the centre of the umbilicus and the upper border of the pubic symphysis is divided into 5 proportional cun, which can vary considerably from the patient's finger cun. Therefore, only proportional cun measurements should be used (helpful device: elastic tape ➞ 2.3.1). From the upper border of the pubic symphysis, measure 1 cun in a superior direction – this is the location of ➞ **Ren-3**. From there, measure 3 cun in a lateral direction to locate *zigong*.

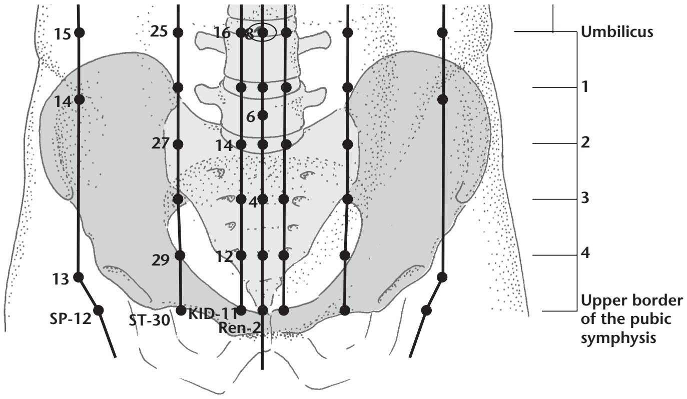
Located on the same level are ➞ **KID-12** (0.5 cun from the midline) and ➞ **ST-29** (2 cun lateral to the midline).

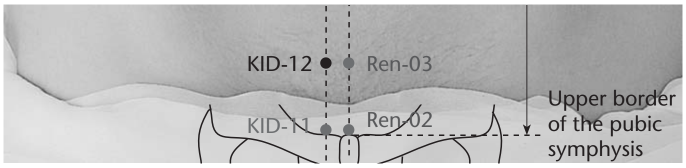
Needling

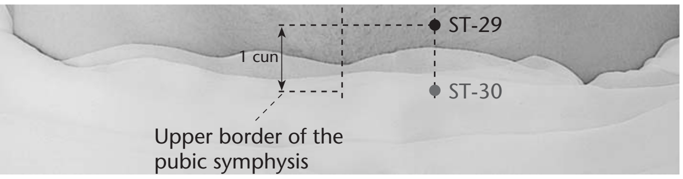
0.5–1 cun vertically or 1–2 cun obliquely towards the upper border of the pubic symphysis. Caution: Peritoneum, pregnancy, full bladder.

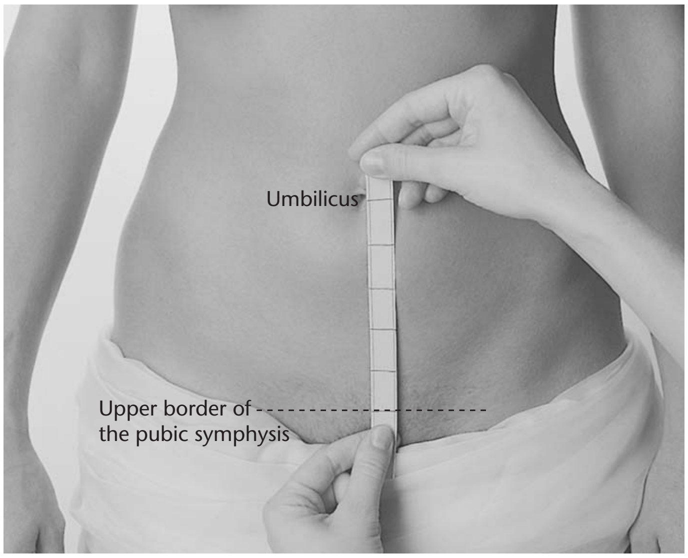
Actions/Indications

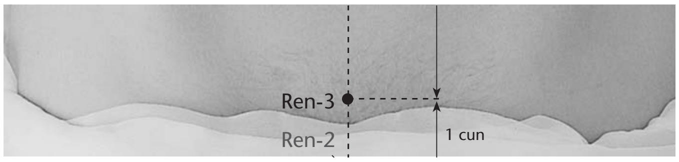
- Strengthens and raises Qi
- Regulates menstruation
- Alleviates pain in the abdomen and the lumbar region


15
25
16
8
14
6
27
14
4
29
12
13
SP-12
ST-30
KID-11
Ren-2
Umbilicus
1
2
3
4
Upper border of the pubic symphysis


KID-12
Ren-03
KID-11
Ren-02
Upper border of the pubic symphysis


ST-29
1 cun
ST-30
Upper border of the pubic symphysis


Umbilicus
Upper border of the pubic symphysis


Ren-3
Ren-2
1 cun

Ex-CA Lifting the Stomach WEISHANG

Location

On the Spleen channel, 4 cun lateral and 2 cun superior to the umbilicus.

How to find

The distance between the sternocostal angle and the centre of the umbilicus is divided into 8 proportional cun, which can vary considerably from the patient's finger cun. Therefore, only proportional cun measurements should be used (helpful device: elastic tape ➞ 2.3.1). From the centre of the umbilicus, measure 2 cun in a superior direction (location of ➞ **Ren-10**) and then locate *weishang* 4 cun lateral to the midline. 1 cun superior to ➞ **Ex-CA** (*weishang*) is ➞ **SP-16**.

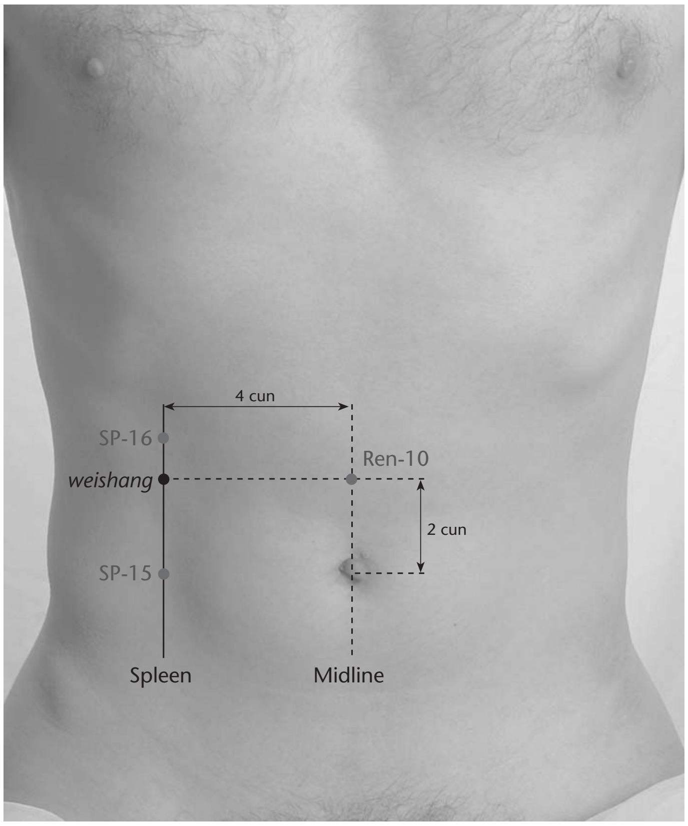
Located on the same level are ➞ **Ren-10/KID-17/ST-23** (on the midline/0.5 cun lateral to the midline/2 cun lateral to the midline).

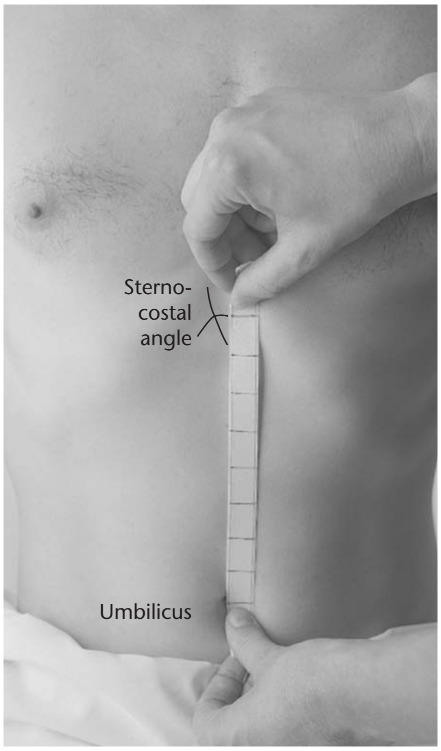
Needling

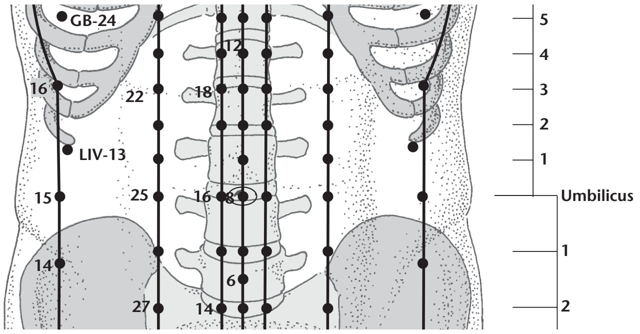
2–3 cun obliquely in the direction of the umbilicus. Caution: Peritoneum, pregnancy.

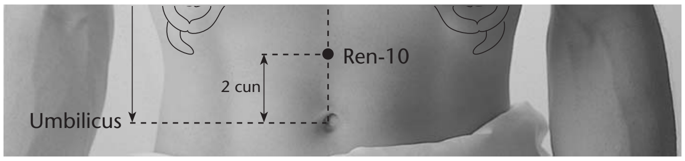
Actions/Indications

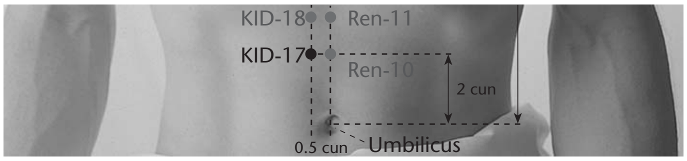
- Gastroptosis, abdominal pain

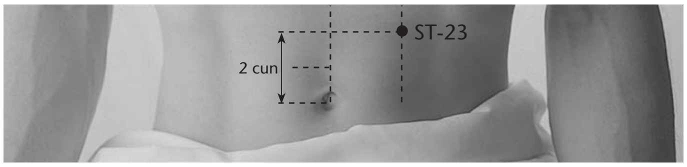

4 cun
SP-16
Ren-10
weishang
2 cun
SP-15
Spleen
Midline


Sterno-costal angle
Umbilicus

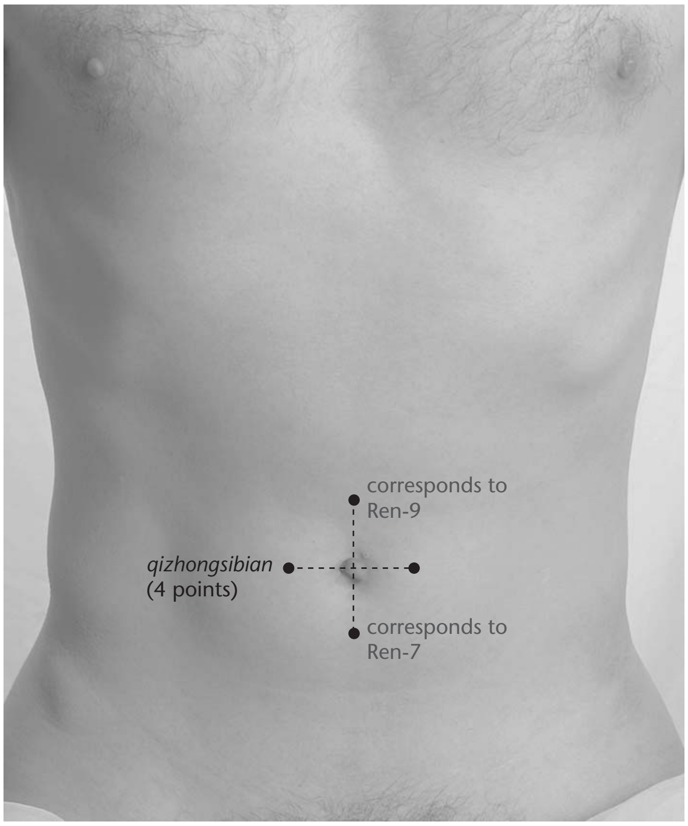

GB-24
12
16
22
18
LIV-13
15
25
16
8
14
6
27
14
5
4
3
2
1
Umbilicus
1
2


Ren-10
2 cun
Umbilicus


KID-18
Ren-11
KID-17
Ren-10
2 cun
0.5 cun
Umbilicus



Four Points Around the Umbilicus QIZHONGSIBIAN


corresponds to
Ren-9
qizhongsibian
(4 points)
corresponds to
Ren-7

Location

Four points, 1 cun lateral, superior and inferior to the umbilicus.

How to find

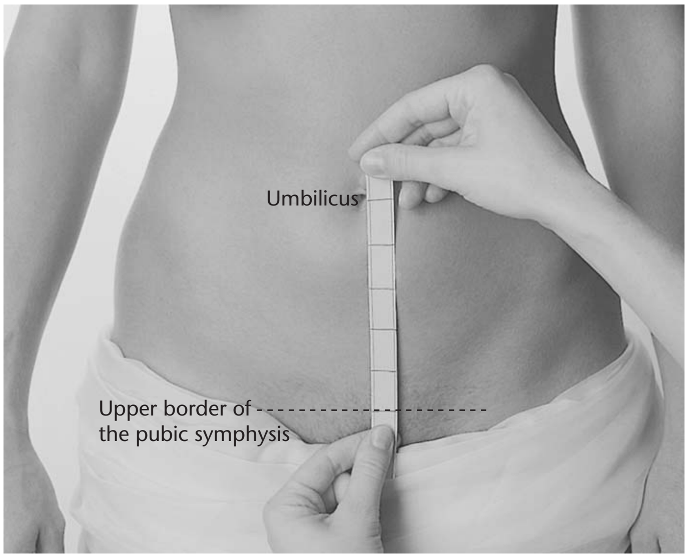
These four points are arranged in a star shape around the umbilicus.

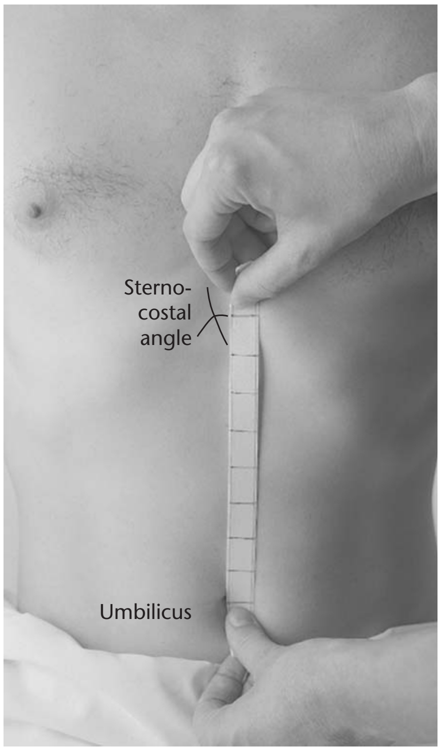
Needling

Vertically 0.5–1 cun. Caution: Peritoneum, pregnancy.

Actions/Indications

- Distension, diarrhoea, dyspepsia, dysmenorrhoea


Umbilicus
Upper border of
the pubic symphysis


Sterno-
costal
angle
Umbilicus

Ex-CA Loss of Semen YIJING

Location

1 cun lateral to the anterior midline and 2 cun superior to the upper border of the pubic symphysis.

How to find

The distance between the centre of the umbilicus and the upper border of the pubic symphysis is divided into 5 proportional cun, which can vary considerably from the patient's finger cun. Therefore, only proportional cun measurements should be used (helpful device: elastic tape → 2.3.1). From the upper border of the pubic symphysis, measure 2 cun in a cranial direction (→ **Ren-4**) and, from there, measure 1 cun in a lateral direction. There, locate *yijing*.

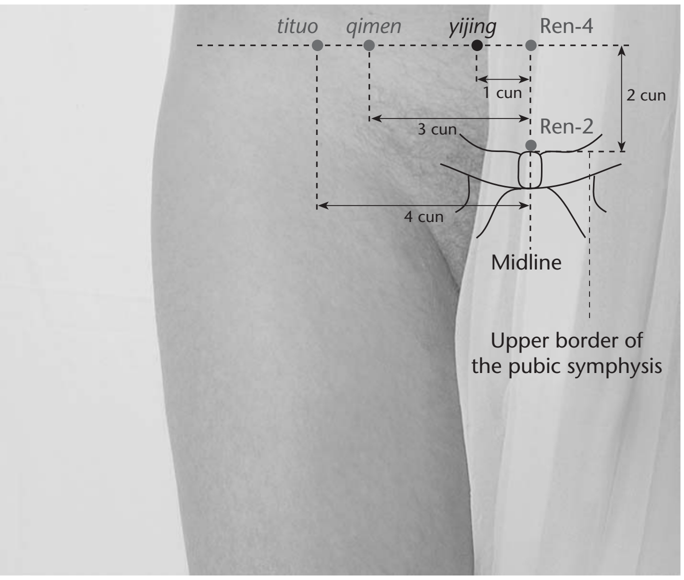
Located on the same level are → **KID-13** (0.5 cun lateral to the midline), **Ex-CA** (*qimen*, 3 cun lateral to the midline), → **ST-28** (2 cun lateral to the midline) and **Ex-CA** (*tituo*, 4 cun lateral to the midline). → **G.B.-27** is located medial to the ASIS, approximately on the same level.

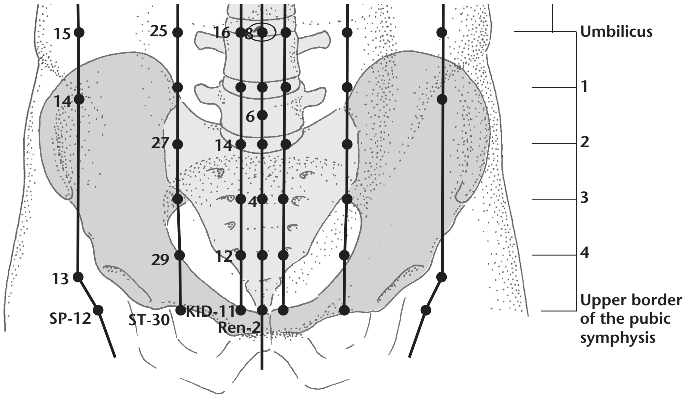
Needling

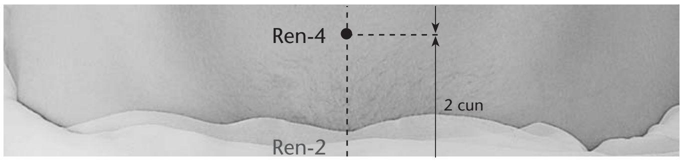
0.5–1 cun. Caution: Peritoneum, full bladder, pregnancy.

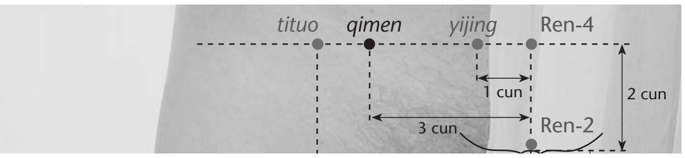
Actions/Indications

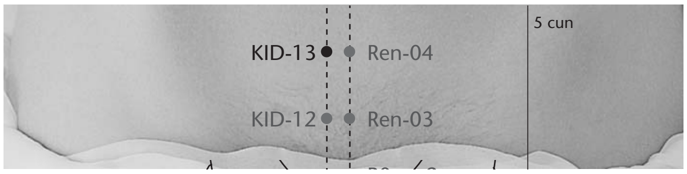
Ejaculation disorders, impotence, scrotal eczema

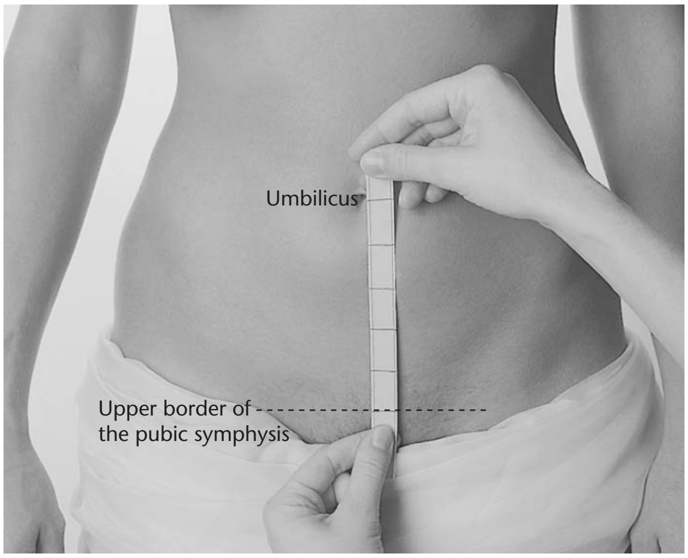

tituo
qimen
yijing
Ren-4
1 cun
2 cun
3 cun
Ren-2
4 cun
Midline
Upper border of the pubic symphysis


15
25
16
8
Umbilicus
14
1
6
27
14
2
3
4
4
29
12
13
SP-12
ST-30
KID-11
Ren-2
Upper border of the pubic symphysis

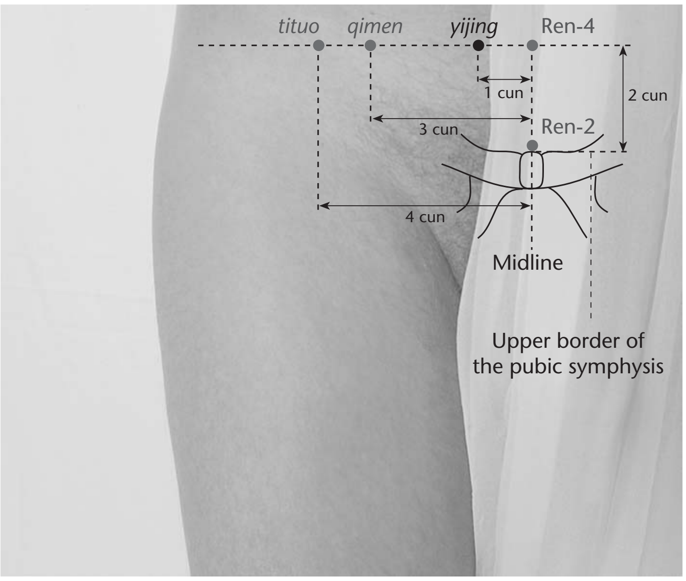

Ren-4
2 cun
Ren-2


tituo
qimen
yijing
Ren-4
1 cun
2 cun
3 cun
Ren-2


5 cun
KID-13
Ren-04
KID-12
Ren-03


Umbilicus
Upper border of the pubic symphysis

Qi Gate QIMEN Ex-CA


tituo
qimen
yijing
Ren-4
1 cun
2 cun
3 cun
Ren-2
4 cun
Midline
Upper border of the pubic symphysis

Location

3 cun lateral to the anterior midline and 2 cun superior to the upper border of the pubic symphysis.

How to find

The distance between the centre of the umbilicus and the upper border of the pubic symphysis is divided into 5 proportional cun, which can vary considerably from the patient's finger cun. Therefore, only proportional cun measurements should be used (helpful device: elastic tape → 2.3.1). From the upper border of the pubic symphysis, measure 2 cun in a cranial direction (→ **Ren-4**) and, from there, measure 3 cun in a lateral direction. There, locate *qimen*.

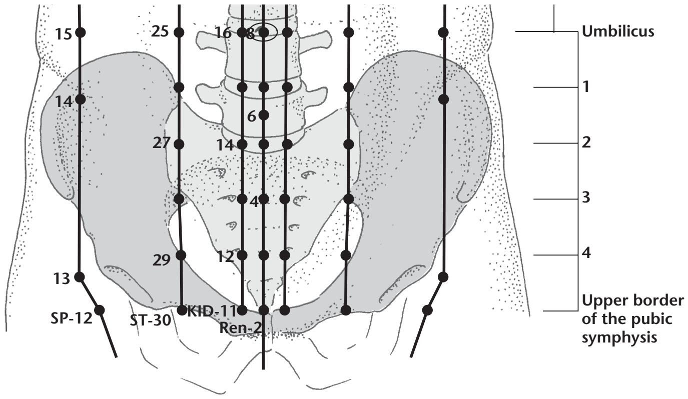
Located on the same level are → **KID-13** (0.5 cun lateral to the midline), **Ex-CA** (*yijing*, 1 cun lateral to the midline), → **ST-28** (2 cun lateral to the midline) and **Ex-CA** (*tituo*, 4 cun lateral to the midline). → **G.B.-27** is located medial to the ASIS, approximately on the same level.

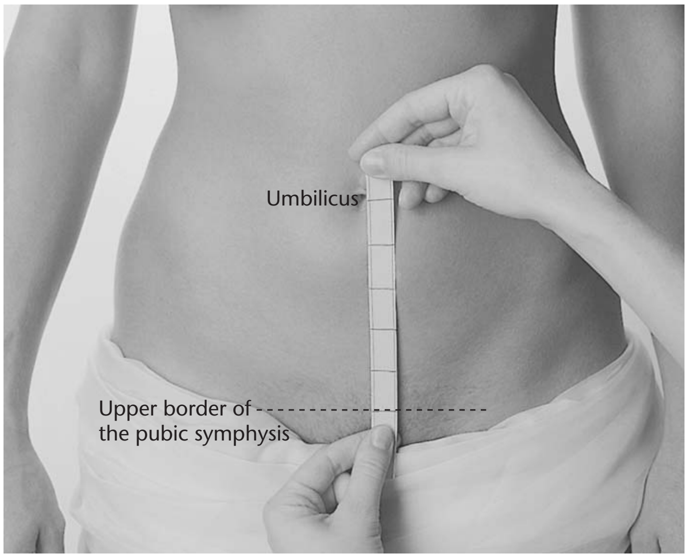
Needling

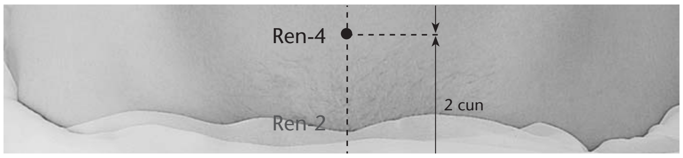
Vertically 0.5–1 cun. Caution: Peritoneum, pregnancy.

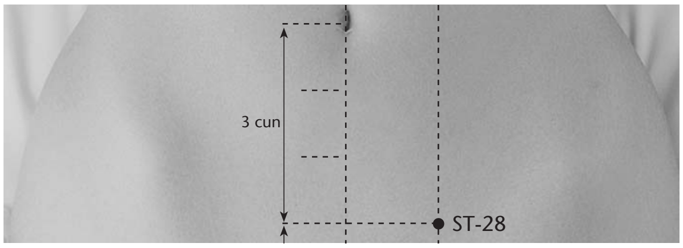
Actions/Indications

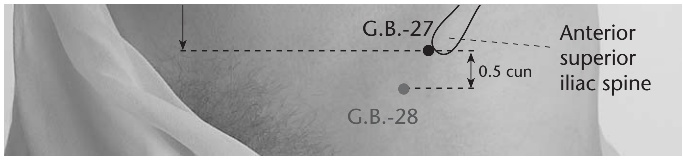
- Metrorrhagia, female infertility, orchitis, urinary tract infections, persistent lochial discharge


15
25
16
8
14
6
27
14
4
29
12
13
SP-12
ST-30
KID-11
Ren-2
Umbilicus
1
2
3
4
Upper border of the pubic symphysis


Umbilicus
Upper border of the pubic symphysis


Ren-4
2 cun
Ren-2




G.B.-27
0.5 cun
Anterior superior iliac spine
G.B.-28

Ex-CA Lift and Support TITUO

Location

4 cun lateral to the anterior midline and 2 cun superior to the upper border of the pubic symphysis.

How to find

The distance between the centre of the umbilicus and the upper border of the pubic symphysis is divided into 5 proportional cun, which can vary considerably from the patient's finger cun. Therefore, only proportional cun measurements should be used (helpful device: elastic tape → 2.3.1). From the upper border of the pubic symphysis, measure 2 cun in a cranial direction (→ **Ren-4**) and from there measure 4 cun in a lateral direction. There, medial to the ASIS, locate *tituo*.

Located on the same level are → **KID-13** (0.5 cun lateral to the midline), → **Ex-CA** (*yijing*, 1 cun lateral to the midline), → **ST-28** (2 cun lateral to the midline) and → **Ex-CA** (*qimen*, 3 cun lateral to the midline). → **G.B.-27** is located medial to the ASIS, approximately on the same level.

Needling

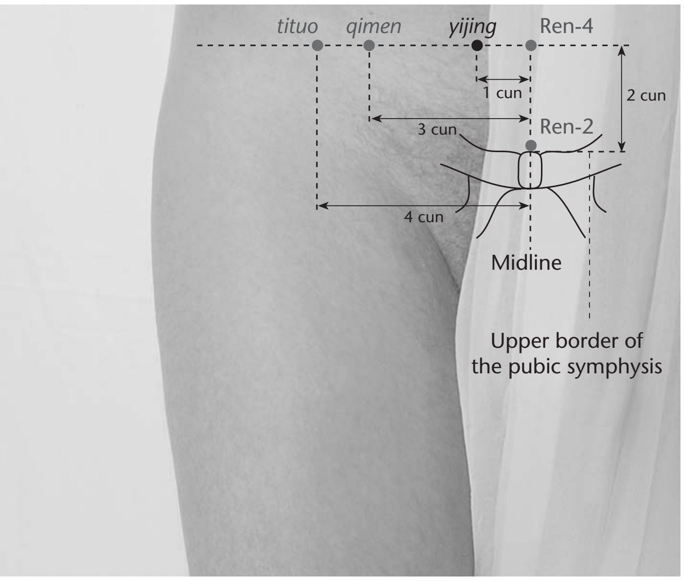
Vertically 0.5–1 cun. Caution: Peritoneum, pregnancy.

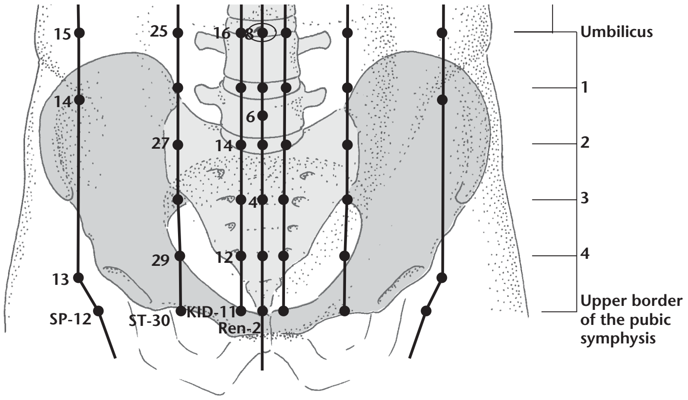
Actions/Indications

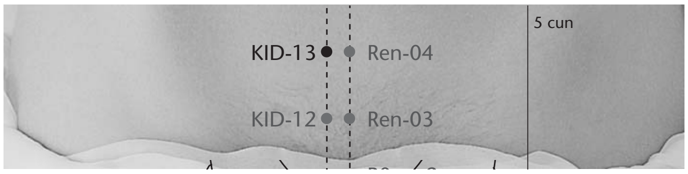
- Strengthens the rising Qi and alleviates organ prolapse

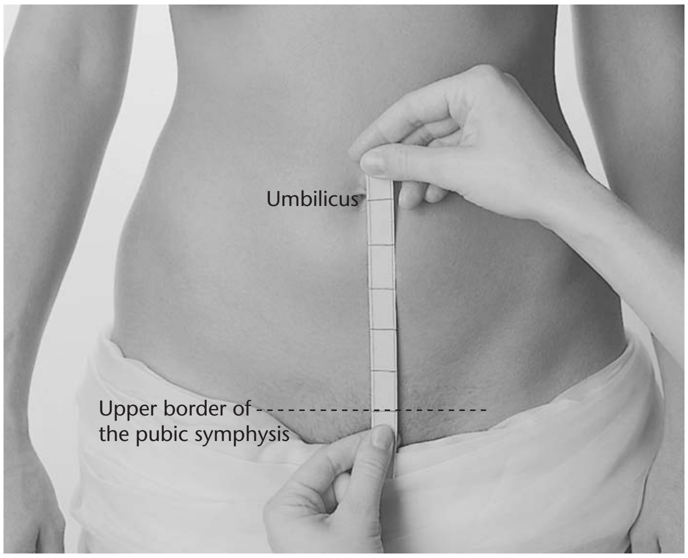
Special features

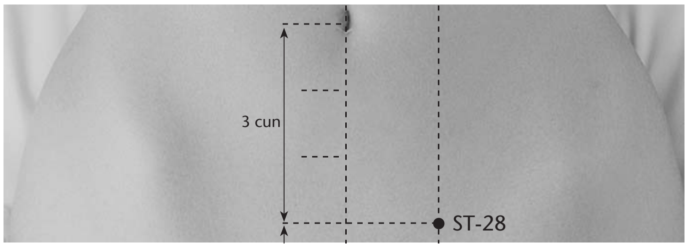
In modern TCM, *tituo* is considered one of the most important points for prolapse of the uterus.

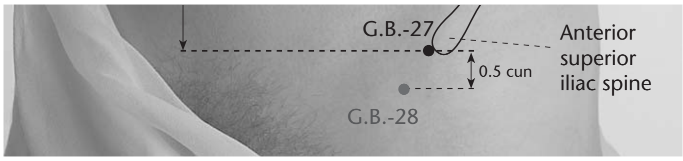

tituo
qimen
yijing
Ren-4
1 cun
2 cun
3 cun
Ren-2
4 cun
Midline
Upper border of the pubic symphysis

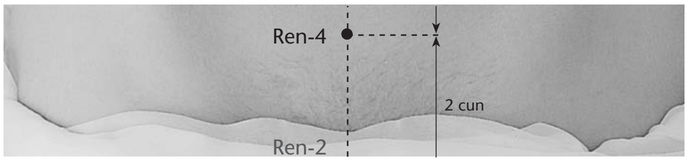

15
25
16
8
14
6
27
14
4
29
12
13
SP-12
ST-30
KID-11
Ren-2
Umbilicus
1
2
3
4
Upper border of the pubic symphysis


5 cun
KID-13
Ren-04
KID-12
Ren-03

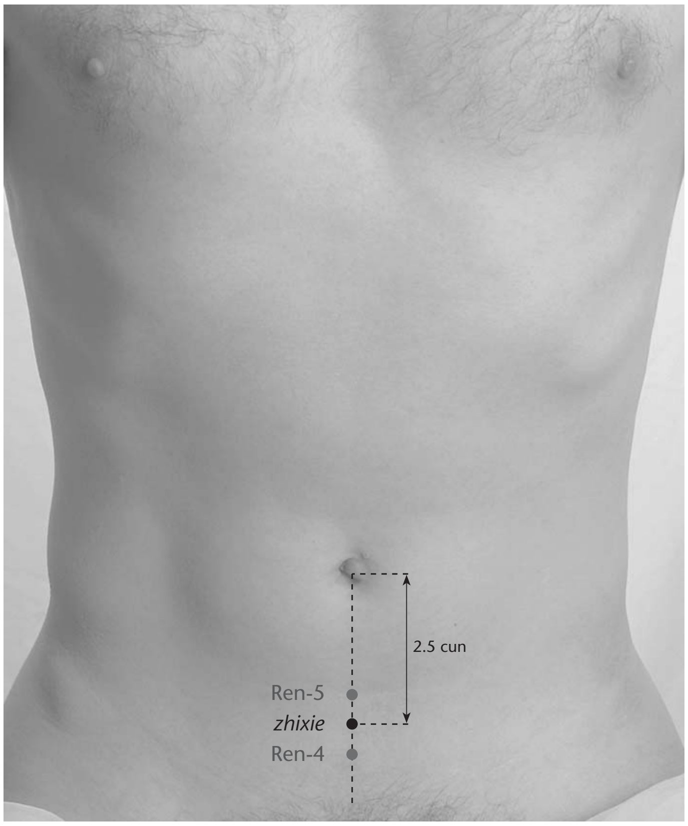

Umbilicus
Upper border of the pubic symphysis




G.B.-27
Anterior superior iliac spine
0.5 cun
G.B.-28


Ren-4
2 cun
Ren-2

End Diarrhoea ZHIXIE



Location

On the anterior midline, 2.5 cun inferior to the umbilicus.

How to find

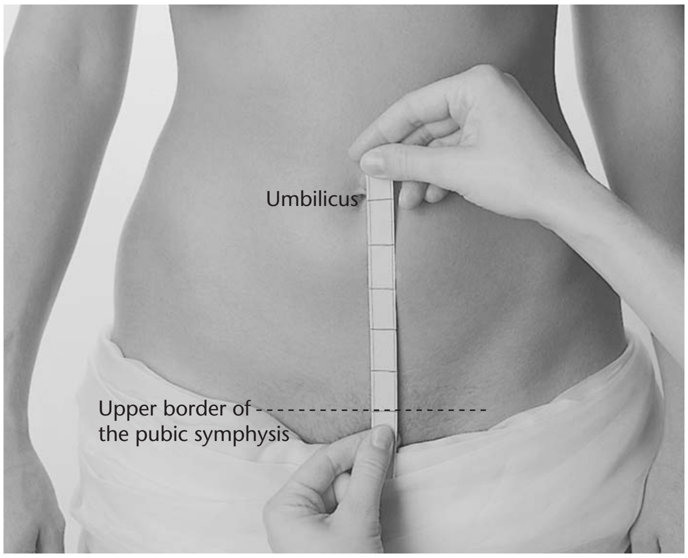
The distance between the centre of the umbilicus and the upper border of the pubic symphysis is divided into 5 proportional cun, which can vary considerably from the patient's finger cun. Therefore, only proportional cun measurements should be used (helpful device: elastic tape ➞ 2.3.1). *Zhixie* is located at the midpoint of this distance, between ➞ **Ren-4** (2 cun superior to the upper border of the pubic symphysis) and ➞ **Ren-5** (2 cun inferior to the umbilicus). **Or:** Spreading hands technique (➞ 2.3.3): Place the little fingers on the umbilicus and the upper border of the pubic symphysis respectively and spread the hands evenly, joining the thumbs at the midpoint of this distance.

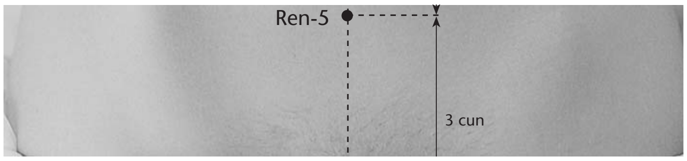
Needling

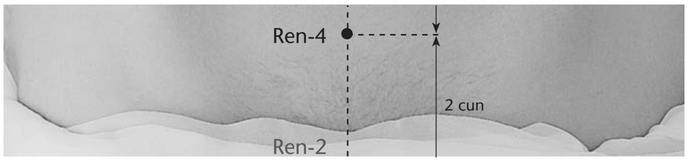
Vertically 0.5–1 cun. Caution: Peritoneum, full bladder, pregnancy.

Actions/Indications

- Stops diarrhoea







Ex-CA *Triangle Moxibustion* SANJIAOJIU

Location

These three points are located on the corners of an equilateral triangle, the apex of which is formed by the umbilicus, while the base forms a horizontal line on the abdomen. The sides are equal to the patient's smile.

How to find

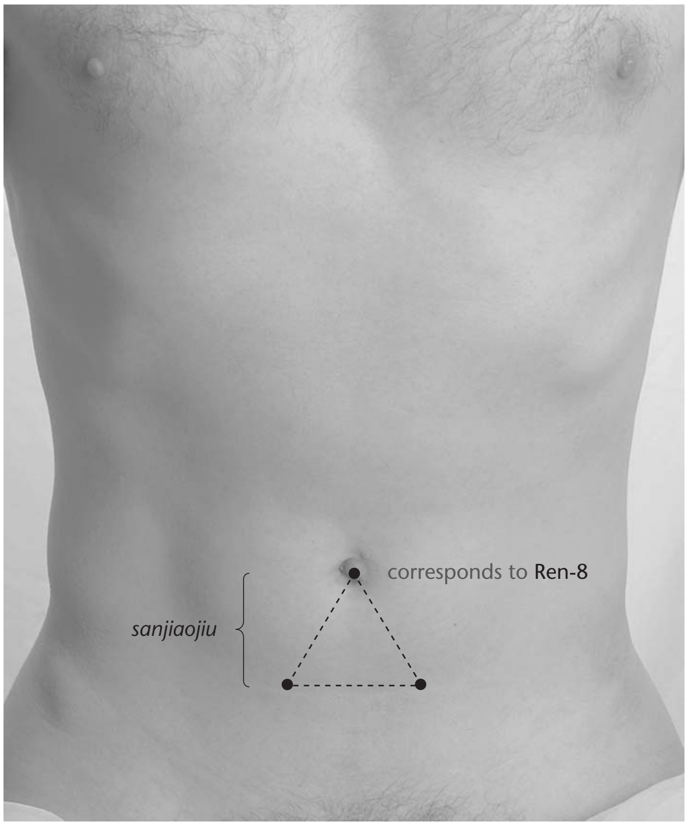
It is helpful to explain the location of this point to the patient. Invariably, this will make them smile, allowing the practitioner to determine the length of the sides of the triangle.

Needling

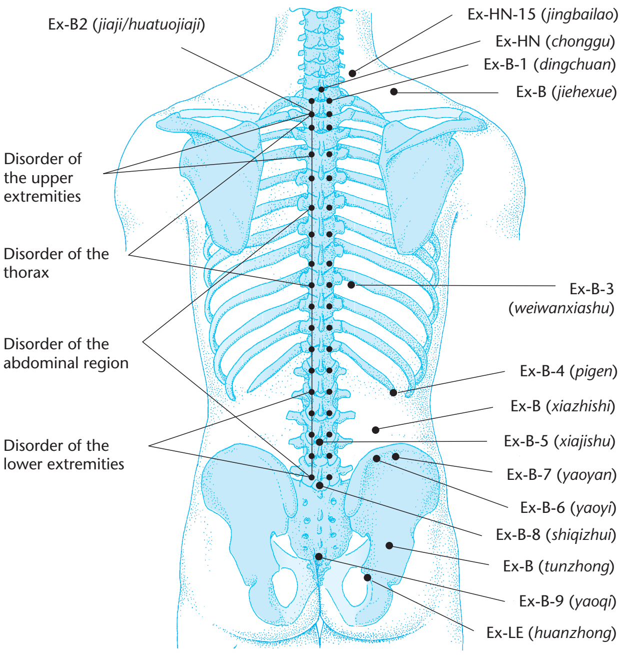
Moxibustion only, no needling.

Actions/Indications

- Regulate Qi and stop diarrhoea.

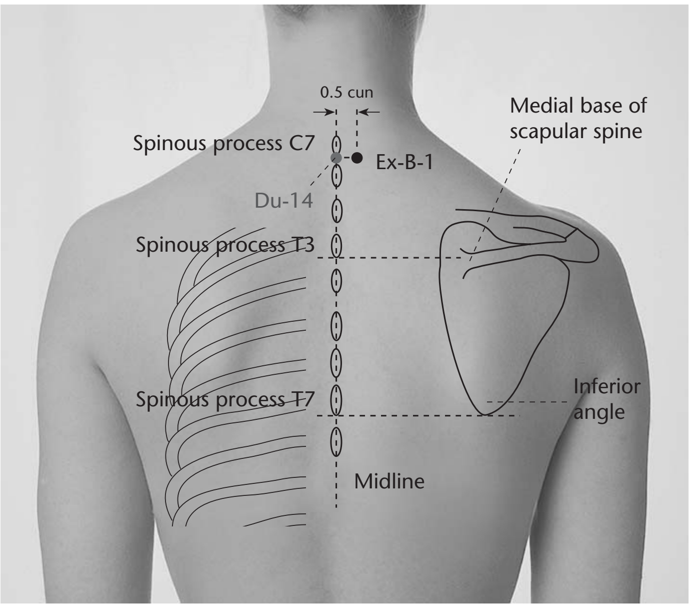


6.3 Extra Points: Back (EX-B)


Ex-B2 (*jiaji/huatuojiaji*)
Ex-HN-15 (*jingbailao*)
Ex-HN (*chonggu*)
Ex-B-1 (*dingchuan*)
Ex-B (*jiehexue*)
Disorder of the upper extremities
Disorder of the thorax
Ex-B-3 (*weiwanxiashu*)
Disorder of the abdominal region
Ex-B-4 (*pigen*)
Ex-B (*xiazhishi*)
Ex-B-5 (*xiajishu*)
Disorder of the lower extremities
Ex-B-7 (*yaoyan*)
Ex-B-6 (*yaoyi*)
Ex-B-8 (*shiqizhui*)
Ex-B (*tunzhong*)
Ex-B-9 (*yaoqi*)
Ex-LE (*huanzhong*)

English abbreviation (standard)	*Pinyin* name	Nguyen Van Nghi, König and Wancura, Schnorrenberger	Shanghai College	Ex (Hempen)
Ex-B-1	*dingchuan*	NP45	M-BW-1	Ex10
Ex-B-2	*huatuojiaji/jiaji*	PaM or ZP85	M-BW-35	Ex12
Ex-B-3	*weiwanxiashu/ waiguanxiashu/ bashu* or *yishu*	PaM or ZP62	M-BW-12	
Ex-B-4	*pigen*	PaM or ZP66	M-BW-16	
Ex-B-5	*xiajishu*	PaM or ZP71	M-BW-21	
Ex-B-6	*yaoyi*	PaM or ZP73	M-BW-23	
Ex-B-7	*yaoyan*	PaM or ZP74	M-BW-24	
Ex-B-8	*shiqizhui/shiqizhuixia*	PaM or ZP75	M-BW-25	Ex11
Ex-B-9	*yaoqi*	PaM or ZP79	M-BW-29	
Further extra points				
Ex-B	*jiehexue*	NP47	N-BW-6	
Ex-B	*tunzhong*	PaM or ZP83	M-BW-33	

Calm Dyspnoea DINGCHUAN Ex-B-1


0.5 cun
Medial base of scapular spine
Spinous process C7
Ex-B-1
Du-14
Spinous process T3
Spinous process T7
Inferior angle
Midline

Location

0.5 cun lateral to the lower border of the spinous process of the 7th cervical vertebra (C7).

How to find

First, identify C7 (→ 3.4.1). Next, measure 0.5 cun from the lower border of its spinous process in a lateral direction and there locate **Ex-B-1.**

Located on the same level are → **Du-14** (on the midline), → **S.I.-15** (2 cun lateral to the midline) and **Ex-B** (*jiehexue*, 3.5 cun lateral to the midline).

Needling

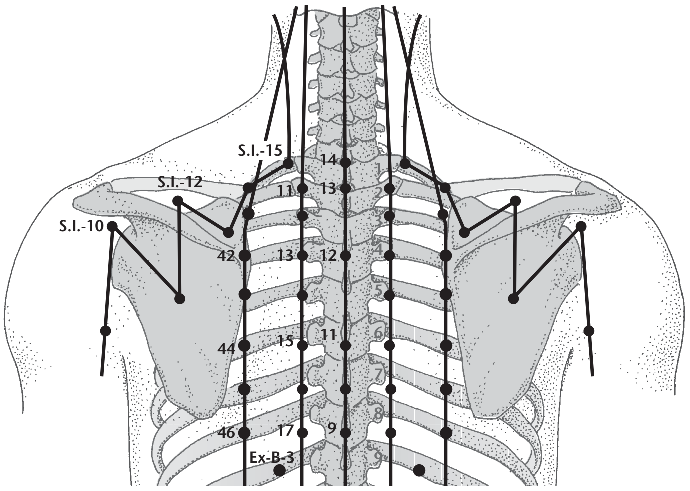
0.5–1 cun in a medial direction.

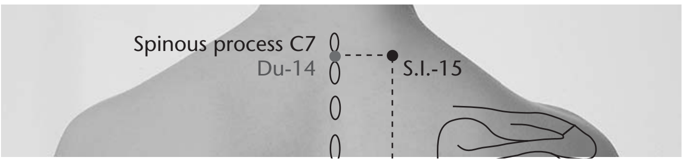
Actions/Indications

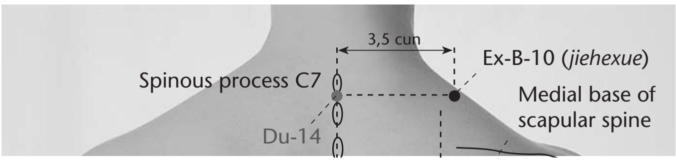
- Harmonises Lung Qi
- Local point for the neck and shoulders

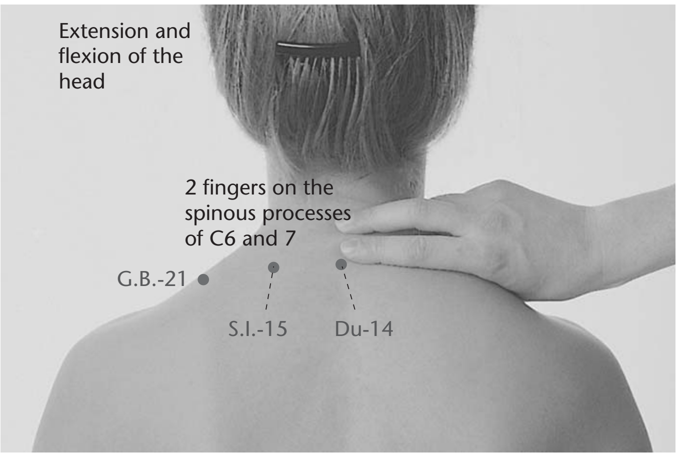
Special features

Modern main point for dyspnoea


S.I.-15
S.I.-12
S.I.-10
14
13
11
42
13
12
44
15
11
6
46
17
9
Ex-B-3


Spinous process C7
Du-14
S.I.-15


3,5 cun
Ex-B-10 (jiehexue)
Spinous process C7
Medial base of scapular spine
Du-14

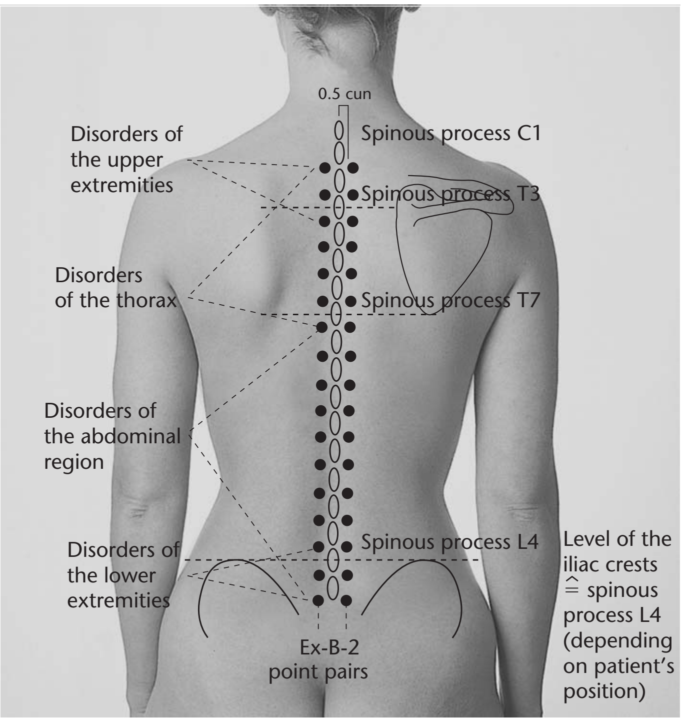

Extension and flexion of the head
2 fingers on the spinous processes of C6 and 7
G.B.-21
S.I.-15
Du-14

Ex-B-2 *Hua Tuo's Paravertebral Points* HUATUOJIAJI

Location

17 point pairs, 0.5 cun lateral to the lower borders of the spinous processes, close to the spinal facet joints:

- 12 thoracic point pairs (*xiongjiaji*): between T1 and T12
- 5 lumbar point pairs (*yaojiaji*): between L1 and L5, Depending on the school of thought, corresponding points lateral to the cervical spine are described as 'additional *huatuojiaji*'.


0.5 cun
Spinous process C1
Disorders of the upper extremities
Spinous process T3
Disorders of the thorax
Spinous process T7
Disorders of the abdominal region
Spinous process L4
Disorders of the lower extremities
Level of the iliac crests ≙ spinous process L4 (depending on patient's position)
Ex-B-2 point pairs

How to find

Select points of **Ex-B-2** depending on the disorder. Determine the relevant spinous process and locate the point pairs 0.5 cun lateral to its lower border.

Needling

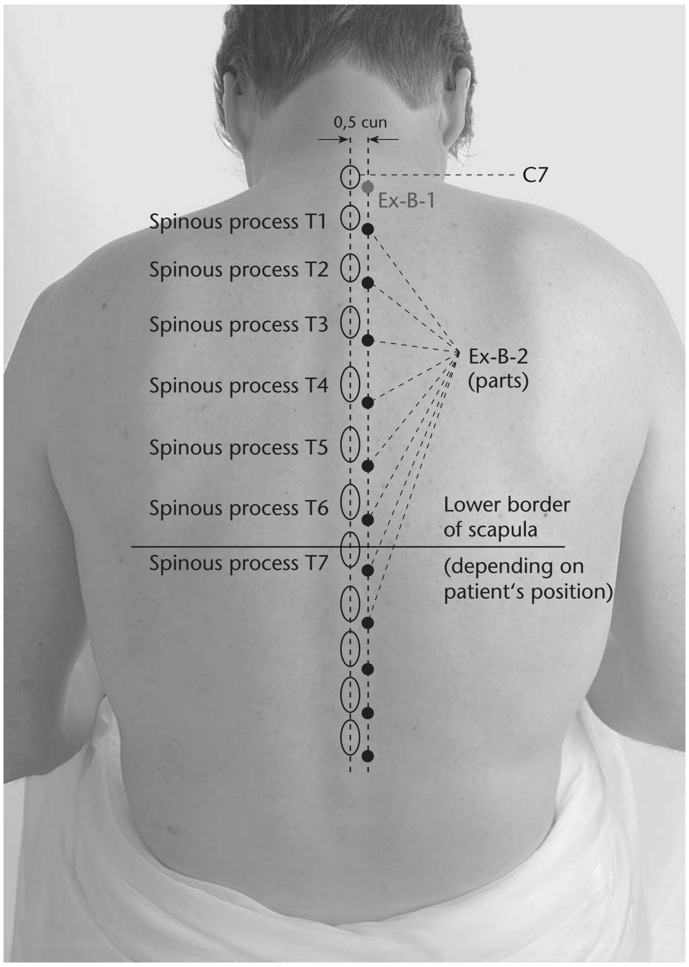
0.5–1 cun vertically or better obliquely in a medial direction towards the spine, up to 1.5 cun in the lumbar region. The purpose of needling these points is to stimulate the local nerve roots. This means that the insertion angle has to be adapted to the patient's anatomy. Never needle in a lateral direction. Once *deqi* is obtained, do not further stimulate the needle; it is possible to apply electrostimulation.

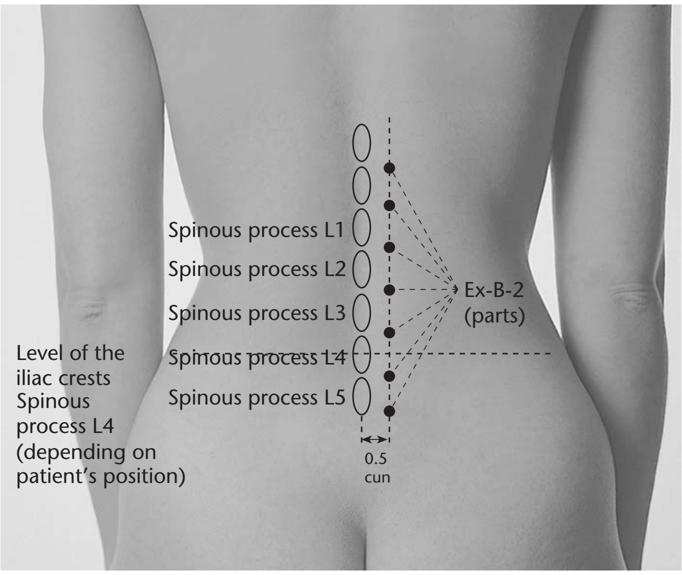
Actions/Indications

- Regulate and harmonise the five *zang* and six *fu* Organs, depending on the points selected

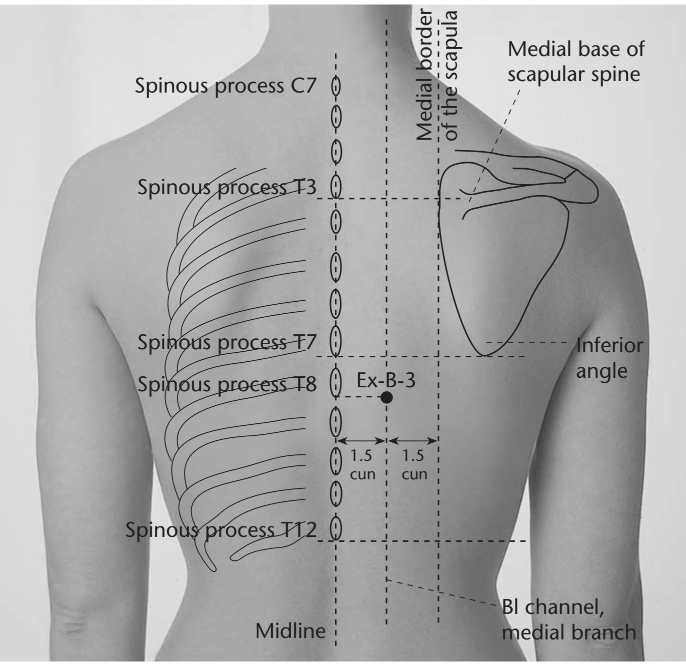
Special features

With disorders of the facet joints of the cervical spine, there are often tender points 0.5 lateral to the lower borders of the spinous processes. In China, these are needled for chronic disorders of the cervical spine. If oblique insertions (approximately 45°) in a medial direction are used for points on the inner branch of the Bladder channel, the tip of the needle will reach the area of the *huatuojiaji* points. This enhances the therapeutic effect.


0,5 cun
C7
Ex-B-1
Spinous process T1
Spinous process T2
Spinous process T3
Ex-B-2 (parts)
Spinous process T4
Spinous process T5
Spinous process T6
Lower border of scapula
Spinous process T7
(depending on patient's position)


Spinous process L1
Spinous process L2
Ex-B-2 (parts)
Spinous process L3
Level of the iliac crests Spinous process L4 (depending on patient's position)
Spinous process L4
Spinous process L5
0.5 cun

Stomach Controller Lower Shu WEIWANXIASHU **Ex-B-3**


Medial border of the scapula
Medial base of scapular spine
Spinous process C7
Spinous process T3
Spinous process T7
Inferior angle
Spinous process T8
Ex-B-3
1.5 cun
1.5 cun
Spinous process T12
Bl channel, medial branch
Midline

Location

1.5 cun lateral to the lower border of the spinous process of the 8th thoracic vertebra (T8).

How to find

Locate T7 (→ 3.4.2). From there, count down one spinous process (to T8) and locate **Ex-B-3** 1.5 cun lateral from the midline. Use the Tuffier's line (L4, 3.4.3) to confirm the location of this point: from L4, count up the spinous processes of L3 to L1 and of T12 to T8.

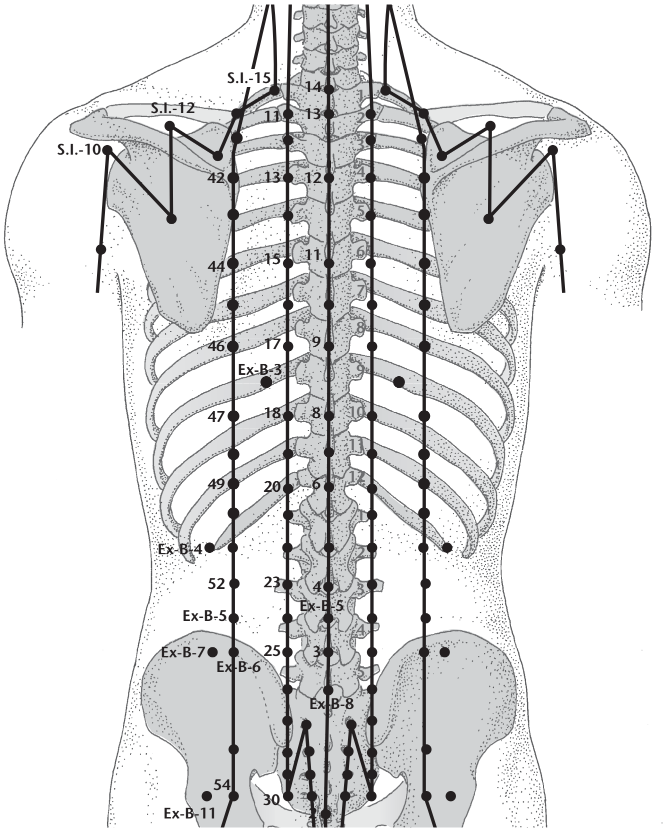
Located on the same level is a point of → **Ex-B-2** (0.5 cun lateral to the midline).

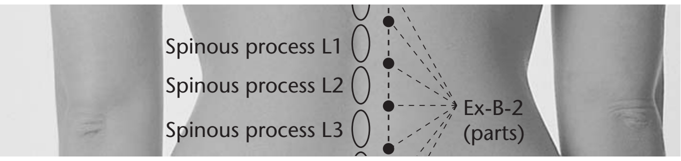
Needling

0.5–1 cun vertically or up to 1.5 cun obliquely in a medial direction. Do not needle in a lateral direction. Caution: Pneumothorax.

Actions/Indications

- Opens the channel locally
- Moistens the body and clears Heat


S.I.-15
14
S.I.-12
11
13
S.I.-10
42
13
12
44
15
11
46
17
9
Ex-B-3
47
18
8
49
20
6
Ex-B-4
52
23
4
Ex-B-5
Ex-B-5
Ex-B-7
25
3
Ex-B-6
Ex-B-8
54
30
Ex-B-11


Spinous process L1
Spinous process L2
Spinous process L3
Ex-B-2 (parts)

Ex-B-4 *Fullness Root* PIGEN

Location

3.5 cun lateral to the posterior midline, on the level of the lower border of the spinous process of the 1st lumbar vertebra (L1).

How to find

Locate the T7 (→ 3.4.2) and count down 6 spinous processes to L1. Locate **Ex-B-4** on the level of the lower border of its spinous process, 3.5 cun lateral to the midline. Use the Tuffier's line (L4, → 3.4.3) to confirm the location of this point: from L4, count up the spinous processes of L3 to L1.

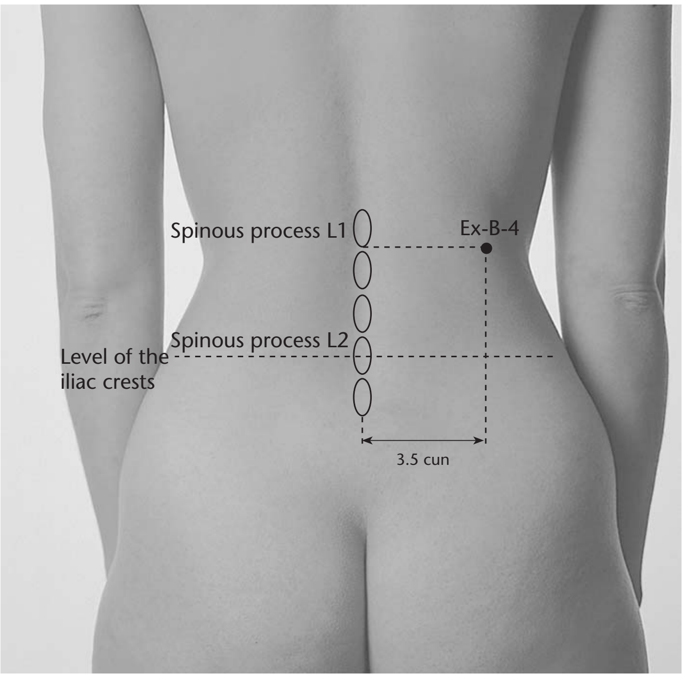
Located on the same level are → **Du-5** (on the midline), a point of → **Ex-B-2/BL-22/BL-51** (0.5/1.5/3 cun lateral to the midline) as well as → **G.B.-25** (on the lower border of the free end of the 12th rib).

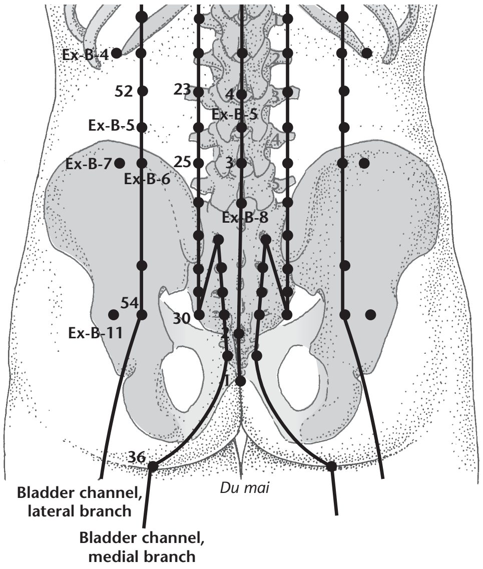
Needling

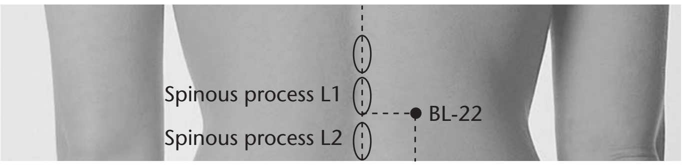
0.8–1 cun obliquely in a medial direction. Caution: Injury to the kidneys!

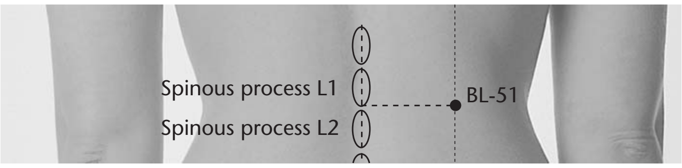
Actions/Indications

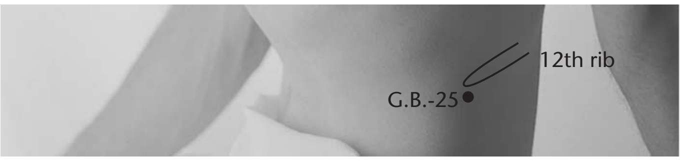
- Improves the Qi flow between the Upper and Middle Burner
- Eliminates local Qi and Blood stagnation

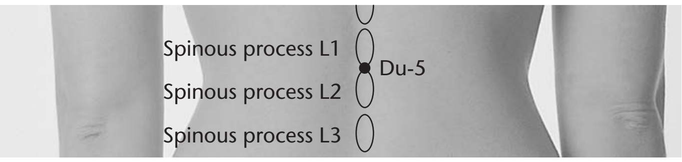

Spinous process L1
Ex-B-4
Spinous process L2
Level of the iliac crests
3.5 cun


Ex-B-4
52
23
4
Ex-B-5
Ex-B-5
Ex-B-7
25
3
Ex-B-6
Ex-B-8
54
30
Ex-B-11
2
1
36
Du mai
Bladder channel, lateral branch
Bladder channel, medial branch

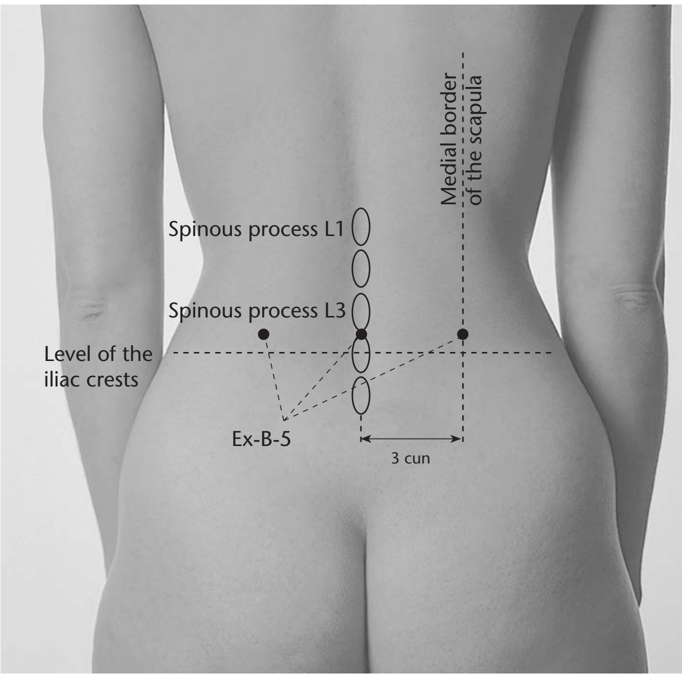

Spinous process L1
BL-22
Spinous process L2

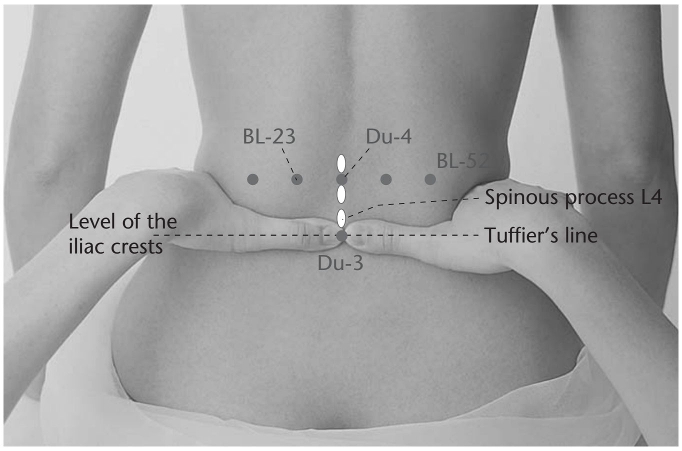

Spinous process L1
BL-51
Spinous process L2

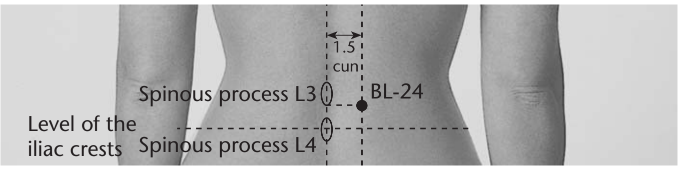

12th rib
G.B.-25

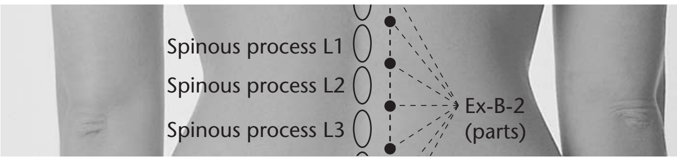

Spinous process L1
Du-5
Spinous process L2
Spinous process L3

Lower Shu Point XIAJISHU **Ex-B-5**


Medial border of the scapula
Spinous process L1
Spinous process L3
Level of the iliac crests
Ex-B-5
3 cun


BL-23
Du-4
BL-52
Spinous process L4
Level of the iliac crests
Tuffier's line
Du-3


1.5 cun
Spinous process L3
BL-24
Level of the iliac crests
Spinous process L4


Spinous process L1
Spinous process L2
Spinous process L3
Ex-B-2 (parts)

Location

Some authors consider **Ex-B-5** (*xiajishu*) to comprise three points: one point on the midline below the spinous process of the 3rd lumbar vertebra (L3) (this is the more common and single location of this extra point), complemented by two lateral points 3 cun lateral to the centre point on the midline.

How to find

Locate the Tuffier's line and L4 (→ 3.4.3). Locate **Ex-B-5** on the midline, on the lower border of the spinous process of L3. Then measure 3 cun in a lateral direction and there locate the two lateral points of **Ex-B-5.**

Located on the same level are a point of → **Ex-B-2/BL-24** (0.5/1.5 cun lateral to the midline).

Needling

0.5–0.8 cun vertically to the skin or obliquely in an inferior direction. The patient's back should be straight or overextended to avoid a spinal puncture. Oblique insertions in a superior direction should only be carried out by experienced practitioners, as in small persons (regardless of their weight), the spinal canal can be reached after only 1.25 cun. Caution: In pregnant women about to go into labour, this point might have a labour-promoting effect.

Actions/Indications

- Tonifies Kidney Yang
- Opens the channel locally

Special features

Strictly speaking, this extra point should be considered as a single point and a pair of points with differing indications: depending on the school of thought and the clinical requirements, the lateral points are used for localised Qi and Blood stagnation, whereas the central point is indicated for Kidney Yang deficiency.

Ex-B-6 *Back Pain Point* YAOYI

Location

3 cun lateral to the midline, on the level of the lower border of the spinous process of the 4th lumbar vertebra (L4).

How to find

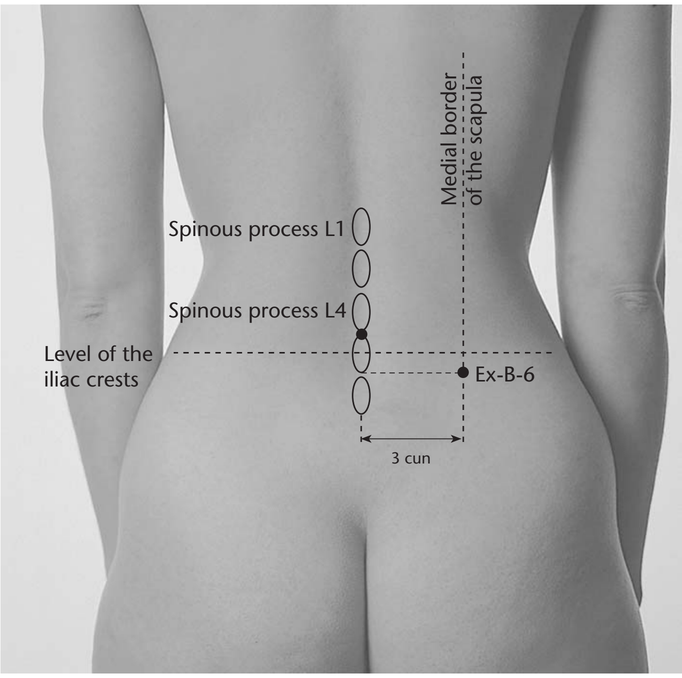
Locate the Tuffier's line and L4 (→ 3.4.3). On the level of the lower border of the spinous process of L4, measure 3 cun in a lateral direction and there locate **Ex-B-6.** Located on the same level are → **Du-3** (on the midline), a point of → **Ex-B-2/BL-25/ Ex-B-7** (0.5/1.5/3.5 cun lateral to the midline).

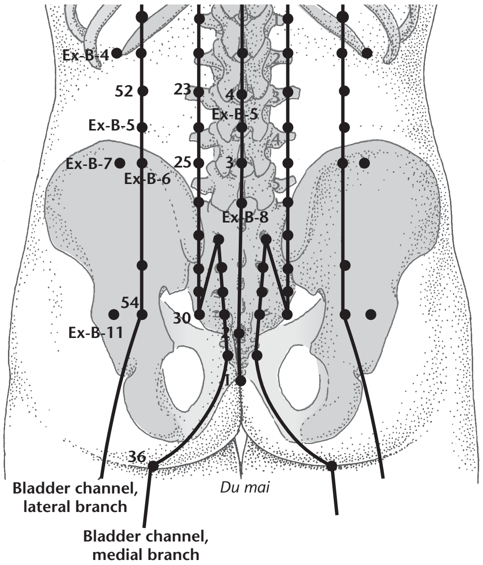
Needling

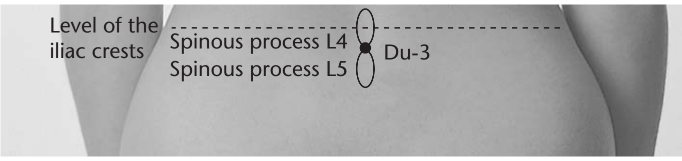
Vertically 0.5–0.8 cun

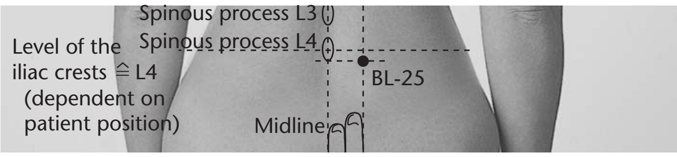
Actions/Indications

- Opens the channel and *luo* vessels

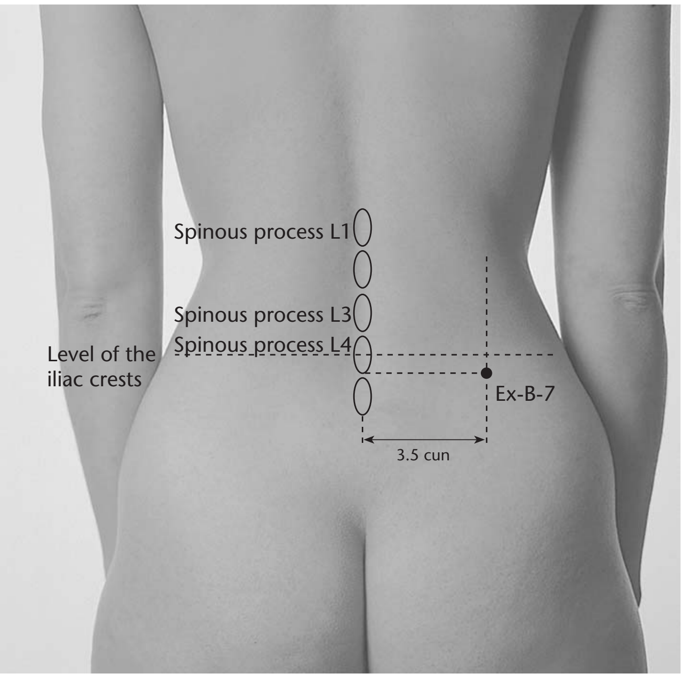

Medial border of the scapula
Spinous process L1
Spinous process L4
Level of the iliac crests
Ex-B-6
3 cun


Ex-B-4
52
23
4
Ex-B-5
Ex-B-5
Ex-B-7
25
3
Ex-B-6
Ex-B-8
54
30
Ex-B-11
2
1
36
Bladder channel, lateral branch
Du mai
Bladder channel, medial branch


Level of the iliac crests
Spinous process L4
Spinous process L5
Du-3


Spinous process L3
Spinous process L4
Level of the iliac crests ≙ L4 (dependent on patient position)
BL-25
Midline

Lumbar Eyes YAOYAN **Ex-B-7**


Spinous process L1
Spinous process L3
Spinous process L4
Level of the iliac crests
Ex-B-7
3.5 cun

Location

3.5 cun lateral to the midline, on the level of the lower border of the spinous process of the 4th lumbar vertebra (L4).

How to find

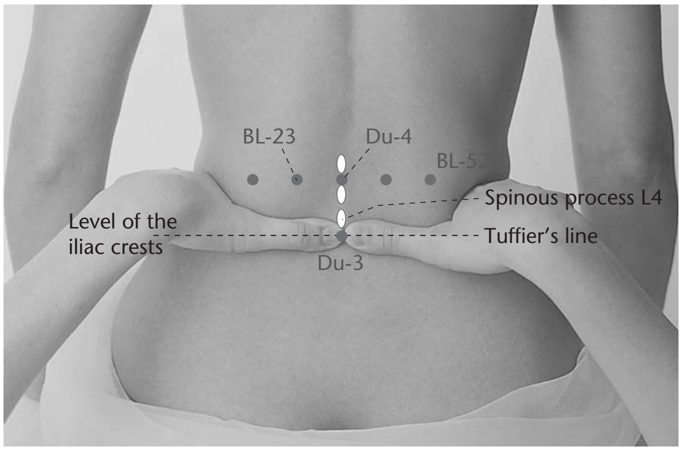
Locate the Tuffier's line and L4 (→ 3.4.3). **Ex-B-7** is located 3.5 cun lateral to it. Located on the same level are → **Du-3** (on the midline), a point of → **Ex-B-2/BL-25/Ex-B-6** (0.5/1.5/3 cun lateral to the midline).

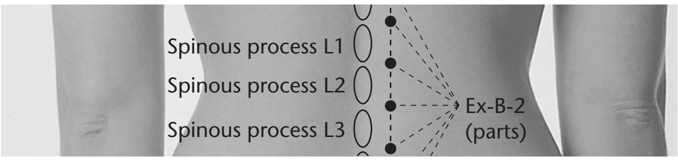
Needling

Vertically 0.5–0.8 cun

Actions/Indications

- Opens the channel locally
- Tonifies the Kidneys


BL-23
Du-4
BL-5
Spinous process L4
Level of the iliac crests
Tuffier's line
Du-3


Spinous process L1
Spinous process L2
Spinous process L3
Ex-B-2 (parts)

Ex-B-8 *Below the 17th Vertebra* SHIQIZHUI/SHIQIZHUIXIA

Location

On the midline, below the spinous process of the 5th lumbar vertebra (L5).

How to find

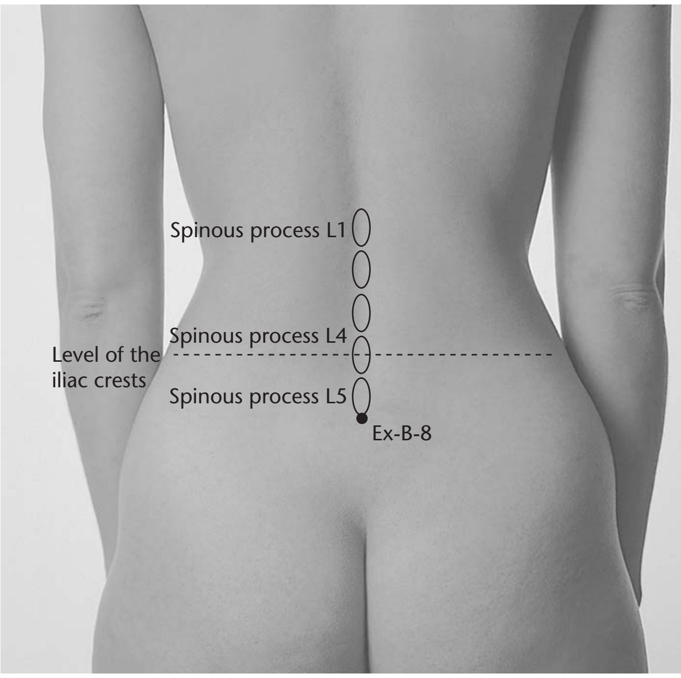
Locate the Tuffier's line and L4 (→ 3.4.3). Next, palpate in an inferior direction to the next vertebra (L5) and locate **Ex-B-8** below the border of its spinous process, at the lumbosacral joint. Located on the same level are a point of → **Ex-B-2/BL-26** (0.5/1.5 cun lateral to the midline).

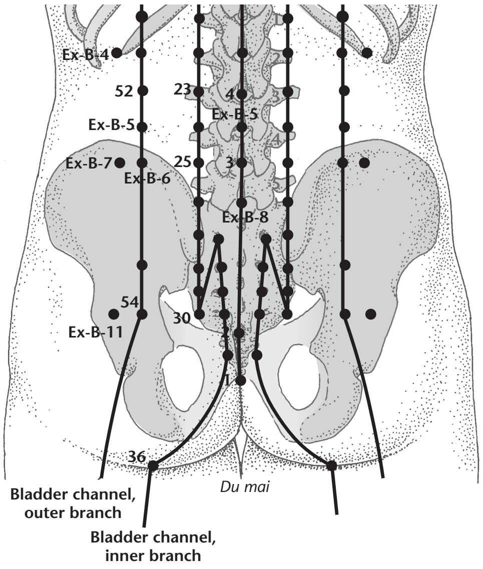
Needling

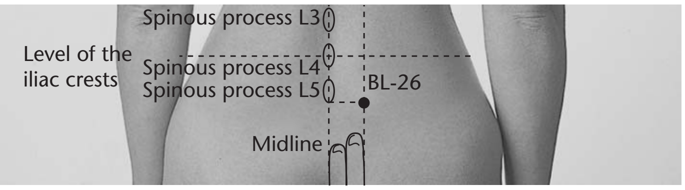
0.5–1 cun vertically to the skin or obliquely in an inferior direction. The patient's back should be straight or slightly flexed to avoid a spinal puncture. Oblique insertions in a superior direction should only be carried out by experienced practitioners, as in small persons (regardless of their weight), the spinal canal can be reached after only 1.25 cun. Caution: In pregnant women about to go into labour, this point might have a labour-promoting effect.

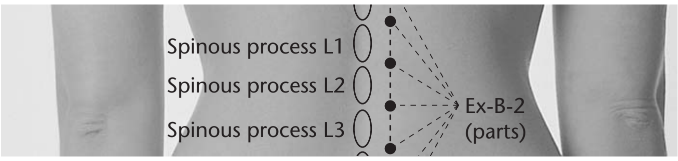
Actions/Indications

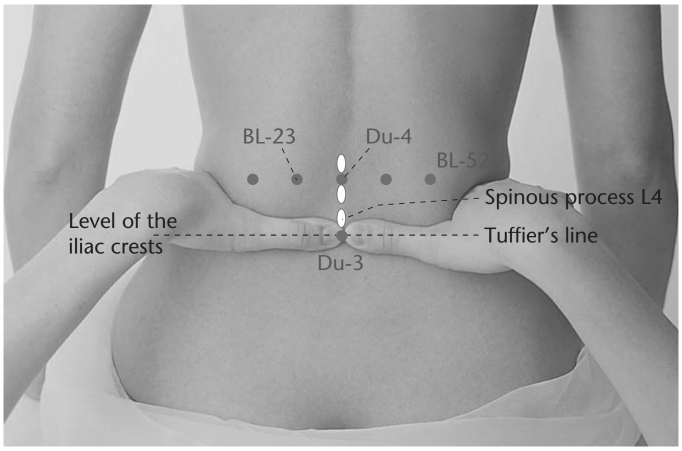
- Tonifies the Kidneys
- Opens the channel locally


Spinous process L1
Spinous process L4
Level of the iliac crests
Spinous process L5
Ex-B-8

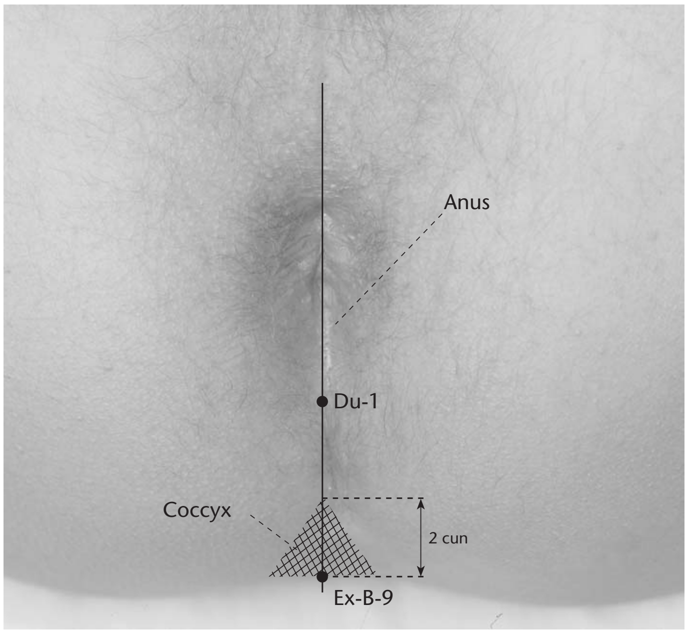

Ex-B-4
52
23
4
Ex-B-5
Ex-B-5
Ex-B-7
25
3
Ex-B-6
Ex-B-8
54
30
Ex-B-11
2
1
36
Du mai
Bladder channel, outer branch
Bladder channel, inner branch


Spinous process L3
Level of the iliac crests
Spinous process L4
Spinous process L5
BL-26
Midline


Spinous process L1
Spinous process L2
Spinous process L3
Ex-B-2 (parts)


BL-23
Du-4
BL-52
Spinous process L4
Level of the iliac crests
Tuffier's line
Du-3

Miraculous Lumbar Point YAOQI Ex-B-9



Location

2 cun superior to the tip (inferior end) of the coccyx.

How to find

Locate the tip of the coccyx superior to the anus and palpate for the sacral hiatus. From there, palpate 2 cun in a superior direction and locate **Ex-B-9** in a depression between the sacral processes.
→ **Du-1** is located on the midline, between the tip of the coccyx and the anus.

Needling

Up to 1.5 cun obliquely in a superior direction.

Actions/Indications

- Calms the *shen*

Ex-B-10 Tuberculosis Point JIEHEXUE

Location

3.5 cun lateral to the lower border of the spinous process of the 7th cervical vertebra (C7).

How to find

Locate the spinous process of C7 and, on this level, palpate 3.5 cun in a lateral direction. There, locate **Ex-B** (*jiehexue*). Located on the same level are → **Du-14** (on the midline), → **Ex-B-2/S.I.-15** (0.5/2 cun lateral to the midline).

Needling

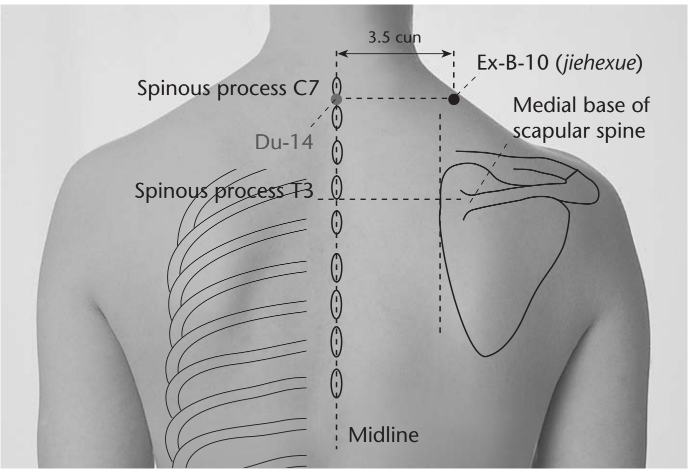
Vertically 0.5–0.8 cun. Caution: Pneumothorax.

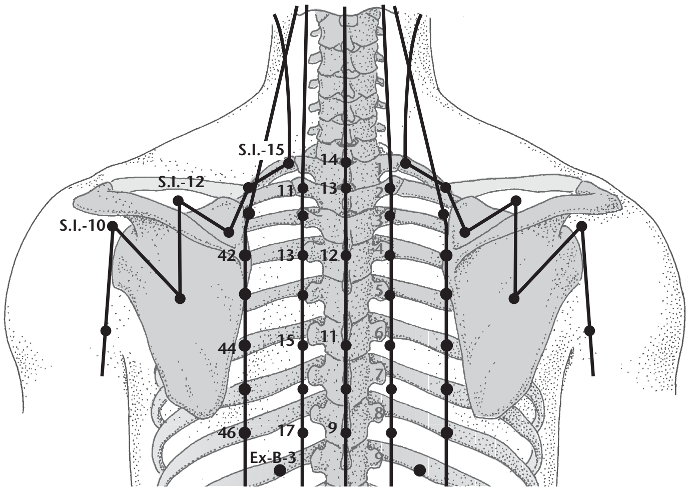
Actions/Indications

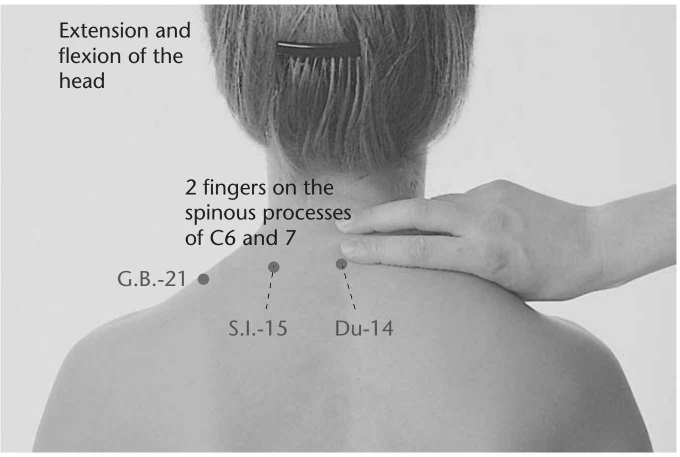
- Tonifies the Lung
- Opens the channel locally

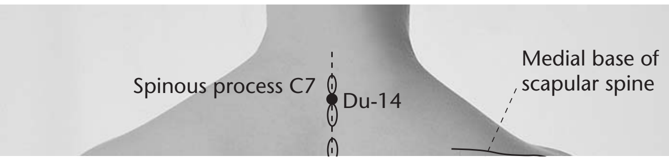
Special features

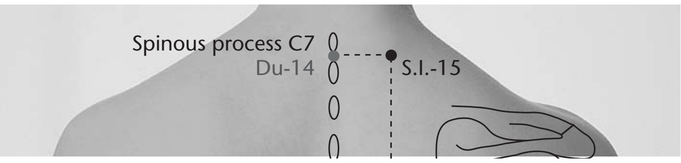
This is an unofficial extra point.


3.5 cun
Ex-B-10 (*jiehexue*)
Spinous process C7
Medial base of scapular spine
Du-14
Spinous process T3
Midline

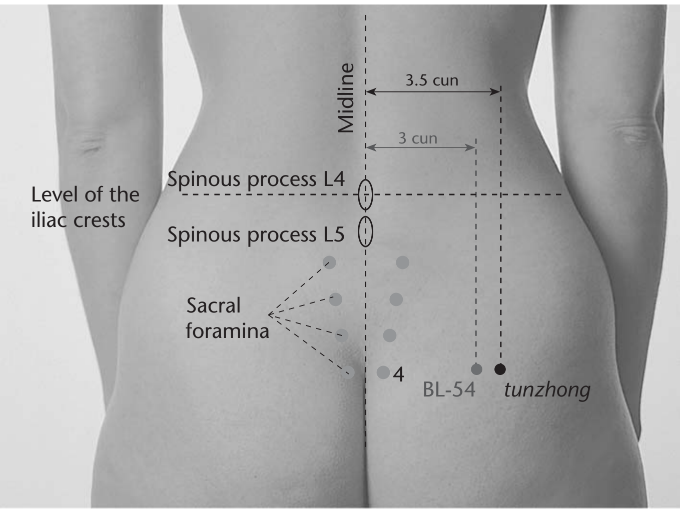

S.I.-15
14
S.I.-12
11
13
S.I.-10
42
13
12
44
15
11
46
17
9
Ex-B-3

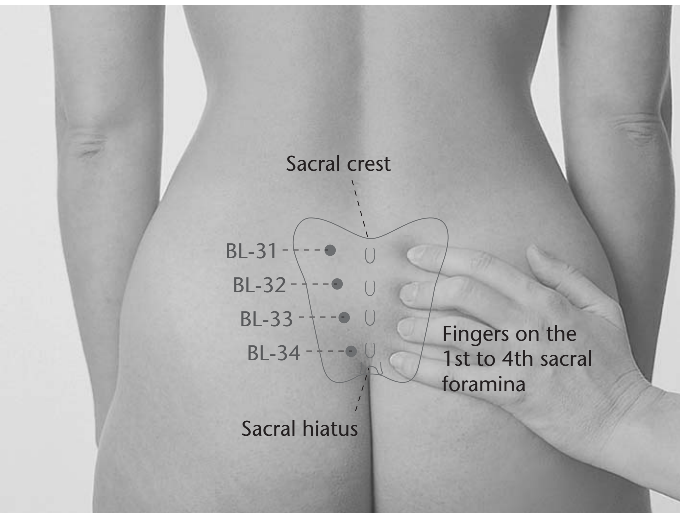

Extension and flexion of the head
2 fingers on the spinous processes of C6 and 7
G.B.-21
S.I.-15
Du-14

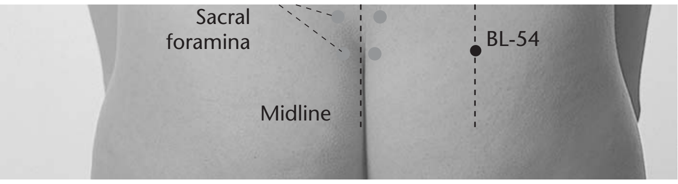

Spinous process C7
Du-14
Medial base of scapular spine

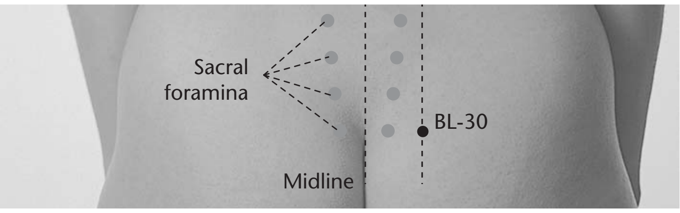

Spinous process C7
Du-14
S.I.-15

Buttock Centre TUNZHONG Ex-B


Midline
3.5 cun
3 cun
Level of the iliac crests
Spinous process L4
Spinous process L5
Sacral foramina
4
BL-54
tunzhong


Sacral crest
BL-31
BL-32
BL-33
BL-34
Fingers on the 1st to 4th sacral foramina
Sacral hiatus


Sacral foramina
BL-54
Midline


Sacral foramina
BL-30
Midline

Location

At the centre of the buttock, 3.5 cun lateral to the posterior midline, on the level of the 4th sacral foramen.

How to find

Locate the lumbosacral joint, which often forms an easily palpable 'kink' between the L5 and the sacrum. Alternatively, locate the Tuffier's line (→ 3.4.3) for reference. Then palpate the inferior aspect of the sacrum for the sacral hiatus (→ 3.4.4). Between these two reference points, the four pairs of sacral foramina are arranged on either side of the midline in a slight V-shaped form and can be palpated as shallow depressions. **Ex-B** (*tunzhong*) is located 3.5 cun lateral to the lowest depression (=4th foramen), approximately at the centre of the buttock.
Located on the same level are → **BL-34/BL-30/BL-54** (over the 4th foramen/1.5/3 cun lateral to the midline).

Needling

Vertically 2–3 cun

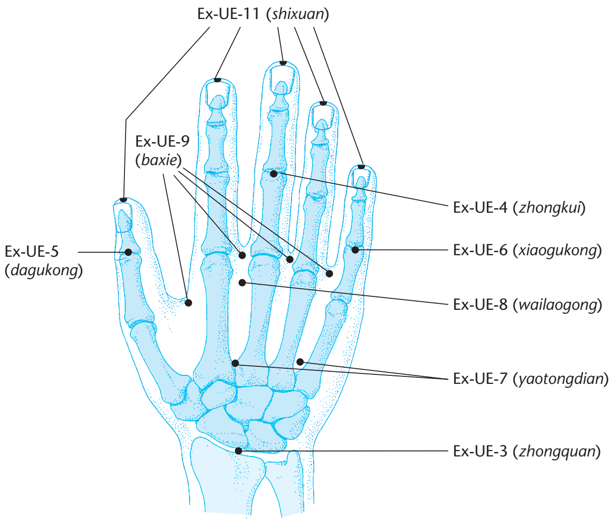
Actions/Indications

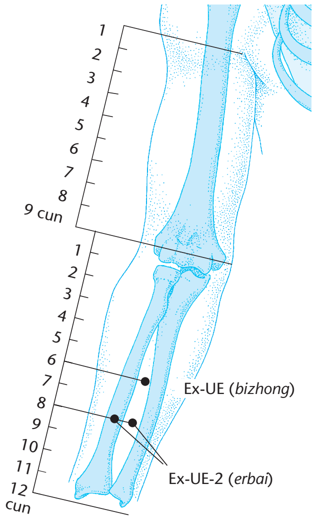
- Opens the channel and *luo* vessels locally

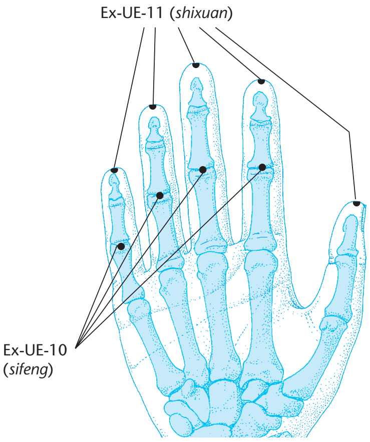
Special features

This is an unofficial extra point.

6.4 Extra Points: Upper Extremities (EX-UE)


Ex-UE-11 (*shixuan*)
Ex-UE-9
(*baxie*)
Ex-UE-5
(*dagukong*)
Ex-UE-4 (*zhongkui*)
Ex-UE-6 (*xiaogukong*)
Ex-UE-8 (*wailaogong*)
Ex-UE-7 (*yaotongdian*)
Ex-UE-3 (*zhongquan*)


1
2
3
4
5
6
7
8
9 cun
1
2
3
4
5
6
7
8
9
10
11
12
cun
Ex-UE (*bizhong*)
Ex-UE-2 (*erbai*)


Ex-UE-11 (*shixuan*)
Ex-UE-10
(*sifeng*)

English abbreviation (standard)	***Pinyin* name**	**Nguyen Van Nghi, König and Wancura, Schnorrenberger**	**Shanghai College**	**Ex (Hempen)**
Ex-UE-1	*zhoujian*		M-UE-46	
Ex-UE-2	*erbai*	PaM or ZP114	M-UE-29	
Ex-UE-3	*zhongquan*	PaM or ZP118	M-UE-33	
Ex-UE-4	*zhongkui*	PaM101	M-UE-16	
Ex-UE-5	*dagukong*	PaM or ZP100	M-UE-15	
Ex-UE-6	*xiaogukong*	PaM or ZP102	M-UE-17	
Ex-UE-7	*yaotongxue/yaotongdian*	Handpoint 2 PaM or ZP110/111[*]	M-UE	Ex18
Ex-UE-8	*wailaogong*[†]*/luozhen*	PaM or ZP108[†]	M-UE-24	Ex17
Ex-UE-9	*baxie*	PaM or ZP107	M-UE-22	Ex14
Ex-UE-10	*sifeng*		M-UE-9	Ex13
Ex-UE-11	*shixuan*	PaM or ZP86	M-UE-1	Ex15
Further Extra points				
Ex-UE	*jianqian/jianneiling*	Part of NP74[‡] (*sanjian*): *jianyu* (L.I.-15), *jianqian*, *jianhou*	M-UE-48[§]	Ex16
Ex-UE	*bizhong*	PaM or ZP115	M-UE-30	

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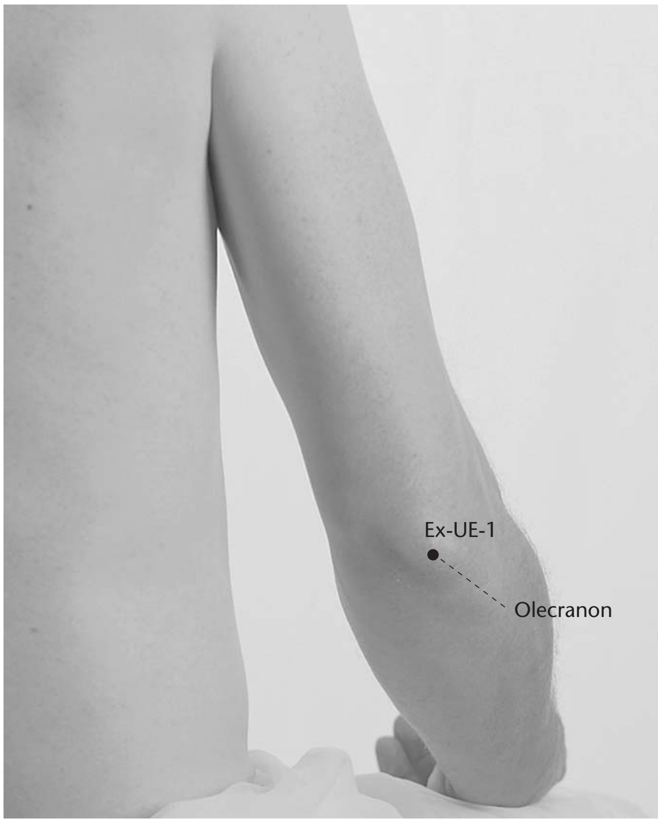
[*] The 'standard' point Ex-UE-7 (*yaotongdian* or *yaotongxue*) is described by Nguyen Van Nghi and Schnorrenberger as two separate points with different *pinyin* names: PaM or ZP110 (*weiling*) and 111 (*jingling*). Their location also corresponds to handpoint 2.

[†] Nguyen Van Nghi and Schnorrenberger distinguish between *luozhen* (PaM or ZP108) and *wailaogong* (PaM or ZP109). They describe the location of *luozhen* as identical with the 'standard' location of Ex-UE-8 (*wailaogong*): on the dorsum of the hand, between the 2nd and 3rd metacarpal bones, approximately 0.5 cun proximal to the metacarpophalangeal joint. 'Their' *wailaogong* is located at the midpoint of a line connecting the wrist and the head of the 3rd metacarpal bone, between the metacarpals, directly opposite to the point *laogong* (P-8) – hence the name *wailaogong* ('outer' *laogong*).

[‡] **NP74** (*jiansanzhen*/Three pinpricks at the Shoulder) according to Schnorrenberger: a set of three points: the first is identical with **L.I.-15** (*jianyu*), the second (*jianquan*/ Anterior to the Shoulder) is located 1 cun superior to the end of the anterior axillary fold, and the third (*jianhou*/Posterior to the Shoulder) is located 1 cun superior to the end of the posterior axillary fold.

[§] According to Deadman et al. (1998), **M-UE-48** (*jianqian*) is located midway between the end of the anterior axillary fold and **L.I.-15** (this point is not mentioned by the Shanghai College). See the point page for the location of this point.

Elbow Tip ZHOUJIAN **Ex-UE-1**


Ex-UE-1
Olecranon

Location

On the tip of the olecranon.

How to find

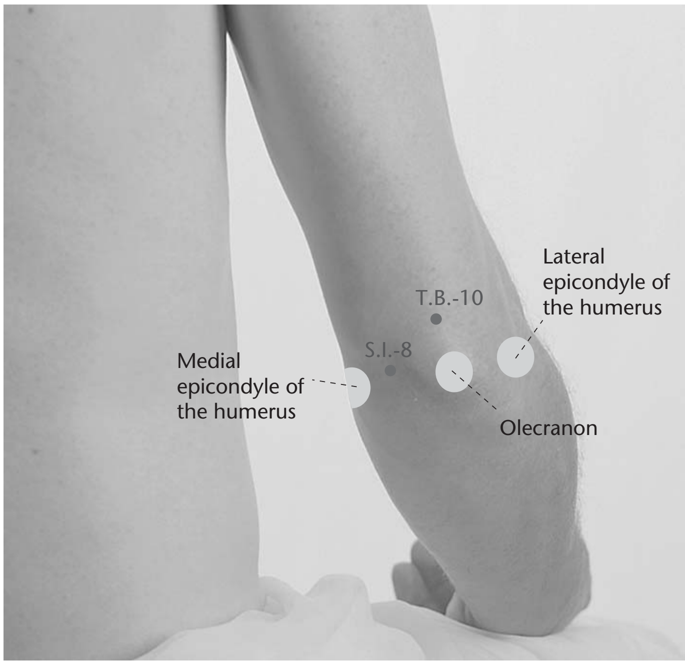
On the tip of the olecranon. This point is best located with the elbow flexed.

Needling

Moxibustion only!

Actions/Indications

- Opens the channel and *luo* vessels locally
- Disperses Phlegm locally


Lateral epicondyle of the humerus
T.B.-10
S.I.-8
Medial epicondyle of the humerus
Olecranon

Ex-UE-2 *Two Whites* ERBAI

Location

A pair of points on the palmar aspect of the forearm, 4 cun proximal to the wrist joint space (most distal wrist crease), on either side of the tendon of the flexor carpi radialis muscle.

How to find

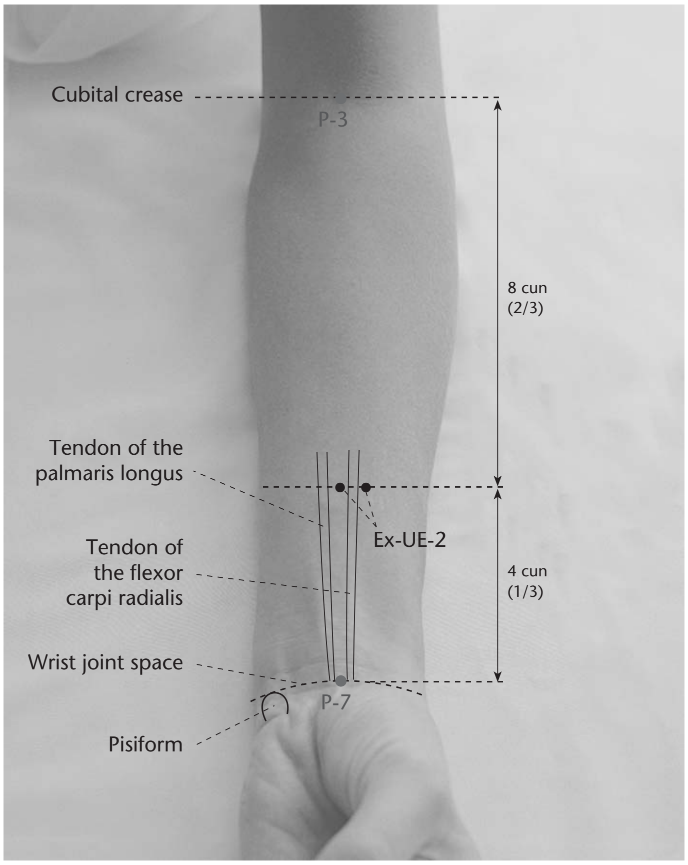
Place the patient's arm in a relaxed supinated position. As the location of the wrist crease can vary, the wrist joint space provides a more reliable point of reference (→ 3.3.3). From the centre of the wrist joint space, measure 4 cun in a proximal direction and, on this level, locate one of the points lateral to and the other point medial to the tendon of the flexor carpi radialis muscle. **Or:** Divide the distance between the cubital crease (at → **P-3**) and the wrist joint space (at → **P-7**) into thirds, then locate → **Ex-UE-2** one third of the distance from the wrist joint (helpful tool: elastic tape → 2).

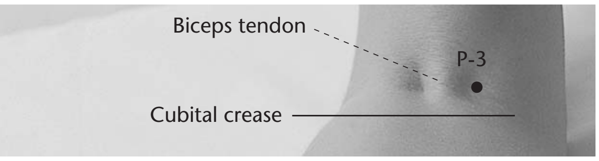
Needling

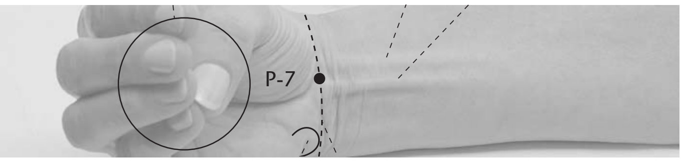
Up to 1 cun vertically or up to 1.5 cun obliquely towards proximal.

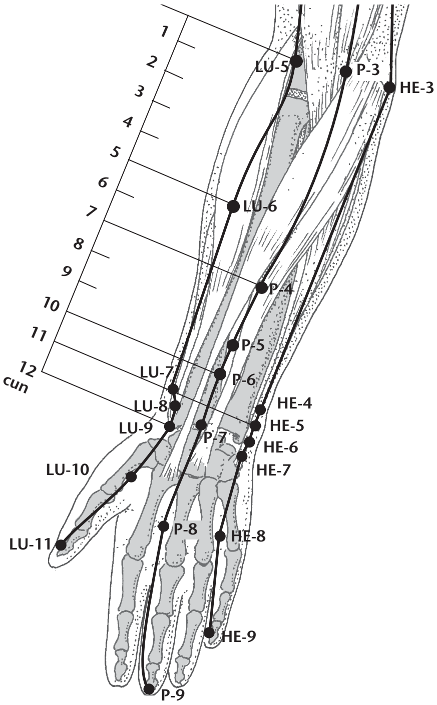
Actions/Indications

- Raises Qi to treat prolapse of the rectum and haemorrhoids

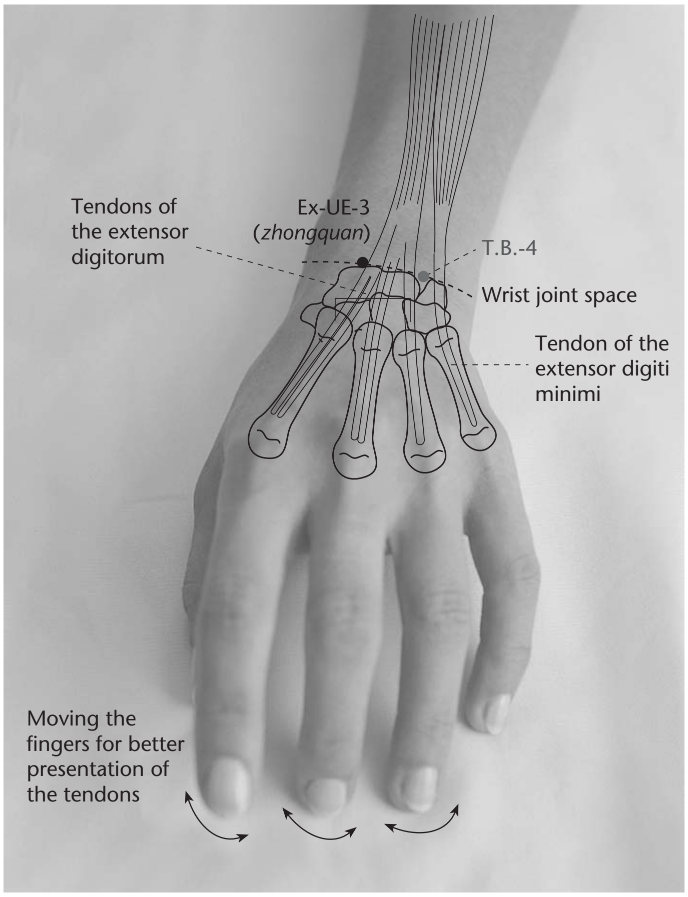

Cubital crease
P-3
8 cun
(2/3)
Tendon of the
palmaris longus
Ex-UE-2
Tendon of
the flexor
carpi radialis
4 cun
(1/3)
Wrist joint space
P-7
Pisiform


Biceps tendon
P-3
Cubital crease




1
2
3
4
5
6
7
8
9
10
11
12
cun
LU-5
P-3
HE-3
LU-6
P-4
P-5
LU-7
P-6
LU-8
LU-9
P-7
HE-4
HE-5
HE-6
HE-7
LU-10
P-8
HE-8
LU-11
HE-9
P-9

Posterior Spring ZHONGQUAN Ex-UE-3


Tendons of the extensor digitorum
Ex-UE-3 (*zhongquan*)
T.B.-4
Wrist joint space
Tendon of the extensor digiti minimi
Moving the fingers for better presentation of the tendons

Location

On the dorsal aspect of the wrist joint space (dorsal wrist crease), radial to the tendon of the extensor digitorum communis muscle.

How to find

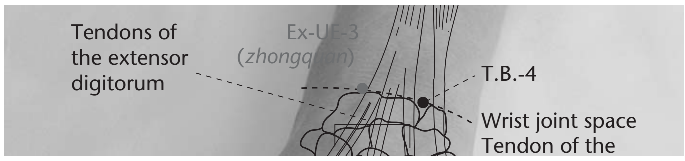
Place the patient’s arm in a relaxed pronated position. As the location of the dorsal wrist crease can vary, the joint space between the proximal row of carpals and the radius/ulna provides a more reliable point of reference (→ 3.3.3). By moving the wrist in a relaxed way, you can easily palpate the joint space. Locate **Ex-UE-3** in the joint space, radial to the tendon of the extensor digitorum communis muscle. The tendons become more pronounced by moving and overextending the three medial fingers. → **T.B.-4** is located on the same level, ulnar to the tendon of the extensor digitorum communis muscle.

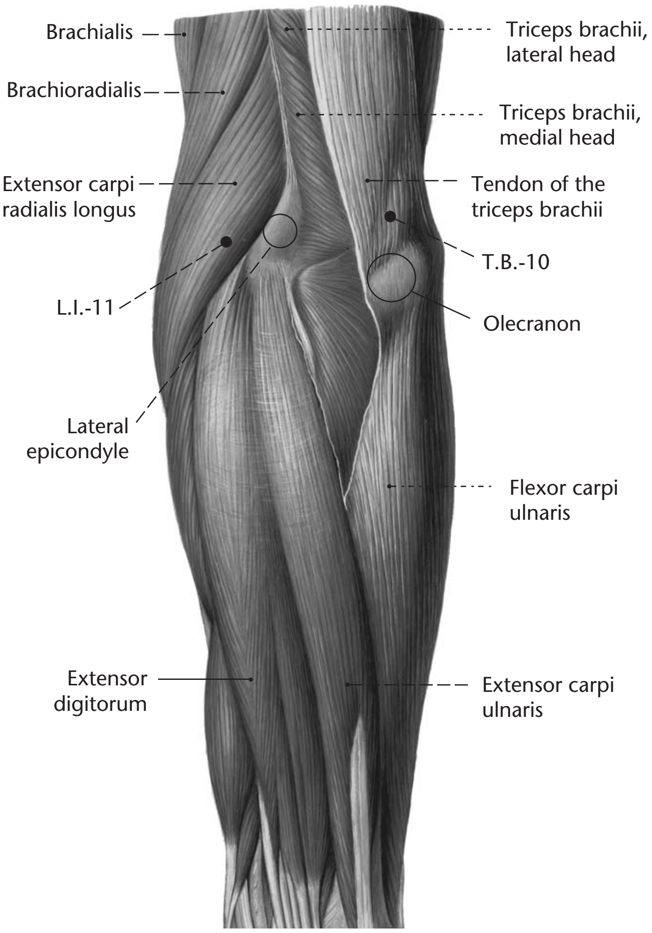
Needling

Vertically 0.3–0.5 cun

Actions/Indications

- Harmonises the Qi flow between the Upper and Middle Burner


Tendons of the extensor digitorum
Ex-UE-3 (zhongquan)
T.B.-4
Wrist joint space
Tendon of the


Brachialis
Brachioradialis
Extensor carpi radialis longus
L.I.-11
Lateral epicondyle
Extensor digitorum
Triceps brachii, lateral head
Triceps brachii, medial head
Tendon of the triceps brachii
T.B.-10
Olecranon
Flexor carpi ulnaris
Extensor carpi ulnaris

Ex-UE-4 Back of the Middle Finger ZHONGKUI

Location

As the name implies, on the dorsal aspect of the middle finger, in the centre of the transverse creases of the proximal interphalangeal joint (PIP).

How to find

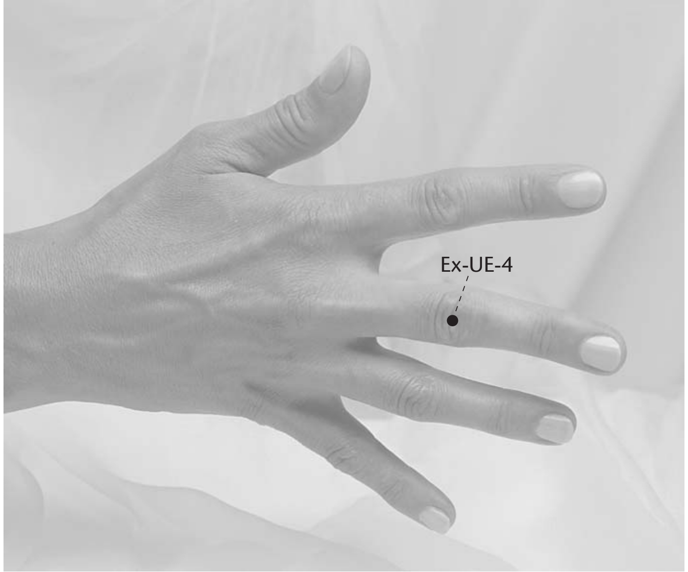
Slightly bend the PIP of the middle finger. The point is located at the vertex of the flexed joint.
Located in a comparable position on the little finger is → **Ex-UE-6** (*xiaokugong*, in the centre of the proximal PIP of the little finger).
Also located in a comparable position is → **Ex-UE-10** (*sifeng*, four points on the palmar aspect of the fingers of each hand, in the centre of the creases of the PIP joints of the 2nd to 5th fingers).

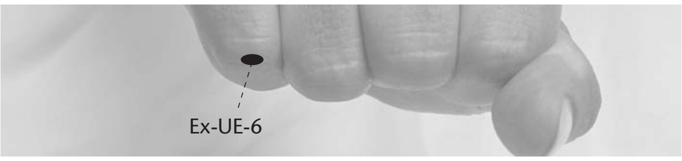
Needling

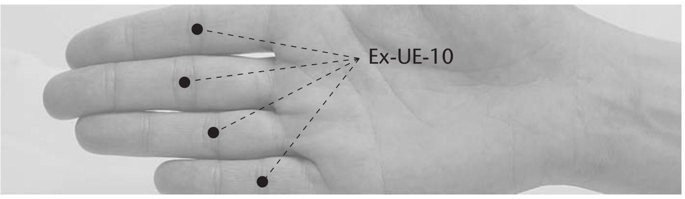
Prick to bleed or moxibustion.

Actions/Indications

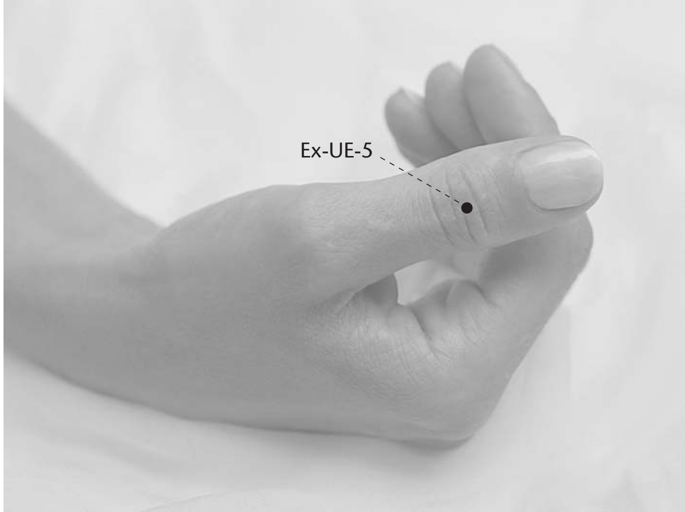
- Descends Stomach Qi
- Clears Heat







Thumb Joint DAGUKONG **Ex-UE-5**



Location

As the name implies, on the dorsal aspect of the thumb, in the centre of the transverse creases of the interphalangeal joint.

How to find

Ask the patient to slightly flex the interphalangeal joint of the thumb. The point is located at the vertex of the bent joint.

Needling

Prick to bleed or moxibustion.

Actions/Indications

- Clears Heat
- Harmonises the Middle Burner

Ex-UE-6 *Little Finger Joint* XIAOGUKONG

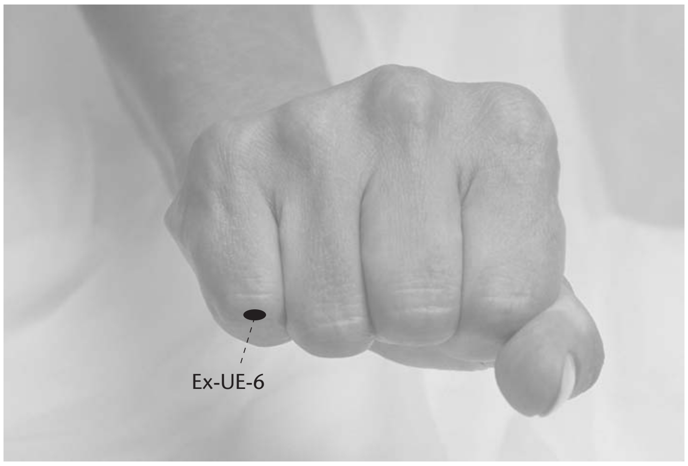
Location

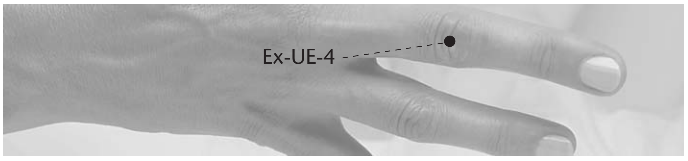
As the name implies, on the dorsal aspect of the little finger, in the centre of the transverse creases of the proximal interphalangeal joint (PIP).

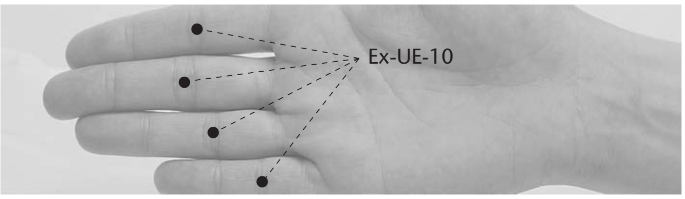
How to find

Slightly bend the PIP of the little finger. The point is located at the vertex of the flexed joint.

Located in a comparable position on the middle finger are → **Ex-UE-4** (in the centre of the proximal PIP of the middle finger) and, on the palmar aspect of the little finger, → **Ex-UE-10** (four points on the palmar aspect of the fingers of each hand, in the centre of the creases of the PIP joints of the 2nd to 5th fingers).







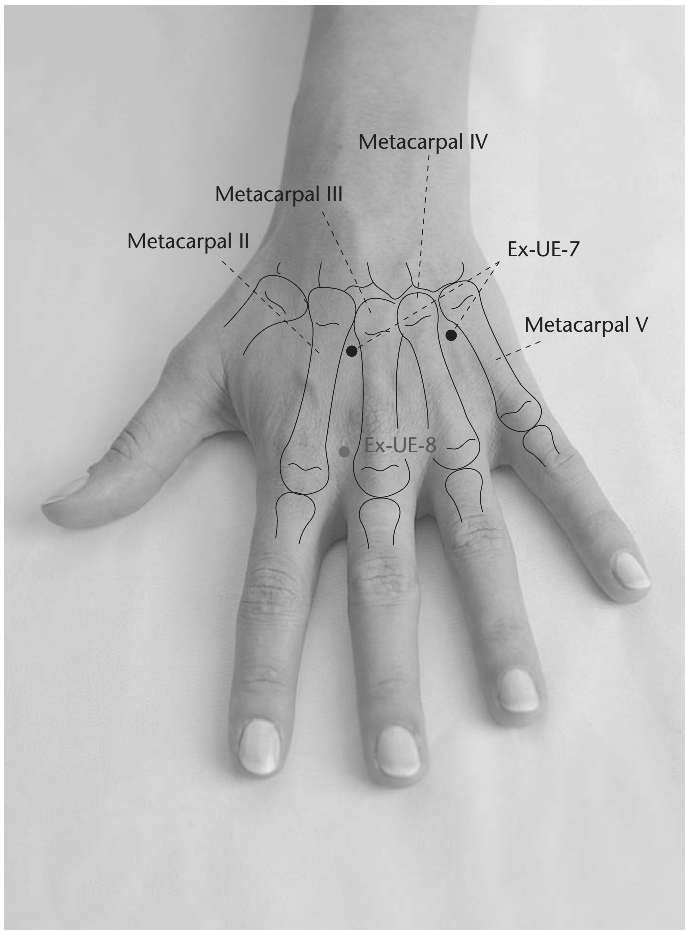
Needling

Prick to bleed

Actions/Indications

- Clears Heat

Lumbar Pair Point YAOTONGDIAN **Ex-UE-7**


Metacarpal IV
Metacarpal III
Metacarpal II
Ex-UE-7
Metacarpal V
Ex-UE-8

Location

Two points on the dorsal aspect of the hand, between the 2nd/3rd and 4th/5th metacarpal bones, on the level of the junctions of the shaft and the base of the respective metacarpal bones.

How to find

On the dorsal aspect of the hand, glide with the palpating fingers in the grooves between the 2nd and 3rd as well as between the 4th and 5th metacarpal bones towards the wrist joint, until the fingers come to rest in the depressions just distal to the bases of the metacarpal bones. Here, locate the points of **Ex-UE-7** (*yaotongdian* or *yaotongxue*).

Needling

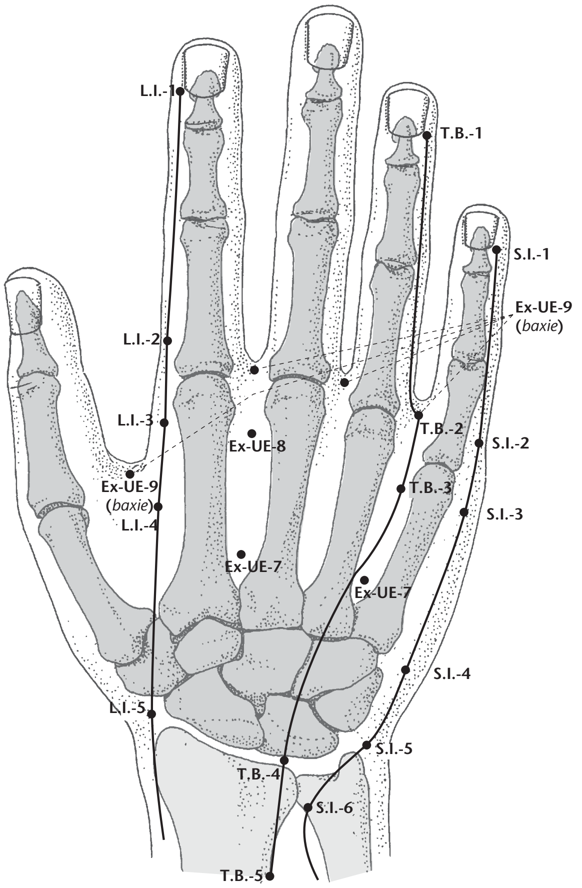
0.5–0.8 cun vertically or slightly obliquely towards the centre of a loose fist. Caution: Painful point! Do not stimulate these distal points in patients with a weak constitution: danger of needle collapse!

Actions/Indications

- Strengthen the Qi and Blood in the lumbar region, alleviate pain

Special features

Very effective distal point for acute disorders of the lumbar spine


L.I.-1
T.B.-1
S.I.-1
Ex-UE-9
(baxie)
L.I.-2
L.I.-3
T.B.-2
S.I.-2
Ex-UE-8
T.B.-3
Ex-UE-9
(baxie)
L.I.-4
S.I.-3
Ex-UE-7
Ex-UE-7
S.I.-4
L.I.-5
S.I.-5
T.B.-4
S.I.-6
T.B.-5

Ex-UE-8 *Stiff Neck* WAILAOGONG/LUOZHEN/XIANQIANG

Location

On the dorsal aspect of the hand, between the 2nd and 3rd metacarpal bones, proximal to the metacarpophalangeal joints, at the junction of the heads and the shafts of the metacarpal bones.

How to find

This point is best located with the patient making a loose fist. With the palpating finger, glide in the groove between the 2nd and 3rd metacarpal bones from the wrist joint towards the fingers until the finger comes to rest in the depression just proximal to the heads of the two metacarpal bones. Here, locate **Ex-UE-8** (*wailaogong*). Located in a comparable position between the 4th and 5th metacarpal bones is ➞ **T.B.-3**.

Needling

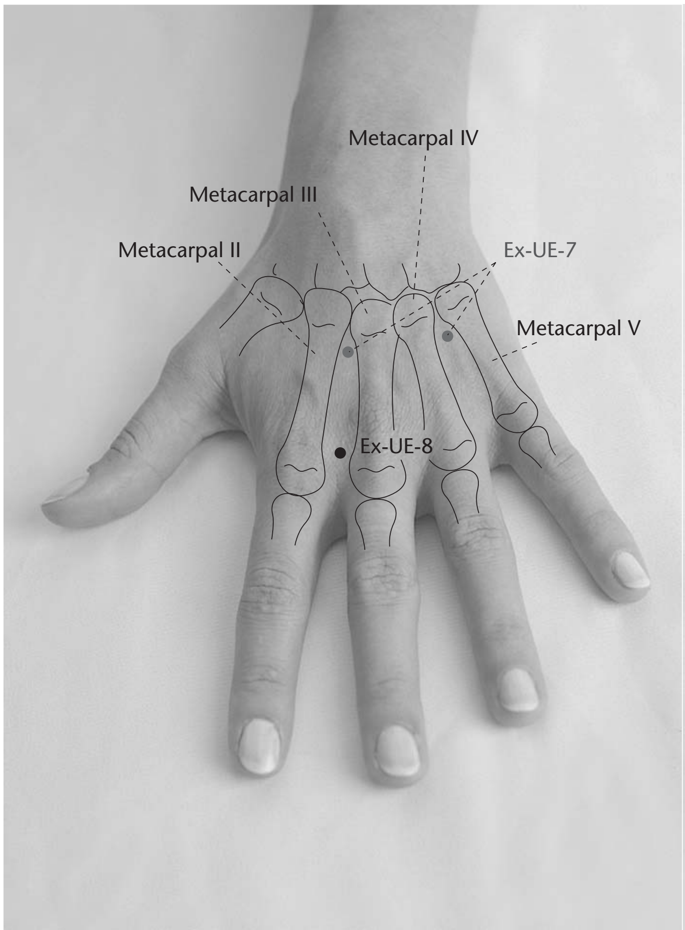
0.5–1 cun vertically or slightly obliquely. Caution: Painful point! Do not stimulate this point in patients with a weak constitution: danger of needle collapse!

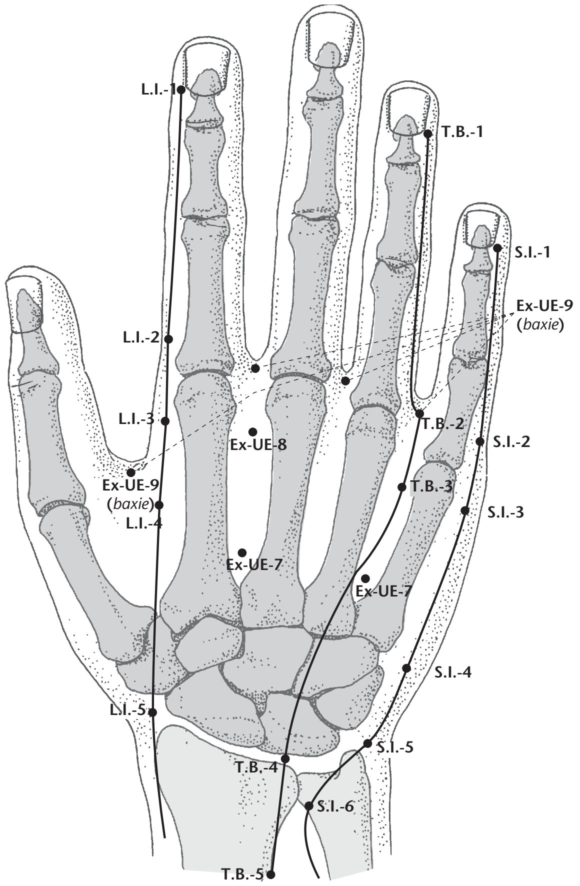
Actions/Indications

- Strengthens the Qi and Blood of the neck and alleviates pain

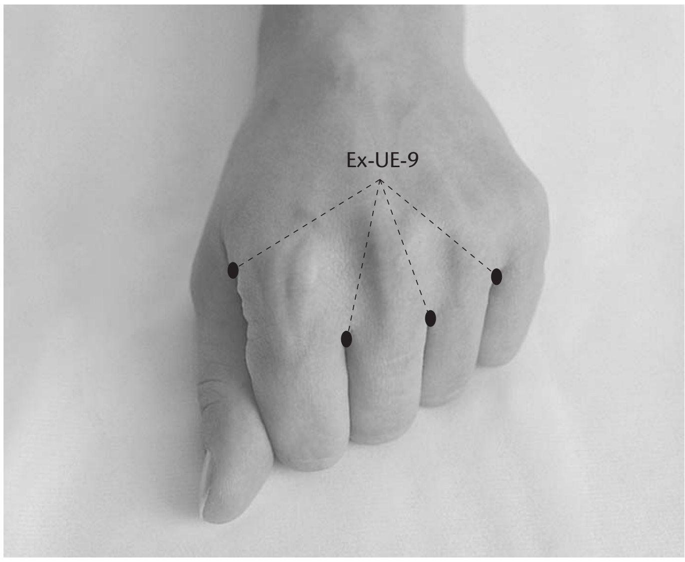
Special features

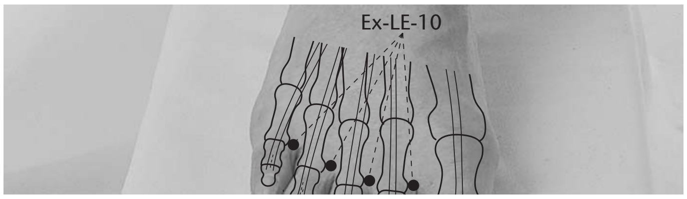
Very effective distal point for acute disorders of the cervical spine. Use strongly reducing needling techniques (for 1–2 minutes) on the affected or contralateral side while asking the patient to gently move their neck/cervical spine. The practitioner should keep the patient's hand in a fixed position and ensure that the hand and forearm are sufficiently supported.

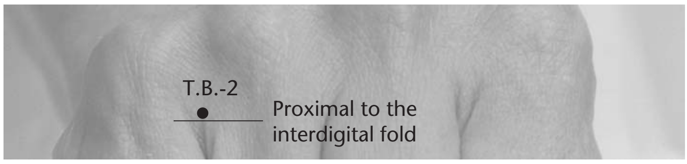

Metacarpal IV
Metacarpal III
Metacarpal II
Ex-UE-7
Metacarpal V
Ex-UE-8


L.I.-1
T.B.-1
S.I.-1
Ex-UE-9
(baxie)
L.I.-2
L.I.-3
T.B.-2
S.I.-2
Ex-UE-8
T.B.-3
Ex-UE-9
(baxie)
L.I.-4
S.I.-3
Ex-UE-7
Ex-UE-7
S.I.-4
L.I.-5
S.I.-5
T.B.-4
S.I.-6
T.B.-5

Eight Pathogens BAXIE Ex-UE-9







Location

Slightly proximal to the margins of the webs between the fingers, on the border of the red and white skin.

How to find

These points are best located when a loose fist is made. Locate the points on the border between the red and white skin. → **T.B.-2** (between the 4th and 5th fingers) is a point of **Ex-UE-9** (*baxie*). The points of → **Ex-LE-10** (*bafeng*) are located in a comparable position on the foot (proximal to the margins of the webs between the toes). → **LIV-2,** → **ST-44** and → **G.B.-43** are all part of → **Ex-LE-10**.

Needling

Up to 1 cun parallel to the metacarpal bones.

Actions/Indications

- Clears Heat
- Expels Cold and Dampness

Ex-UE-10 *Four Seams* SIFENG

Location

On the palmar aspect of the 2nd to 5th fingers, at the midpoint of the transverse creases of the proximal interphalangeal joints (PIP).

How to find

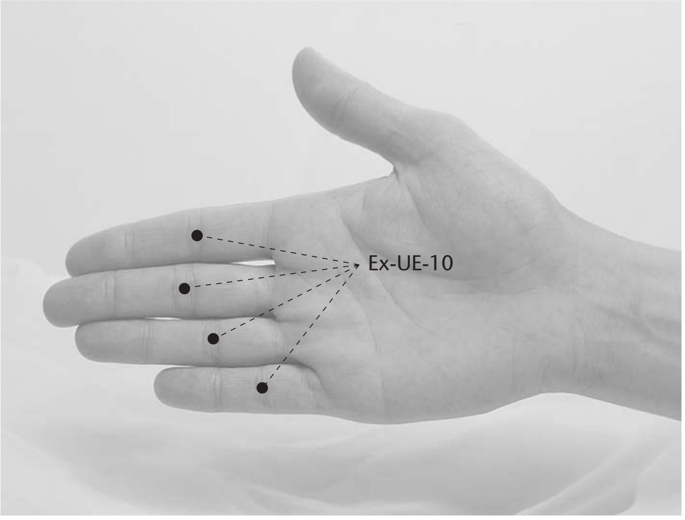
Locate these points on the palmar aspect of the 2nd to 5th fingers, at the midpoint of the transverse creases of the proximal interphalangeal joints (PIP).
Located in a similar position on the dorsal aspect of the little and middle fingers are → **Ex-UE-6** and → **Ex-UE-4** respectively.

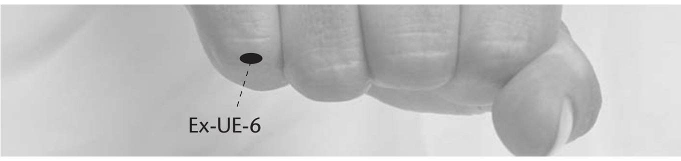
Needling

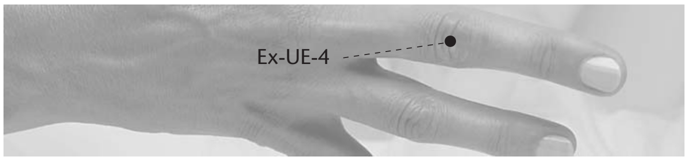
Prick to bleed

Actions/Indications

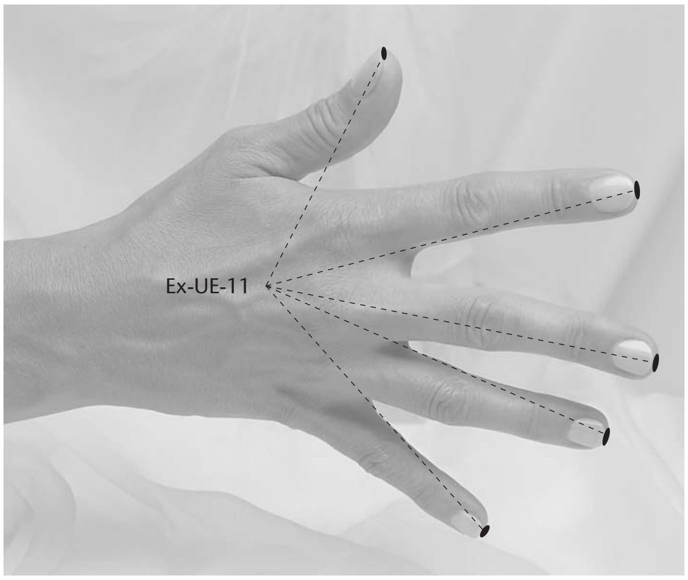
- Harmonises the Qi flow between the Upper and Middle Burner

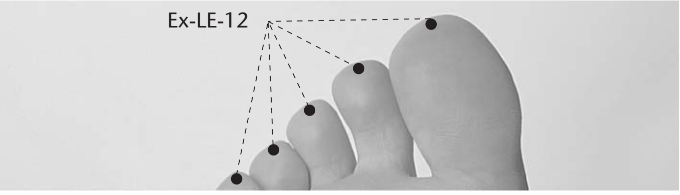






Ten Diffusions SHIXUAN Ex-UE-11





Location

On the tips of the 10 fingers.

How to find

These 10 points are located on the tips of the 10 fingers, approximately 0.1 cun from the free margin of the fingernail.
Located in a comparable position on the foot are the points of → **Ex-LE-12** (*qiduan*, on the tips of the 10 toes).

Needling

Prick to bleed

Actions/Indications

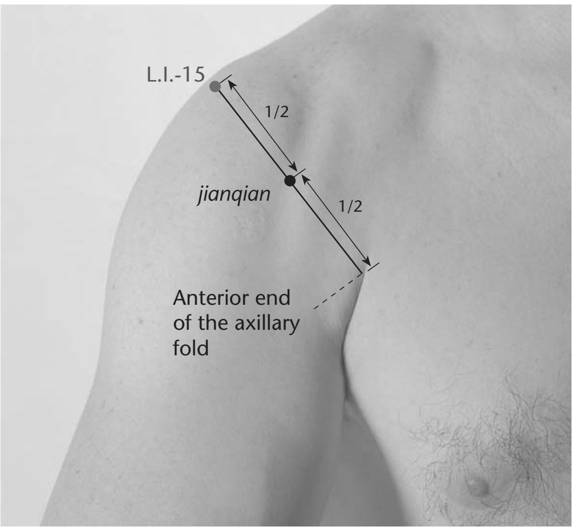
- Expels pathogenic factors

Ex-UE

Front of the Shoulder JIANQIAN/JIANNEILING

Location

On the midpoint of a line connecting the end of the anterior axillary fold and → **L.I.-15**.


L.I.-15
1/2
jianqian
1/2
Anterior end
of the axillary
fold

How to find

To locate → **L.I.-15**: Ask the patient to actively abduct their arm and locate **L.I.-15** in the depression anterior and inferior to the acromion (=ventrolateral extremity of the acromion). The end of the anterior axillary fold is formed by the easily palpable lower border of the pectoralis major muscle. *Jianqian* is located on the anterior aspect of the shoulder joint, midway between these two reference points.

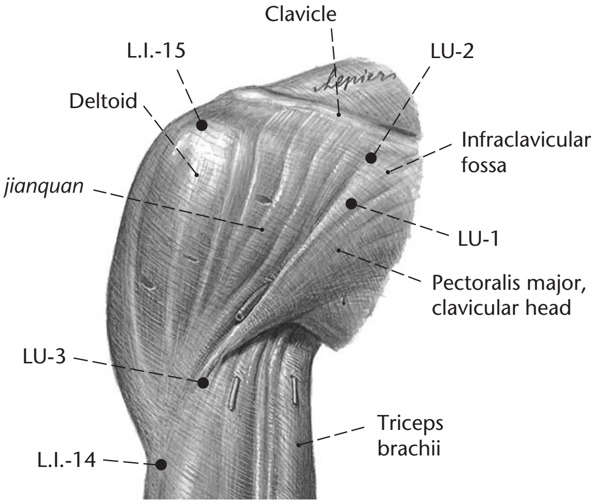
Needling

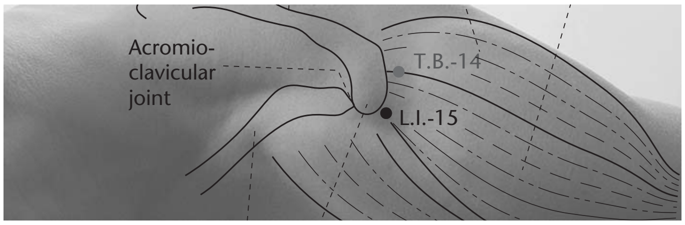
Vertically up to 1.5 cun

Actions/Indications

- Opens the channel and *luo* vessels locally

Addendum: For more details, → Table 6.4


Clavicle
L.I.-15
LU-2
Deltoid
Infraclavicular
fossa
jianquan
LU-1
Pectoralis major,
clavicular head
LU-3
Triceps
brachii
L.I.-14


Acromio-
clavicular
joint
T.B.-14
L.I.-15

Arm Centre BIZHONG **Ex-UE**

Location

On the palmar aspect of the forearm, midway between the cubital crease and the wrist joint space ('most distal wrist crease').

How to find

Place the patient's forearm in a relaxed supinated position. As the location of the wrist crease may vary, the wrist joint space presents a more reliable reference point (→ 3.3.3). The spreading hands technique is the best method for locating this point (→ 2.3.3): Place the little fingers on the centre of the wrist joint (→ **P-7**) and the cubital crease (→ **P-3**) respectively and determine the midpoint of this distance by joining the thumbs. Locate **Ex-UE** (*bizhong*) on this level between the radius and the ulna.

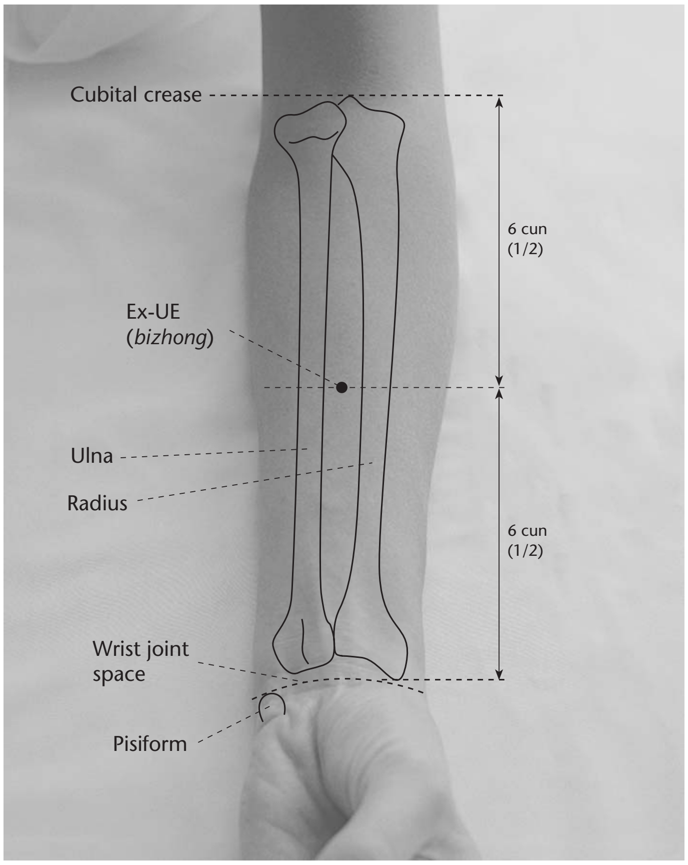
→ **P-4** is located 1 cun distal to the midpoint of the distance between → **P-3** and → **P-7** or 5 cun proximal to → **P-7**.

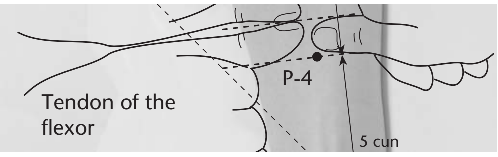
Needling

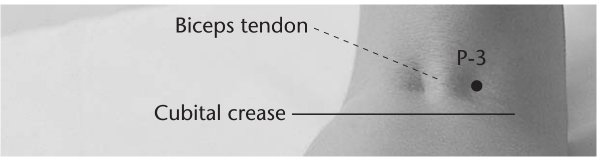
Vertically 1–1.5 cun

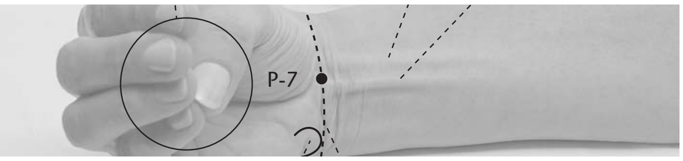
Actions/Indications

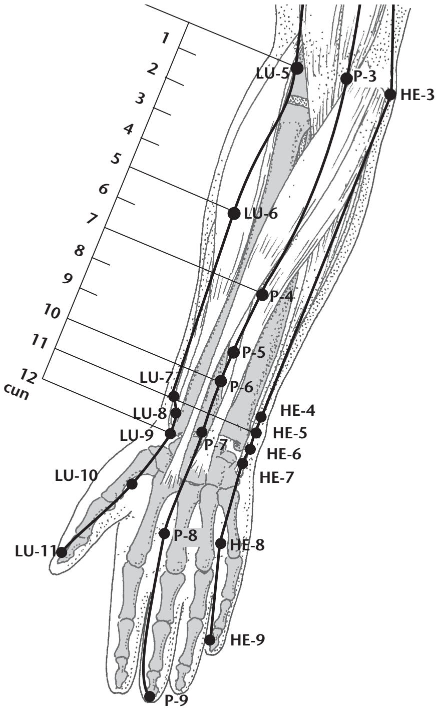
- Opens the channel and the *luo* vessels locally


Cubital crease
6 cun
(1/2)
Ex-UE
(*bizhong*)
Ulna
Radius
6 cun
(1/2)
Wrist joint
space
Pisiform

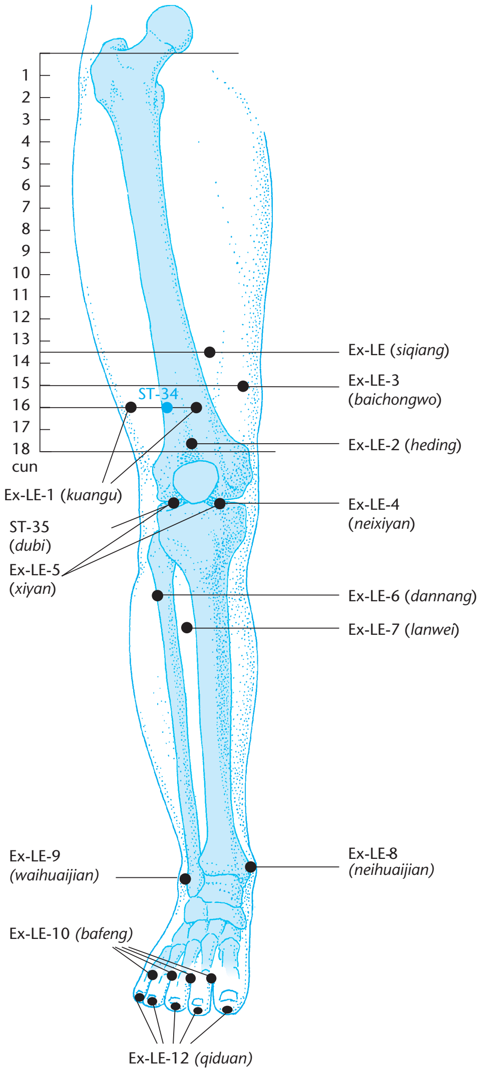

P-4
Tendon of the
flexor
5 cun


Biceps tendon
P-3
Cubital crease



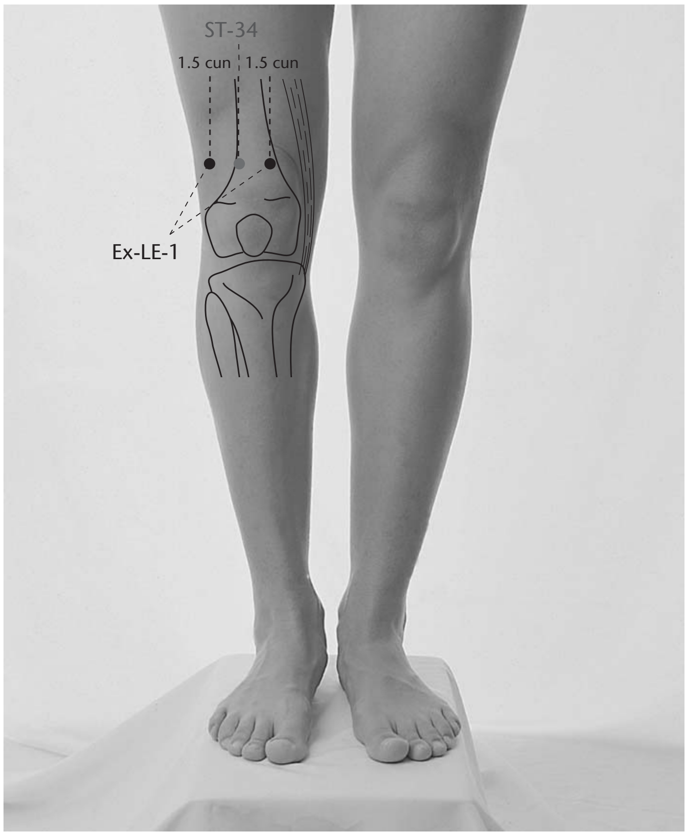

1
2
3
4
5
6
7
8
9
10
11
12
cun
LU-5
P-3
HE-3
LU-6
P-4
P-5
LU-7
P-6
LU-8
LU-9
HE-4
HE-5
P-7
HE-6
HE-7
LU-10
P-8
HE-8
LU-11
HE-9
P-9

6.5 Extra Points: Lower Extremities (EX-LE)


1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
cun
Ex-LE (*siqiang*)
Ex-LE-3 (*baichongwo*)
ST-34
Ex-LE-2 (*heding*)
Ex-LE-1 (*kuangu*)
Ex-LE-4 (*neixiyan*)
ST-35 (*dubi*)
Ex-LE-5 (*xiyan*)
Ex-LE-6 (*dannang*)
Ex-LE-7 (*lanwei*)
Ex-LE-9 (*waihuaijian*)
Ex-LE-8 (*neihuaijian*)
Ex-LE-10 (*bafeng*)
Ex-LE-12 (*qiduan*)

English abbreviation (standard)	***Pinyin* name**	**Nguyen Van Nghi, König and Wancura, Schnorrenberger**	**Shanghai College**	**Ex (Hempen)**
Ex-LE-1	*kuangu*	PaM or ZP165 (*changgu*)	M-LE-28	
Ex-LE-2	*heding/xiding*	PaM or ZP156	M-LE-27	
Ex-LE-3	*baichongwo*	PaM or ZP163	M-LE-34	Ex21
Ex-LE-4	*neixiyan*	(PaM or ZP145)	M-LE	(Ex23)
Ex-LE-5	*xiyan*	PaM or ZP145	M-LE	Ex23
Ex-LE-6	*dannangxue*	PaM or ZP152	M-LE-23	
Ex-LE-7	*lanweixue*	PaM or ZP142	M-LE-13	Ex22
Ex-LE-8	*neihuaijian*	PaM or ZP146	M-LE-17	
Ex-LE-9	*waihuaijian*	PaM or ZP151	M-LE-22	
Ex-LE-10	*bafeng*	PaM or ZP137	M-LE-8	Ex19
Ex-LE-11	*duyin*		M-LE	
Ex-LE-12	*qiduan*		M-LE-6	
Further extra points				
Ex-LE	*huanzhong*	PaM or ZP84	M-**BW-34**	Ex20
Ex-LE	*siqiang*	NP94	**N**-LE-19	
Ex-LE	*lineiting*	PaM or ZP130	M-LE-1	

Hip Bone KUANGU Ex-LE-1


ST-34
1.5 cun
1.5 cun
Ex-LE-1

Location

A pair of points 2 cun superior to the patella and 1.5 cun lateral and medial to → **ST-34** (*liangqiu*).

How to find

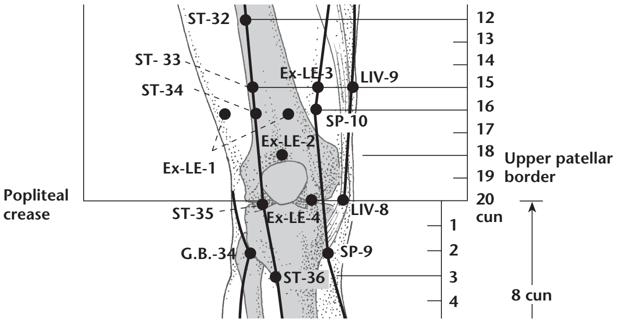
First, locate → **ST-34**: measure 2 cun superiorly from the lateral upper border of the patella and there locate → **ST-34** in a depression on the vastus lateralis muscle. Then locate **Ex-LE-1** 1.5 cun lateral and medial to → **ST-34**.

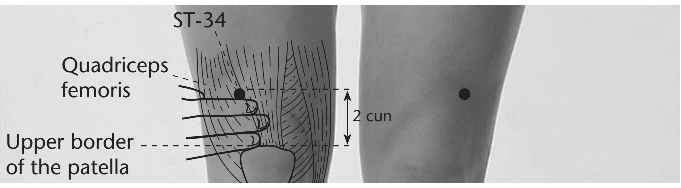
Needling

Vertically 1–1.5 cun

Actions/Indications

- Alleviate pain


ST-32
ST- 33
ST-34
Ex-LE-1
Popliteal crease
ST-35
G.B.-34
Ex-LE-3
LIV-9
SP-10
Ex-LE-2
Ex-LE-4
LIV-8
SP-9
ST-36
12
13
14
15
16
17
18
19
20
cun
Upper patellar border
1
2
3
4
8 cun


ST-34
Quadriceps femoris
Upper border of the patella
2 cun

Ex-LE-2 *Crane's Summit* HEDING/XIDING

Location

In the centre of the upper border of the patella.

How to find

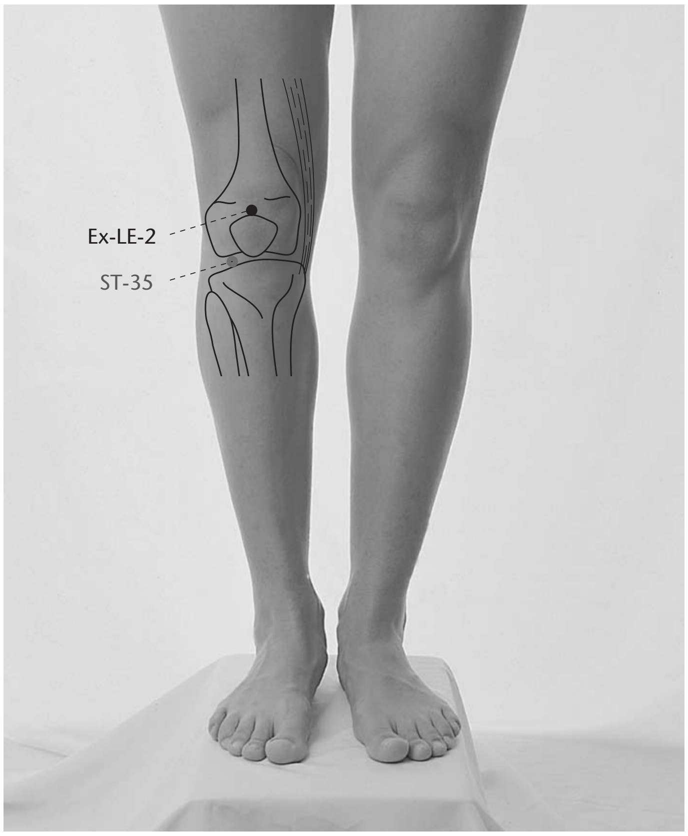
This point is best located and needled with the patient's knee slightly flexed (knee support). Locate the midpoint of the upper patellar border and there locate **Ex-LE-2** (*heding*).

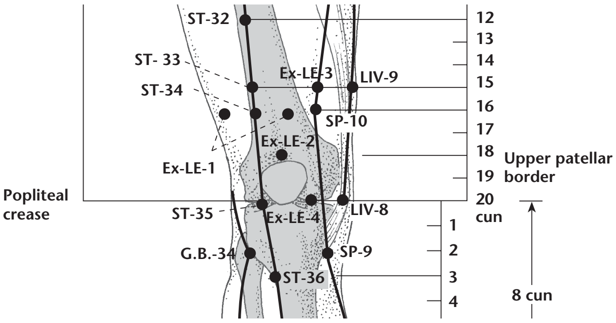
Needling

Vertically 0.5–0.8 cun

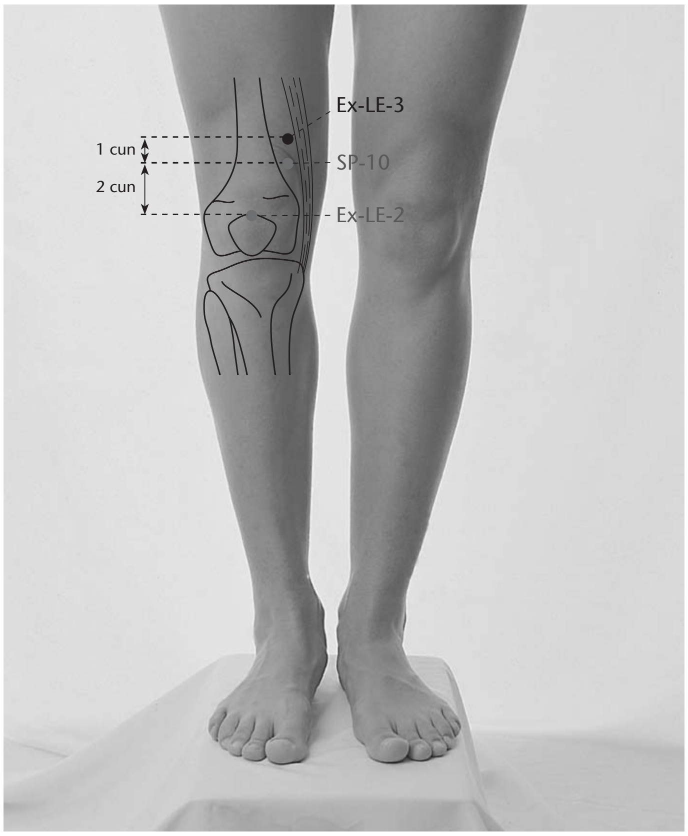
Actions/Indications

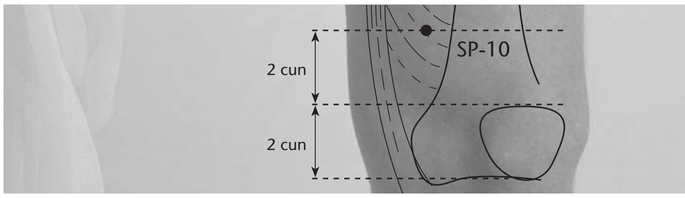
- Benefits the knee joint




ST-32
ST- 33
ST-34
Ex-LE-3
LIV-9
SP-10
Ex-LE-2
Ex-LE-1
Popliteal crease
ST-35
Ex-LE-4
LIV-8
G.B.-34
SP-9
ST-36
12
13
14
15
16
17
18
19
20 cun
Upper patellar border
1
2
3
4
8 cun

Hundred Insect Burrow BAICHONGWO Ex-LE-3





Location

3 cun superior and 1 cun medial to the upper medial border of the patella, in a small depression on the vastus medialis muscle or 1 cun superior to → **SP-10**.

How to find

The patient should be in a supine or preferably in a seated position, with their knee flexed. Locate the upper medial border of the patella and, from there, measure 3 cun (1 handsbreadth) towards proximal. There, locate **Ex-LE-3** in a small depression on the vastus lateralis muscle.

Needling

Vertically 1–2 cun

Actions/Indications

- Cools Blood-Heat, eliminates Wind, drains Dampness

Ex-LE-4 *Inner Eye of the Knee* NEIXIYAN

Location

With the knee flexed, inferior to the patella, in a depression medial to the patellar ligament.

How to find

This point is best located with the patient's knee flexed (use knee support). The medial eye of the knee can be located in a distinct depression on the level of the lower border of the patella, medial to the patellar ligament. The lateral eye of the knee corresponds to → **ST-35** (*dubi*). Together, these two points form the extra point → **Ex-LE-5** (*xiyan*).

Needling

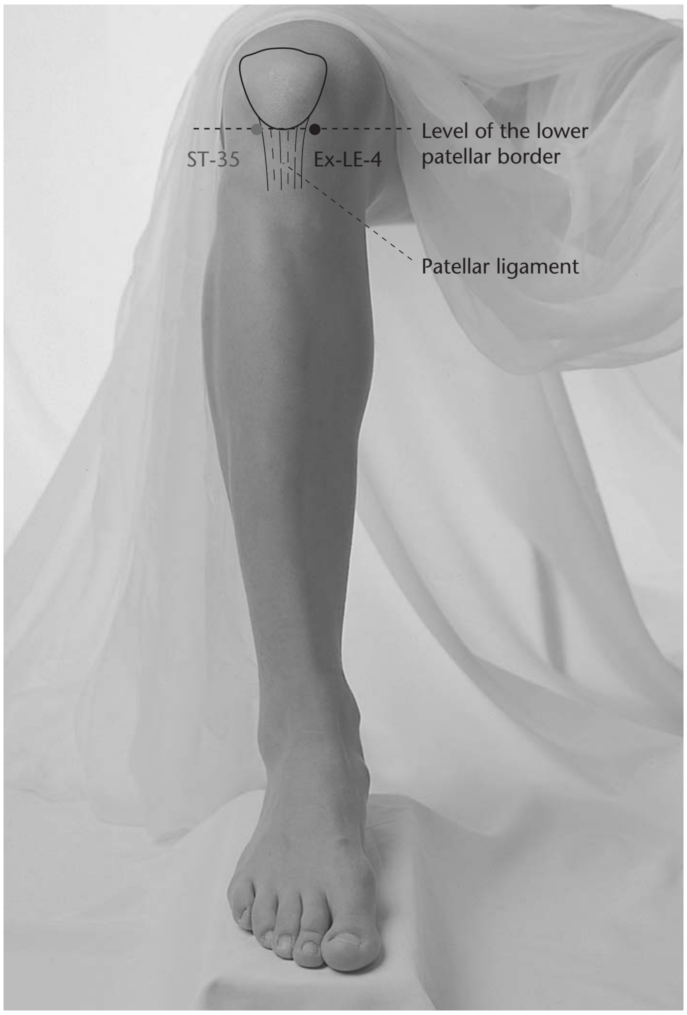
0.5–1 cun vertically or obliquely towards the lateral eye of the knee. Caution: Knee joint.

Actions/Indications

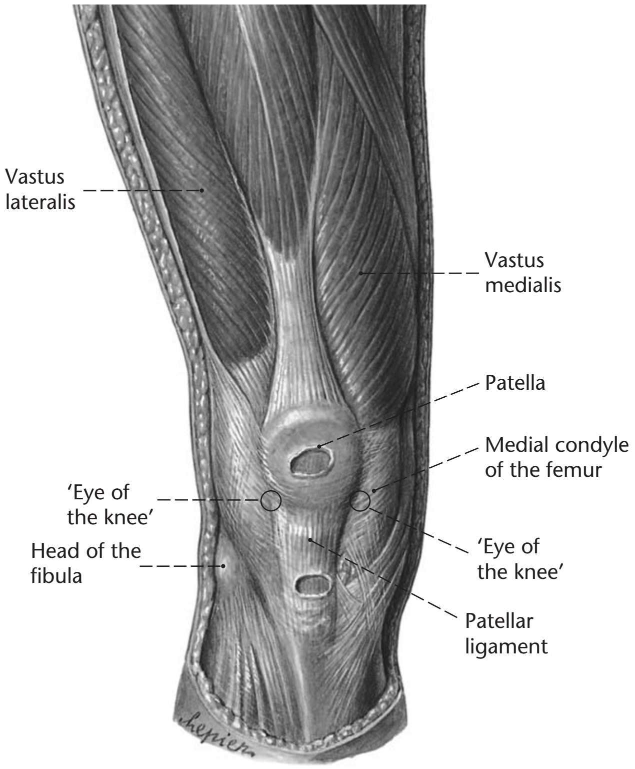
- Disorders of the knee joint

Special features

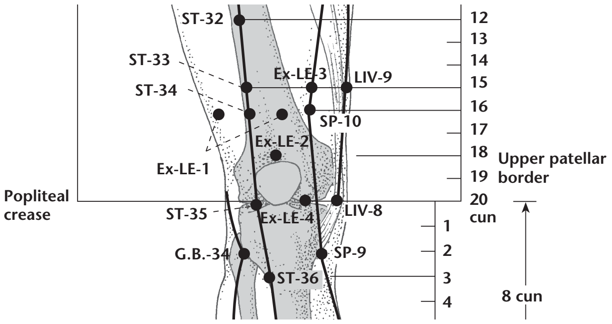
Important local point



ST-35
Ex-LE-4
Level of the lower patellar border
Patellar ligament

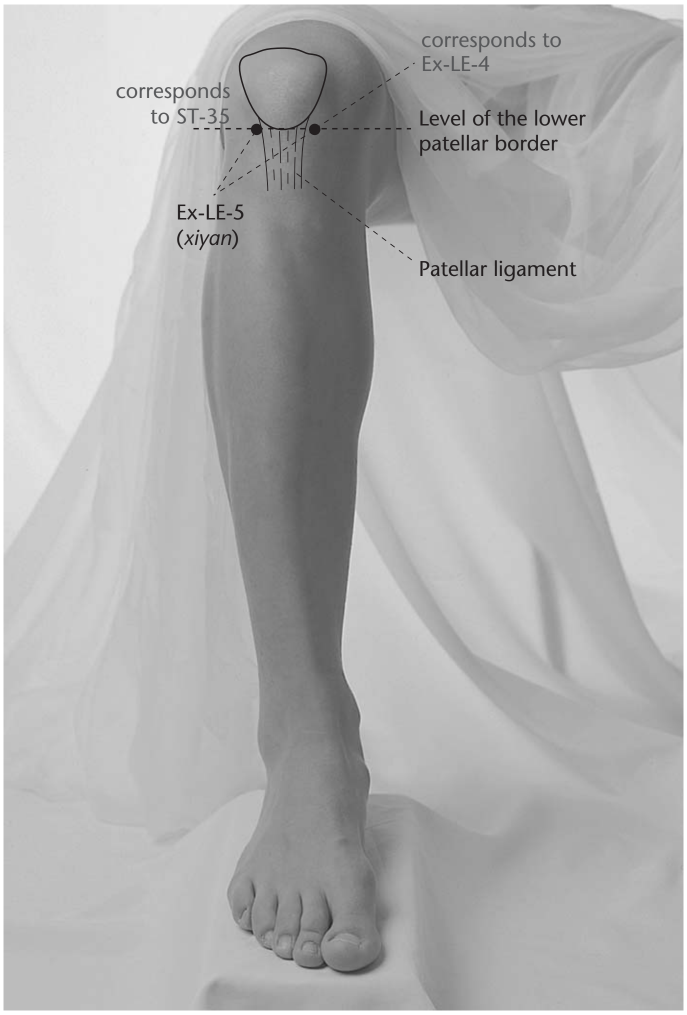


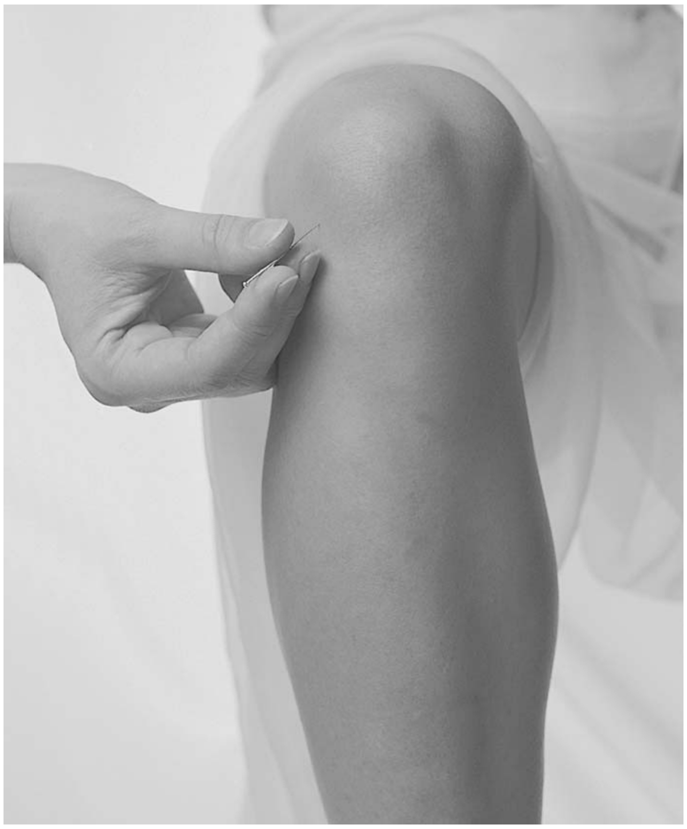
Vastus lateralis
Vastus medialis
Patella
Medial condyle of the femur
'Eye of the knee'
Head of the fibula
'Eye of the knee'
Patellar ligament



ST-32
ST-33
ST-34
Ex-LE-3
LIV-9
SP-10
Ex-LE-2
Ex-LE-1
Popliteal crease
ST-35
Ex-LE-4
LIV-8
G.B.-34
SP-9
ST-36
12
13
14
15
16
17
18
19
20
cun
Upper patellar border
1
2
3
4
8 cun

Eyes of the Knee XIYAN Ex-LE-5





Location

With the knee flexed, this pair of points is located inferior to the patella, medial and lateral to the patellar ligament. **Ex-LE-5** (*xiyan*) includes two points: the medial eye of the knee corresponds to → **Ex-LE-4** (*neixiyan*), the lateral eye of the knee to **ST-35** (*dubi*).

How to find

This point is best located with the patient's knee flexed (use knee support). The eyes of the knee can be located on the level of the lower border of the patella, lateral and medial to the patellar ligament. The lateral eye of the knee corresponds to → **ST-35** (*dubi*), the medial eye of the knee to → **Ex-LE-4** (*neixiyan*). Together, these two points form the extra point **Ex-LE-5** (*xiyan*).

Needling

Medial eye of the knee: 0.5–1 cun vertically or obliquely towards the lateral eye of the knee; lateral eye of the knee: 0.5–1 cun vertically or obliquely towards the medial eye of the knee. Caution: Do not needle too deeply to avoid intra-articular puncture (these points correspond to the incision sites for knee arthroscopy).

Actions/Indications

- Eliminate Wind-Dampness, reduce swellings and alleviate pain

Special features

Important local points for disorders of the knee

Ex-LE-6 *Gall Bladder Point* DANNANG/DANNANGXUE/DANNANGDIAN

Location

On the G.B. channel of the **right** leg, approximately 1–2 cun distal to ➞ **G.B.-34**, palpate for the most tender point.

How to find

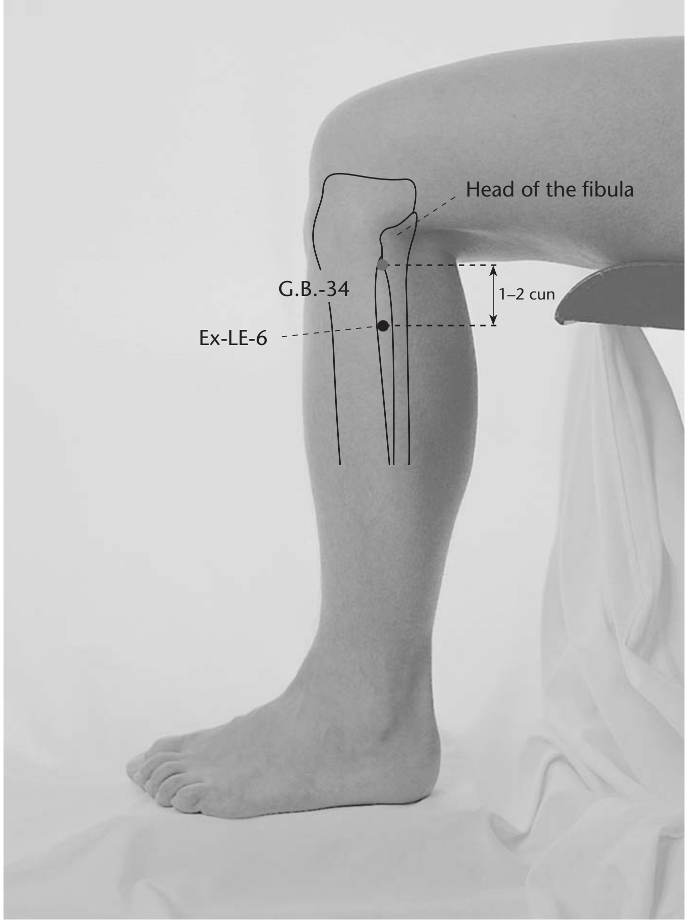
First, locate ➞ **G.B.-34** on the right leg: locate the head of the fibula on the lateral aspect of the leg (where the seam of the trousers would be) and hold it with the index and middle fingers (as with tweezers). By gliding distally with both fingers, the index finger will come to rest in a depression directly inferior and anterior to the head of the fibula (➞ **G.B.-34**). From there, continue to palpate slowly along the G.B. channel, until you find the most tender point approximately 1–2 cun inferior to ➞ **G.B.-34**. This is the location of **Ex-LE-6** (*dannangxue*).

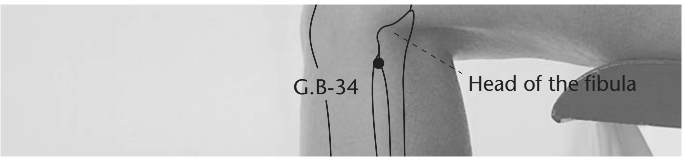
Needling

Vertically 1–1.5 cun

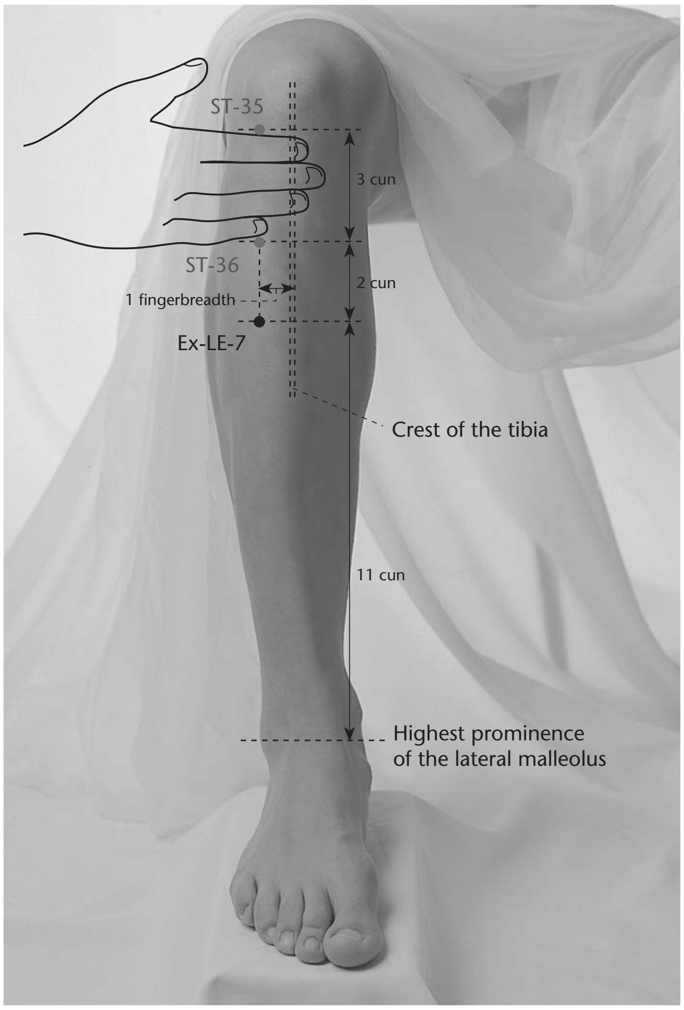
Actions/Indications

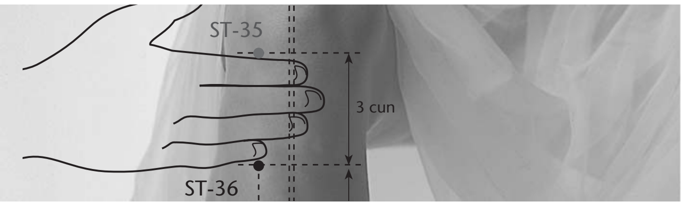
- Clears Heat and drains Dampness for acute and chronic disorders of the Gall Blader such as cholecystitis and cholelithiasis (tenderness on this point is diagnostically significant).





Appendix Point LANWEI/LANWEIXUE **Ex-LE-7**


ST-35
3 cun
ST-36
2 cun
1 fingerbreadth
Ex-LE-7
Crest of the tibia
11 cun
Highest prominence of the lateral malleolus


ST-35
3 cun
ST-36

Location

On the ST channel of the **right** leg, the most tender point approximately 2 cun distal to → **ST-36**.

How to find

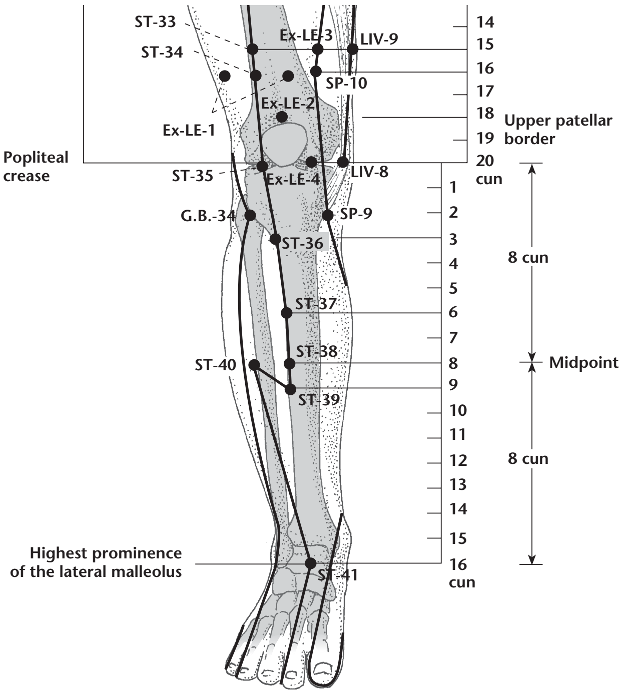
Locate this point on the right leg only (this corresponds to the unilateral location of the appendix on the abdomen). First, locate → **ST-36** 3 cun inferior to the knee joint space (→ **ST-35**) and 1 cun lateral to the anterior crest of the tibia. Then continue to palpate along the ST channel for approximately 2 cun (towards → **ST-37**, 3 cun inferior to → **ST-36**) and locate **Ex-LE-7** (*lanweixue*) on the most tender point.

Needling

Vertically 1–1.5 cun

Actions/Indications

- Activates the Qi and Blood flow in the Large Intestine, clears Heat and Heat toxins from the Large Intestine


ST-33
ST-34
Ex-LE-3
LIV-9
SP-10
Ex-LE-2
Ex-LE-1
Popliteal crease
ST-35
Ex-LE-4
LIV-8
G.B.-34
SP-9
ST-36
ST-37
ST-38
ST-40
ST-39
Highest prominence of the lateral malleolus
ST-41
14
15
16
17
18
19
20 cun
Upper patellar border
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16 cun
8 cun
Midpoint
8 cun

Ex-LE-8 *Medial Malleolus Tip* NEIHUAIJIAN

Location

On the highest point of the medial malleolus.

How to find

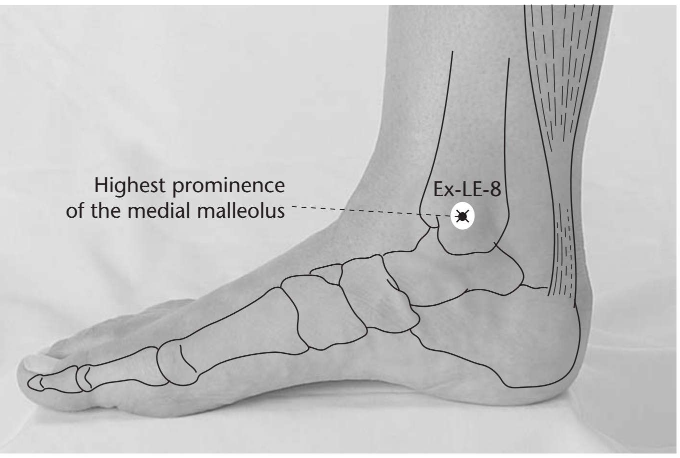
Find the highest prominence of the medial malleolus and there locate **Ex-LE-8** (*neihuaijian*). Located in a comparable position but on the lateral malleolus is ➞ **Ex-LE-9** (*waihuaijian*).

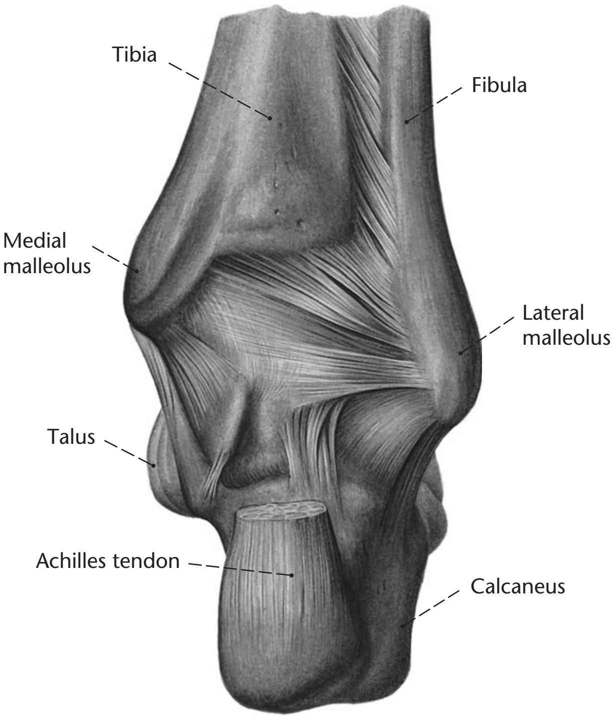
Needling

0.1 cun transversely (subcutaneously) or prick to bleed.

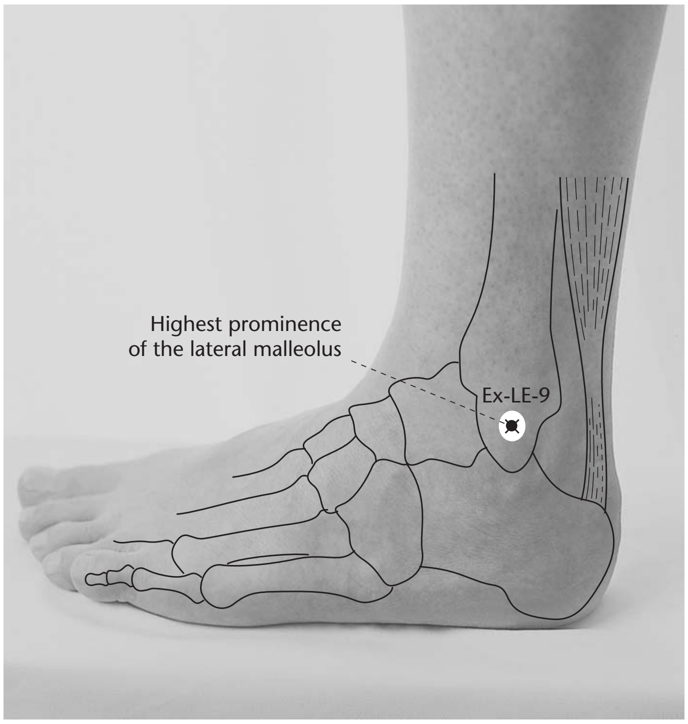
Actions/Indications

- Pain in the medial ankle region


Highest prominence
of the medial malleolus
Ex-LE-8


Tibia
Fibula
Medial
malleolus
Lateral
malleolus
Talus
Achilles tendon
Calcaneus

Outer Malleolus Tip WAIHUAIJIAN Ex-LE-9


Highest prominence
of the lateral malleolus
Ex-LE-9

Location

On the highest prominence of the lateral malleolus

How to find

Find the highest prominence of the lateral malleolus and there locate **Ex-LE-9** (*waihuaijian*). Located in a comparable position but on the medial malleolus is → **Ex-LE-8** (*neihuaijian*).

Needling

0.1 cun transversely (subcutaneously) or prick to bleed.

Actions/Indications

- Pain in the lateral ankle region

Ex-LE-10 *Eight Winds* BAFENG

Location

Eight points located on the dorsum of the foot, slightly proximal to the margins of the interdigital webs.

How to find

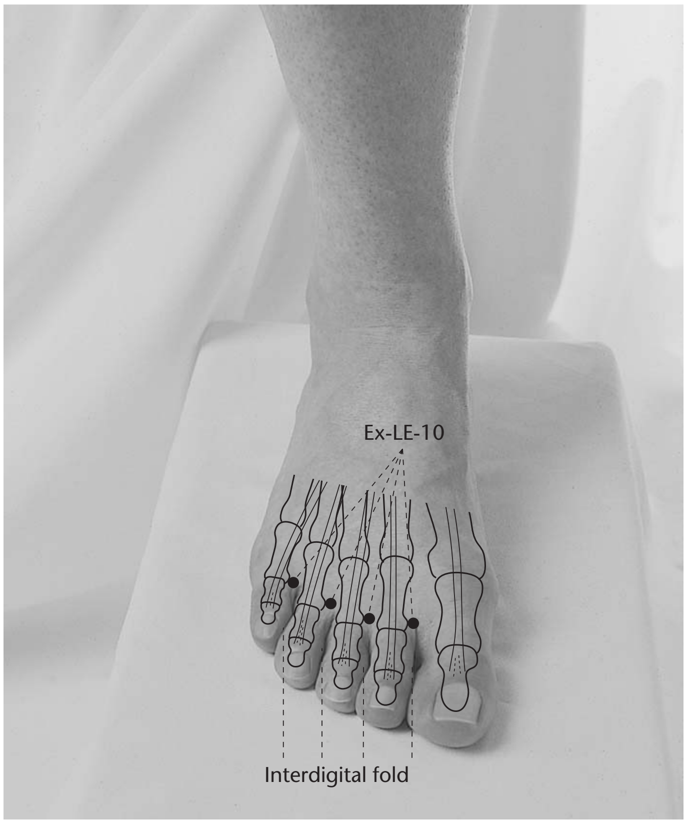
Locate the points of **Ex-LE-10** (*bafeng*) on the dorsum of the foot, proximal to the margins of the webs between the toes, on the border of the red and white skin. ➞ **LIV-2** (*xingjian*), ➞ **ST-44** (*neiting*) and ➞ **G.B.-43** (*xiabai*) are all part of the *bafeng* points. The extra points ➞ **Ex-UE-9** (*baxie*) are located in a comparable position on the dorsum of the hand, proximal to the margins of the webs between the fingers (➞ **T.B.-2** is part of the ➞ **Ex-UE-9**).

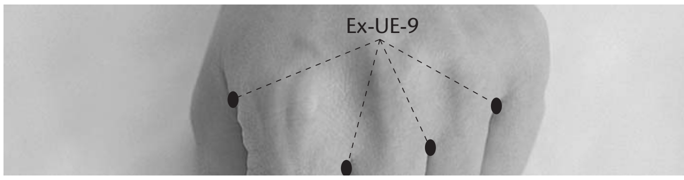
Needling

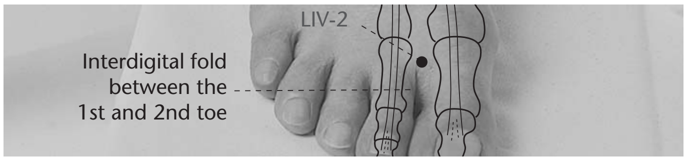
0.3–1 cun obliquely in a proximal direction or prick to bleed.

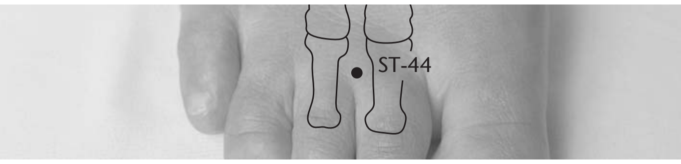
Actions/Indications

- Clears Heat and reduces swelling

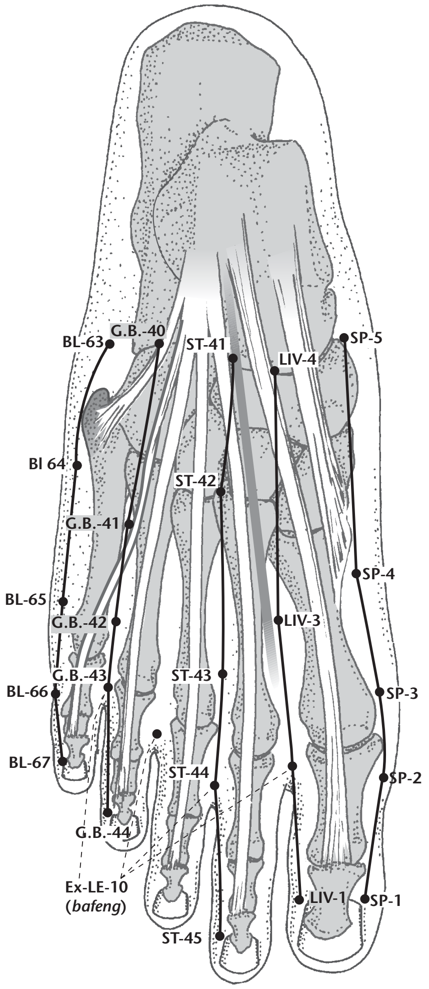

Ex-LE-10
Interdigital fold



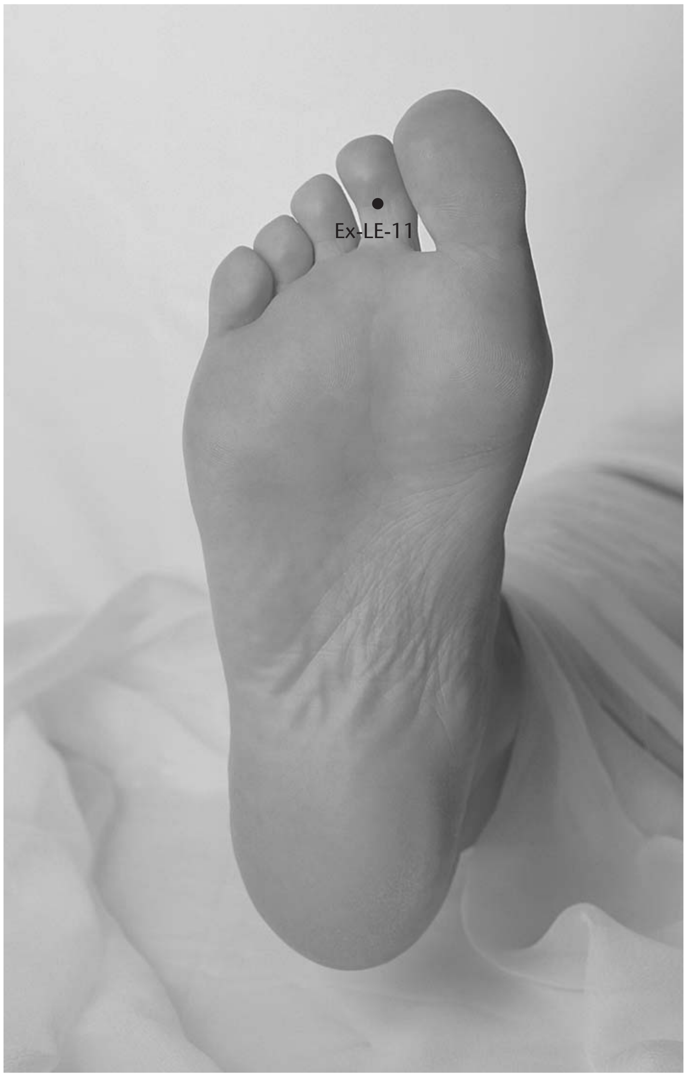

LIV-2
Interdigital fold
between the
1st and 2nd toe



Proximal to the
interdigital fold
G.B.-43


BL-63
G.B.-40
ST-41
SP-5
LIV-4
Bl 64
ST-42
G.B.-41
SP-4
BL-65
G.B.-42
LIV-3
G.B.-43
ST-43
BL-66
SP-3
BL-67
ST-44
SP-2
G.B.-44
Ex-LE-10
(bafeng)
LIV-1
SP-1
ST-45

Solitary Yin DUYIN Ex-LE-11



Location

On the plantar aspect of the 2nd toe, at the midpoint of the transverse crease of the distal interphalangeal joint.

How to find

Locate the plantar aspect of the 2nd toe. There, locate **Ex-LE-11** (*duyin*) at the midpoint of the transverse crease of the distal interphalangeal joint.

Needling

0.2–0.3 cun vertically or transversely (subcutaneously) or prick to bleed or moxibustion.

Actions/Indications

- Acute angina, thoracic and hypochondriac pain, nausea, vomiting, retention of the lochia, irregular menstruation, inguinal hernia

Ex-LE-12 *End of Qi* QIDUAN

Location

On the tips of the 10 toes.

How to find

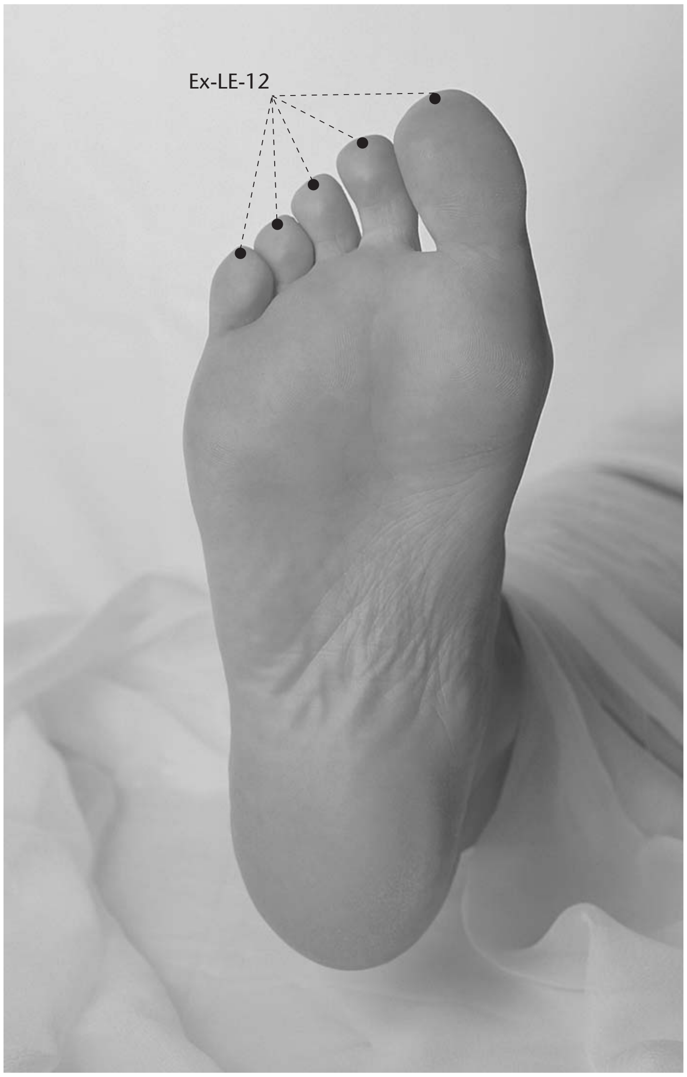
Locate the points of **Ex-LE-12** (*qiduan*) on the tips of the 10 toes, 0.1 cun from the free margin of the nail.
The points of → **Ex-UE-11** (*shixuan*) are located in a comparable position on the hand, on the tips of the 10 fingers.

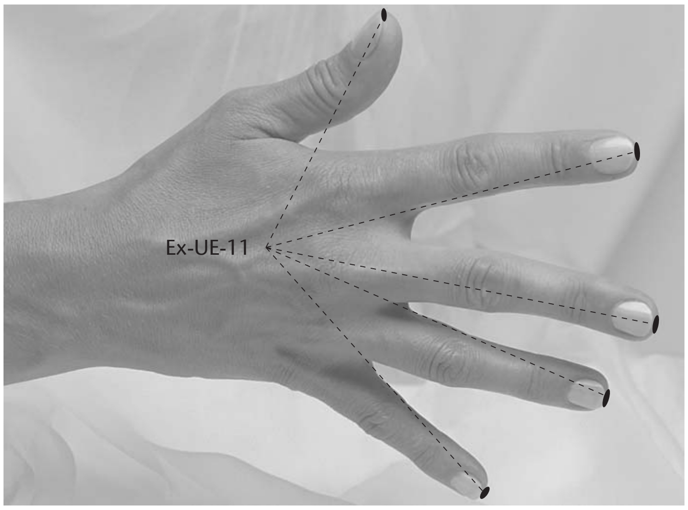
Needling

Prick to bleed

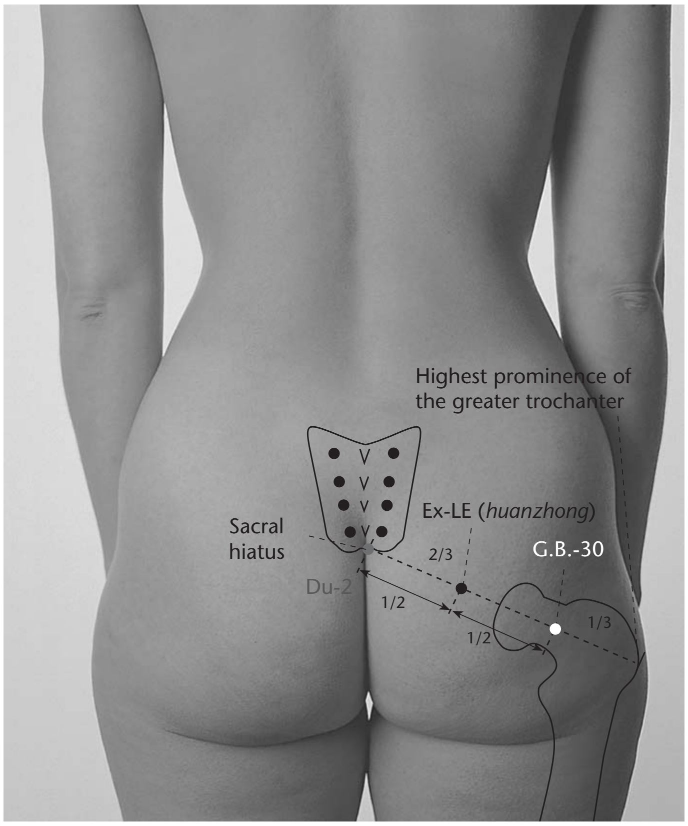
Actions/Indications

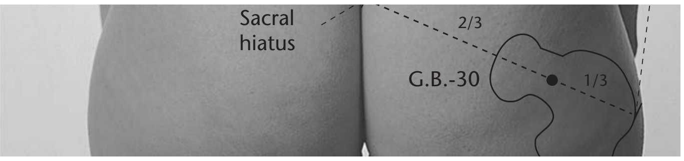
- Syncope, oedema of the feet, acute abdominal pain

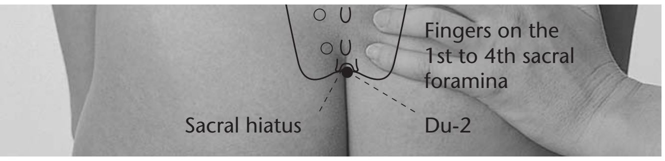




Circle Centre HUANZHONG Ex-LE


Highest prominence of the greater trochanter
Ex-LE (*huanzhong*)
Sacral hiatus
2/3
G.B.-30
Du-2
1/2
1/2
1/3


Sacral hiatus
2/3
G.B.-30
1/3


Fingers on the 1st to 4th sacral foramina
Sacral hiatus
Du-2

Location

Midway between → **G.B.-30** (*huantiao*) and → **Du-2** (*yaoshu*).

How to find

First, locate → **G.B.-30**: divide the distance between the prominence of the greater trochanter and the sacral hiatus into thirds (→ 3.4.4) and locate → **G.B.-30** a third of the distance from the greater trochanter. Then locate → **Du-2** directly below the sacral hiatus. Next, locate **Ex-LE** (*huanzhong*) midway between these two points.

Needling

Vertically 2–2.5 cun

Actions/Indications

- Sciatica, urinary tract infection, haemorrhoids, paralysis of the lower extremities

Special features

- This point is not part of the WHO classification of extra points.

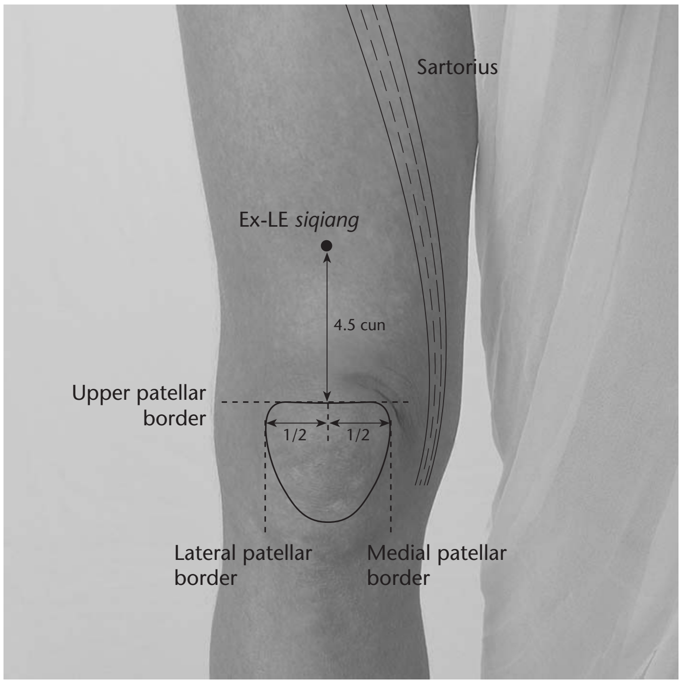
Ex-LE Four Muscles Strengthening Point SIQIANG

Location

4.5 cun superior to the centre of the upper patellar border.

How to find

Find the centre of the upper patellar border. From there, measure 4.5 cun (1 handbreadth and 2 fingerbreadths) in a superior direction. **Or:** The distance between the upper border of the pubic symphysis and the upper border of the patella is 18 cun (→ 2.2). Divide this distance into quarters (spreading hands technique, elastic tape → Chapter 2) and **Ex-LE** (*siqiang*) is located on the centre of the thigh, one quarter of the distance from the upper patellar border.


Sartorius
Ex-LE *siqiang*
4.5 cun
Upper patellar border
1/2
1/2
Lateral patellar border
Medial patellar border

Needling

Vertically 1–2 cun

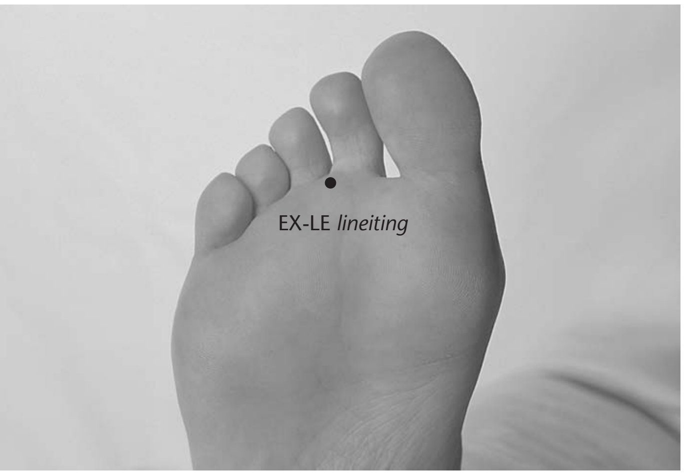
Actions/Indications

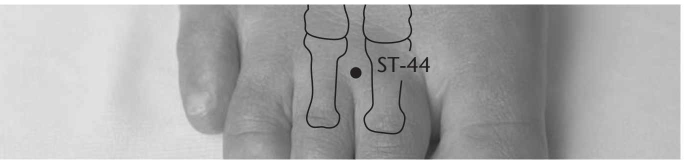
- Paralysis and atrophy of the muscles of the lower extremities, especially of the quadriceps femoris muscle

Special features

'Four muscles' refers to the four portions of the quadriceps femoris muscle. This point is not part of the WHO classification of extra points.

Plantar Inner Space LINEITING **Ex-LE**





Location

On the plantar aspect of the foot, between the 2nd and 3rd metatarsal bones, opposite → **ST-44** (*neiting*).

How to find

Locate the space between the 2nd and 3rd toes on the plantar aspect of the foot. The extra point *lineiting* lies opposite → **ST-44** (on the dorsal aspect of the foot, proximal to the margin of the web between the 2nd and 3rd toe).

Needling

0.2–0.3 cun vertically towards → **ST-44**. Caution: Painful point.

Actions/Indications

- Acute epigastric pain, local pain, epilepsy, restlessness

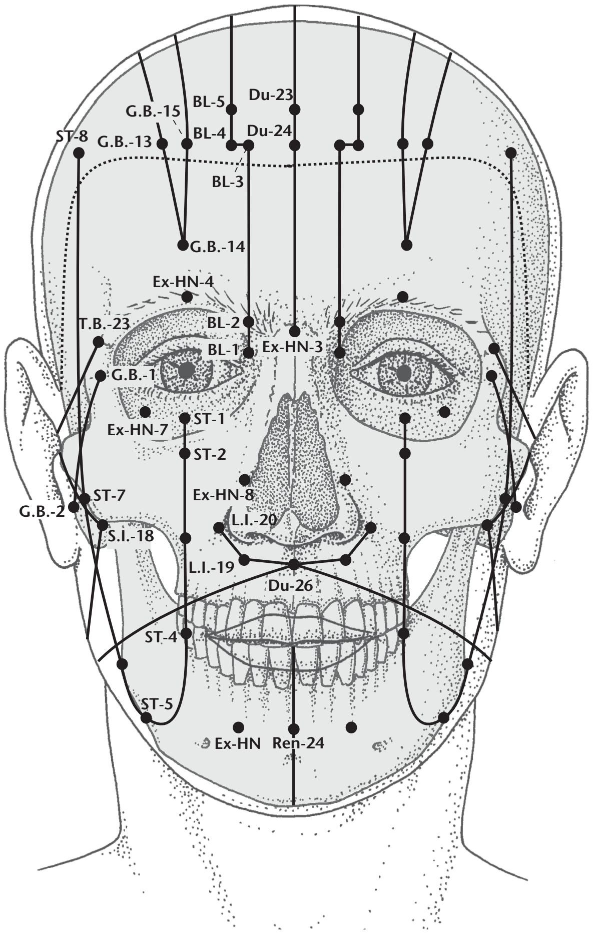
Special features

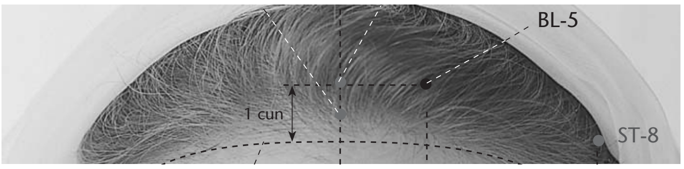
This point is not part of the WHO classification of extra points.

7 Important Points According to Region

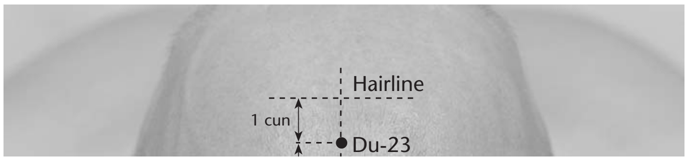
Claudia Focks

7.1 Anterior Aspect of the Head

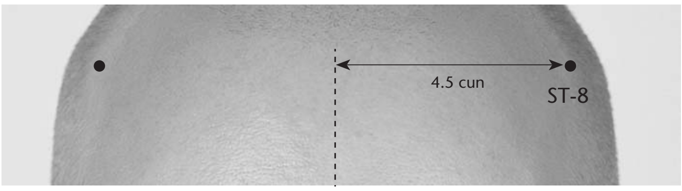

Du-23
BL-5
G.B.-15
ST-8
G.B.-13
BL-4
Du-24
BL-3
G.B.-14
Ex-HN-4
T.B.-23
BL-2
BL-1
Ex-HN-3
G.B.-1
Ex-HN-7
ST-1
ST-2
ST-7
Ex-HN-8
G.B.-2
L.I.-20
S.I.-18
L.I.-19
Du-26
ST-4
ST-5
Ex-HN
Ren-24


BL-5
1 cun
ST-8

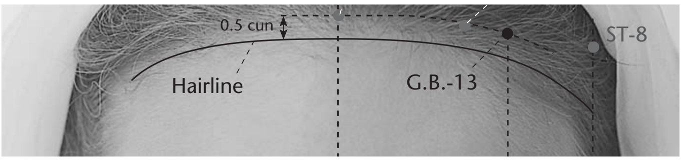
BL-5 (*wuchu*) 'Fifth Place' 1 cun superior to the anterior hairline and 1.5 cun lateral to the midline (directly above **BL-4**, level with **Du-23**)


Hairline
1 cun
Du-23

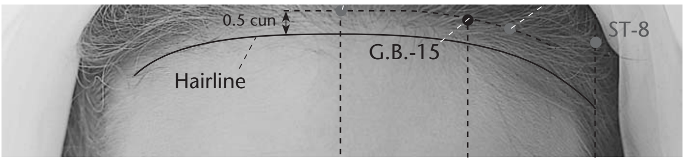
Du-23 (*shangxing*) 'Upper Star' On the midline, 1 cun superior to the anterior hairline



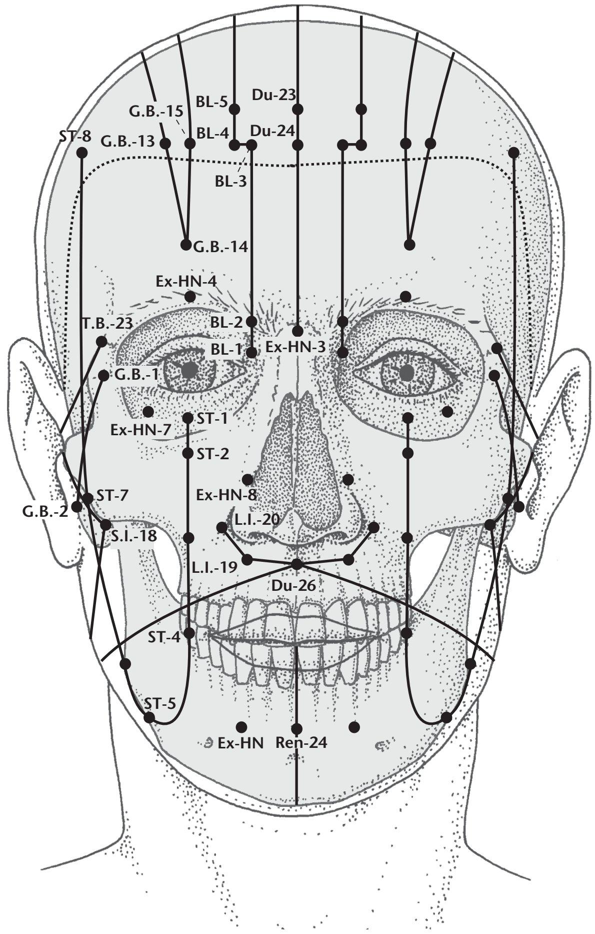
ST-8 (*touwei*) 'Head's Binding' At the temporal corner of the forehead, on the border of the temporalis muscle and 0.5 cun within the anterior hair line or 4.5 cun lateral to the anterior midline (**Du-24**)

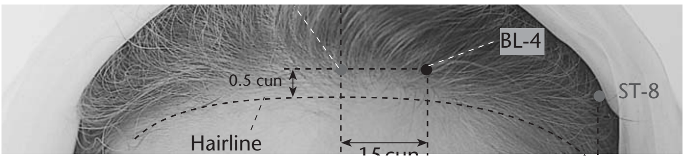

0.5 cun
ST-8
Hairline
G.B.-13

G.B.-13 (*benshen*) 'Root of the Spirit' 0.5 cun superior to the anterior hairline and 3 cun lateral to the midline, on the line between **Du-24** and **ST-8** (= 4.5 cun) at the junction of the lateral and medial third

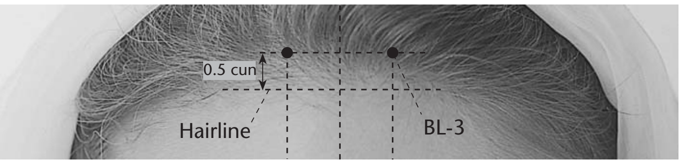

0.5 cun
ST-8
G.B.-15
Hairline

G.B.-15 (*toulinqi*) 'Head Governor of Tears' On the pupil line when looking straight ahead, 0.5 cun superior to the anterior hairline, at the midpoint of the line between **Du-24** and **ST-8** (= 4.5 cun)

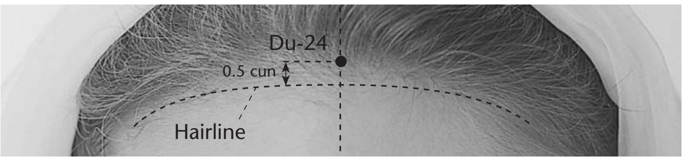

ST-8
G.B.-15
G.B.-13
BL-5
BL-4
Du-23
Du-24
BL-3
G.B.-14
Ex-HN-4
T.B.-23
BL-2
BL-1
Ex-HN-3
G.B.-1
ST-1
Ex-HN-7
ST-2
ST-7
G.B.-2
Ex-HN-8
L.I.-20
S.I.-18
L.I.-19
Du-26
ST-4
ST-5
Ex-HN
Ren-24


BL-4
0.5 cun
ST-8
Hairline
1.5 cun

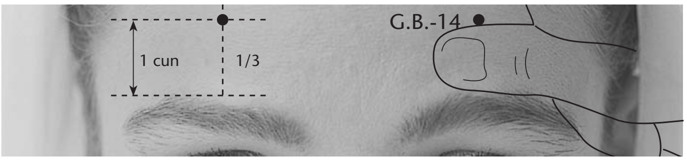
BL-4 (*qucha*) 'Crooked Curve' 0.5 cun superior to the anterior hairline and 1.5 cun lateral to the midline, or one third of the distance between **Du-24** and **ST-8** (= 4.5 cun)


0.5 cun
Hairline
BL-3

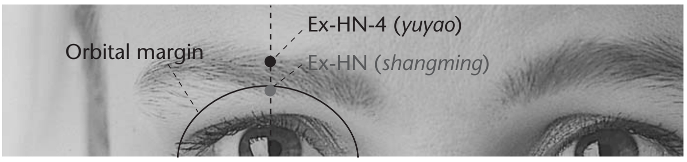
BL-3 (*meichong*) 'Eyebrows' Pouring' 0.5 cun within the anterior hairline, superior to the medial canthus of the eye (**BL-1**)


Du-24
0.5 cun
Hairline

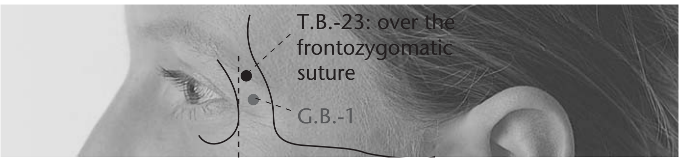
Du-24 (*shenting*) 'Courtyard of the Spirit' On the midline, 0.5 cun superior to the anterior hairline


1 cun
1/3
G.B.-14

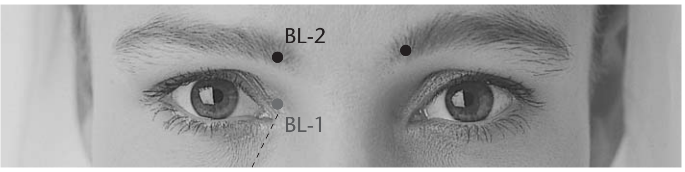
G.B.-14 (*yangbai*) 'Yang White' When looking straight ahead on the pupil line, approximately 1 cun superior to the midpoint of the eyebrow (centre of the eyebrow to anterior hairline = 3 cun)


Ex-HN-4 (*yuyao*)
Orbital margin
Ex-HN (*shangming*)

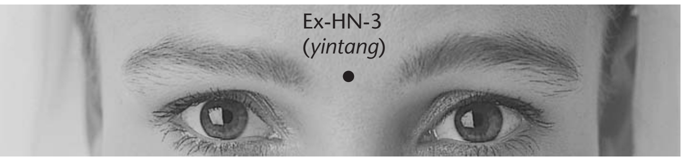
Ex-HN-4 (*yuyao*) 'Fish Waist' In the centre of the eyebrow, with the eyes looking straight ahead directly above the pupil


T.B.-23: over the frontozygomatic suture
G.B.-1

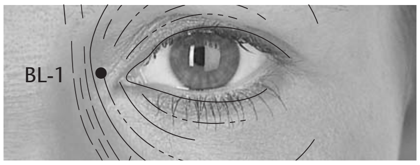
T.B.-23 (*sizhukong*) 'Silken Bamboo Hollow' In the depression (frontozygomatic suture) at the lateral end of the eyebrow



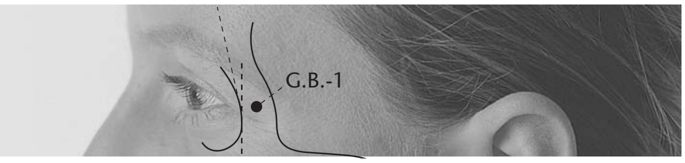
BL-2 (*zanzhu*) 'Gathered Bamboo' In a depression at the medial end of the eyebrow, directly superior to the inner canthus of the eye


Ex-HN-3
(*yintang*)

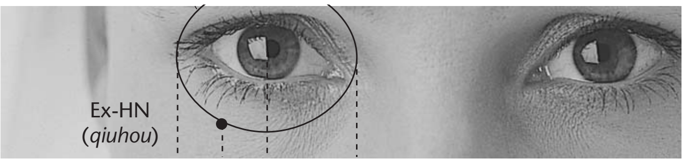
Ex-HN-3 (*yintang*) 'Hall of Impression' On the anterior midline between the eyebrows



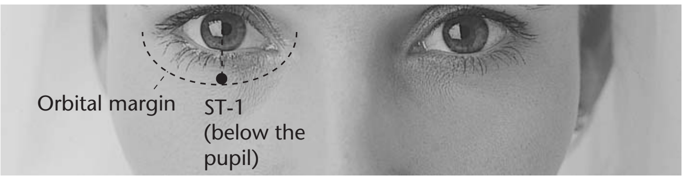
BL-1 (*jingming*) 'Bright Eyes' 0.1 cun superior to the inner canthus of the eye, where spectacles tend to rest



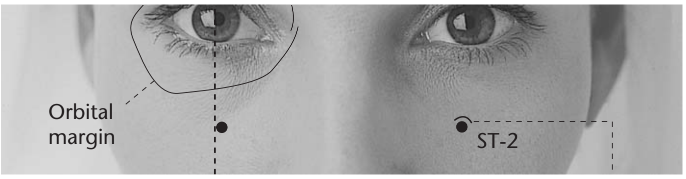
G.B.-1 (*tongziliao*) 'Pupil Crevice' 0.5 cun lateral to the outer canthus of the eye


Ex-HN
(*qiuhou*)

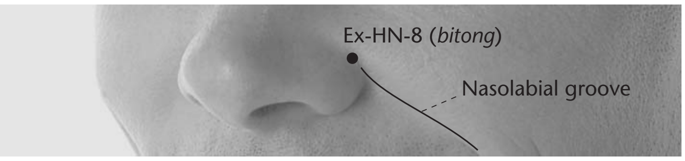
Ex-HN-7 (*qiuhou*) 'Behind the Ball' On the lower border of the orbit, at the junction of the lateral quarter and the medial three-quarters of the orbital margin


Orbital margin
ST-1
(below the
pupil)

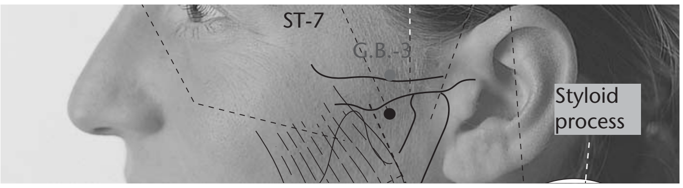
ST-1 (*chengqi*) 'Container of Tears' With the eyes looking straight forward, directly below the centre of the pupil, between the eyeball and the infraorbital ridge


Orbital
margin
ST-2

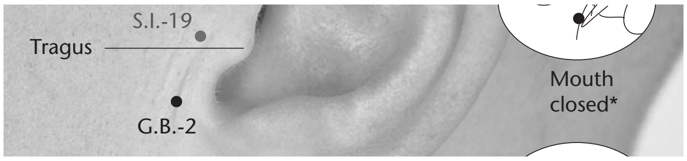
ST-2 (*sibai*) 'Four Whites' When looking straight ahead, directly below the centre of the pupil, in the depression at the infraorbital foramen


Ex-HN-8 (*bitong*)
Nasolabial groove

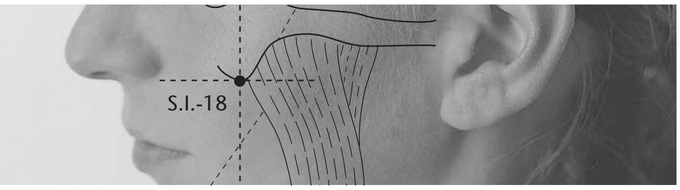
Ex-HN-8 (*shangyingxiang or bitong*) 'Upper Yingxiang' or 'Free Nose' At the upper end of the nasolabial groove, at the junction of the maxilla and the nasal cavity (at the border between the nasal bone and cartilage)


ST-7
G.B.-3
Styloid
process

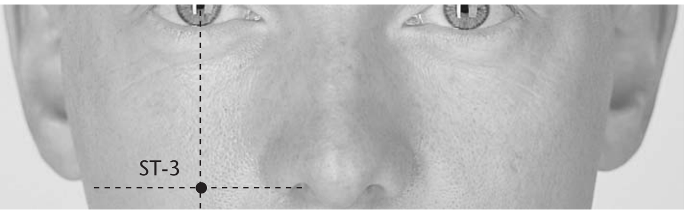
ST-7 (*xiaguan*) 'Below the Joint' With the mouth closed in the depression of the mandibular incisure, between the coronoid and condyloid process of the mandible


S.I.-19
Tragus
G.B.-2
Mouth
closed*

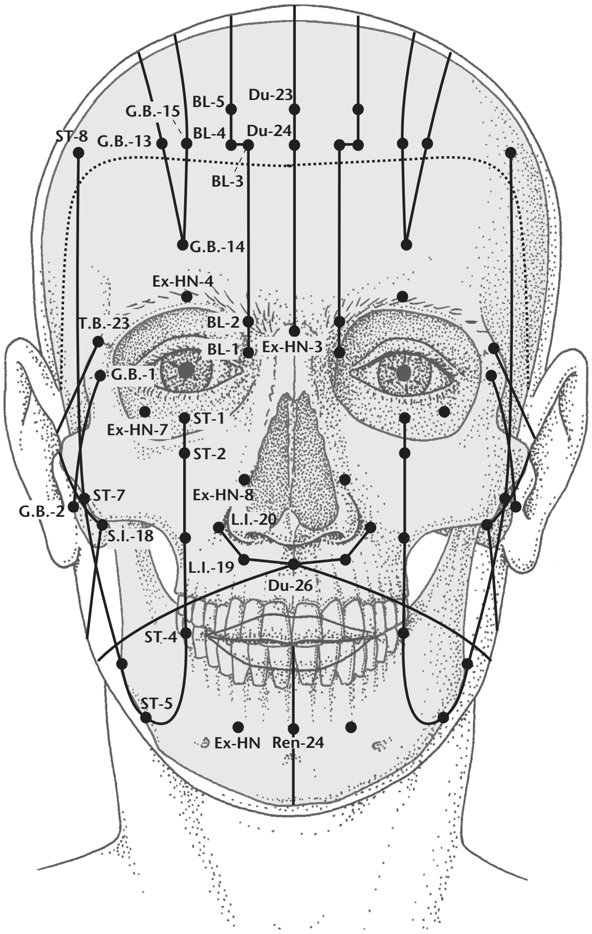
G.B.-2 (*tinghui*) 'Meeting of Hearing' Anterior to the ear, with the mouth open in the depression at the level of the intertragic notch, on the lower border of the condyloid process of the mandible.

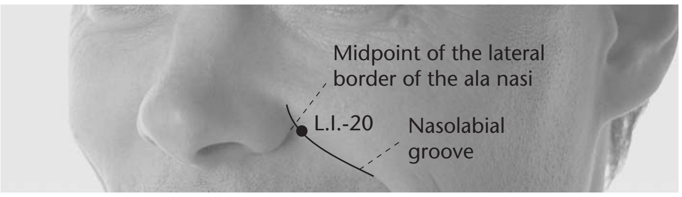


S.I.-18 (*quanliao*) 'Cheek Bone Crevice' In a depression at the intersection of a vertical line through the outer canthus of the eye with the lower border of the zygomatic bone

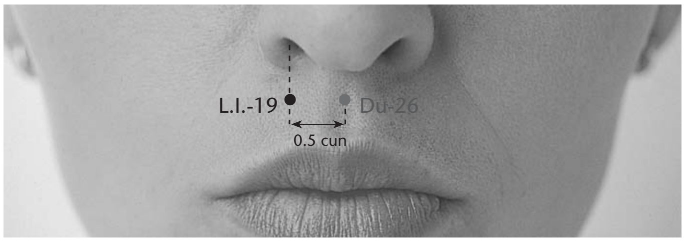


ST-3 (*juliao*) 'Great Crevice' When looking straight ahead, directly below the centre of the pupil, level with of lower border of the ala nasi.

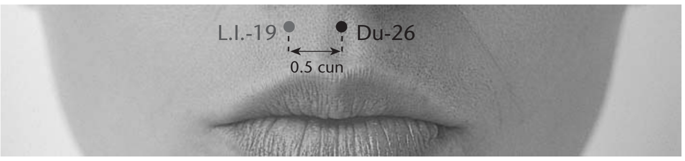

ST-8
G.B.-15
G.B.-13
BL-5
BL-4
Du-23
Du-24
BL-3
G.B.-14
Ex-HN-4
T.B.-23
BL-2
BL-1
Ex-HN-3
G.B.-1
ST-1
Ex-HN-7
ST-2
Ex-HN-8
ST-7
G.B.-2
L.I.-20
S.I.-18
L.I.-19
Du-26
ST-4
ST-5
Ex-HN
Ren-24


Midpoint of the lateral border of the ala nasi
L.I.-20
Nasolabial groove

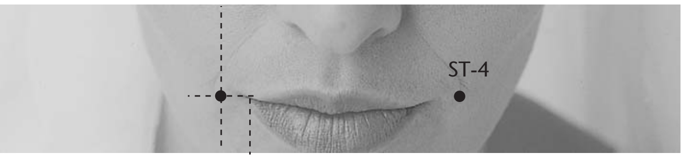
L.I.-20 (*yingxiang*) 'Welcome Fragrance' In the nasolabial groove, at the level of the midpoint of the lateral border of the ala nasi.


L.I.-19
Du-26
0.5 cun

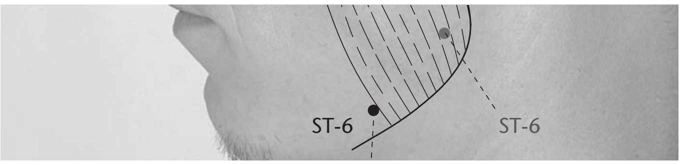
L.I.-19 (*kouheliao*) 'Mouth Grain Crevice' Directly inferior to the lateral margin of the nostril, level with **Du-26**, which is located slightly superior to the midpoint of the philtrum (meeting point of the L.I. channel)


L.I.-19
Du-26
0.5 cun

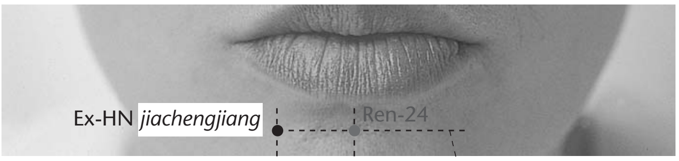
Du-26 (*renzhong* or *shuigou*) 'Man's Middle' Below the nose, on the midline, at the junction of the upper and middle third of the philtrum



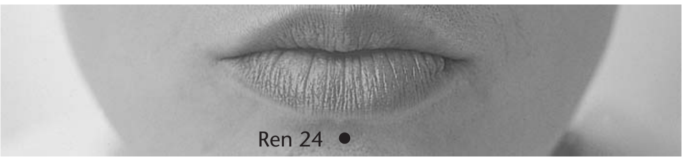
ST-4 (*dicang*) 'Earth Granary' When looking straight ahead on the pupil line, approximately 0.4 cun lateral to the corner of the mouth



ST-5 (*daying*) 'Great Welcome' On the lateral mandible, anterior to the masseter (ask the patient to clench the teeth); a branch of the facial artery is palpable here

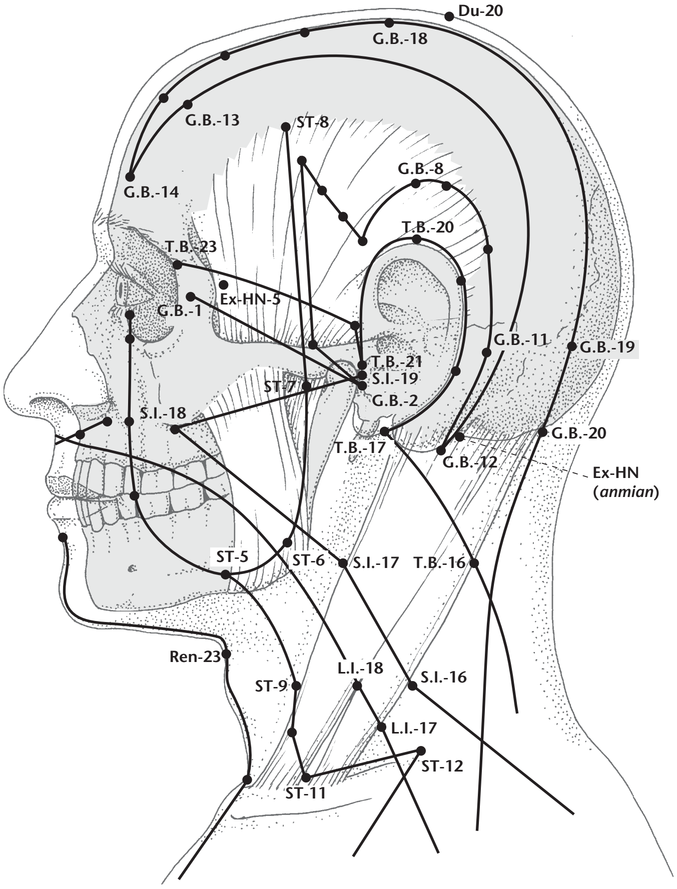

Ex-HN *jiachengjiang*
Ren-24

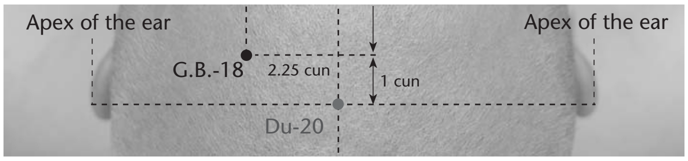
Ex-HN (*jiachengjiang*) 'Adjacent to Container of Fluids' At the same level and 1 cun lateral to **Ren-24** (chengjiang)



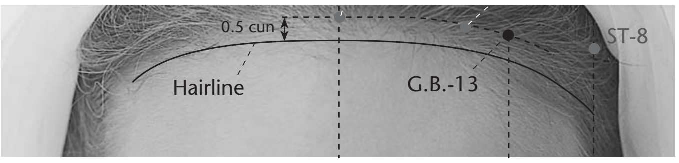
Ren-24 (*chengjiang*) 'Container of Fluids' On the midline, in the mentolabial groove below the lower lip

7.2 Head and Lateral Aspect of the Neck

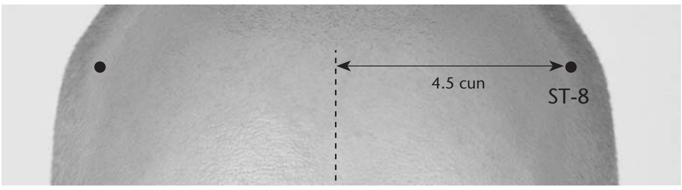

Du-20
G.B.-18
G.B.-13
ST-8
G.B.-8
G.B.-14
T.B.-20
T.B.-23
Ex-HN-5
G.B.-1
G.B.-11
G.B.-19
T.B.-21
S.I.-19
G.B.-2
ST-7
S.I.-18
G.B.-20
T.B.-17
G.B.-12
Ex-HN
(*anmian*)
ST-5
ST-6
S.I.-17
T.B.-16
Ren-23
ST-9
L.I.-18
S.I.-16
L.I.-17
ST-12
ST-11


Apex of the ear
Apex of the ear
G.B.-18
2.25 cun
1 cun
Du-20

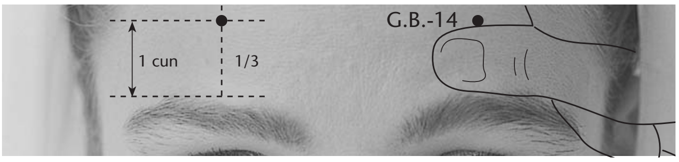
G.B.-18 (*chengling*) 'Support Spirit' 4 cun superior to the anterior hairline or 1 cun anterior to **Du-20**, on the line connecting **G.B.-15** and **G.B.-20**, or 2.25 cun lateral to the midline (midpoint of the line connecting **ST-8** and **Du-24**)


0.5 cun
ST-8
Hairline
G.B.-13

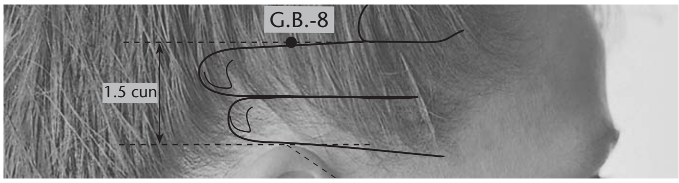
G.B.-13 (*benshen*) 'Root of the Spirit' 0.5 cun superior to the anterior hairline and 3 cun lateral to the midline, on the line between **Du-24** and **ST-8** (= 4.5 cun) at the junction of the lateral and medial third



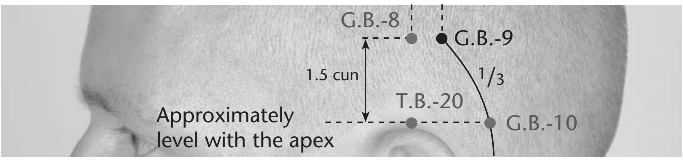
ST-8 (*touwei*) 'Head's Binding' At the temporal corner of the forehead, on the border of the temporalis muscle and 0.5 cun within the anterior hair line or 4.5 cun lateral to the anterior midline (**Du-24**)


G.B.-14
1 cun
1/3

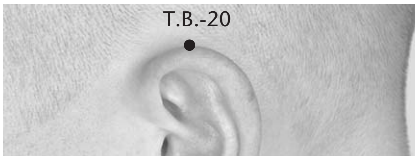
G.B.-14 (*yangbai*) 'Yang White' When looking straight ahead on the pupil line, approximately 1 cun superior to the midpoint of the eyebrow (centre of the eyebrow to the anterior hairline = 3 cun)



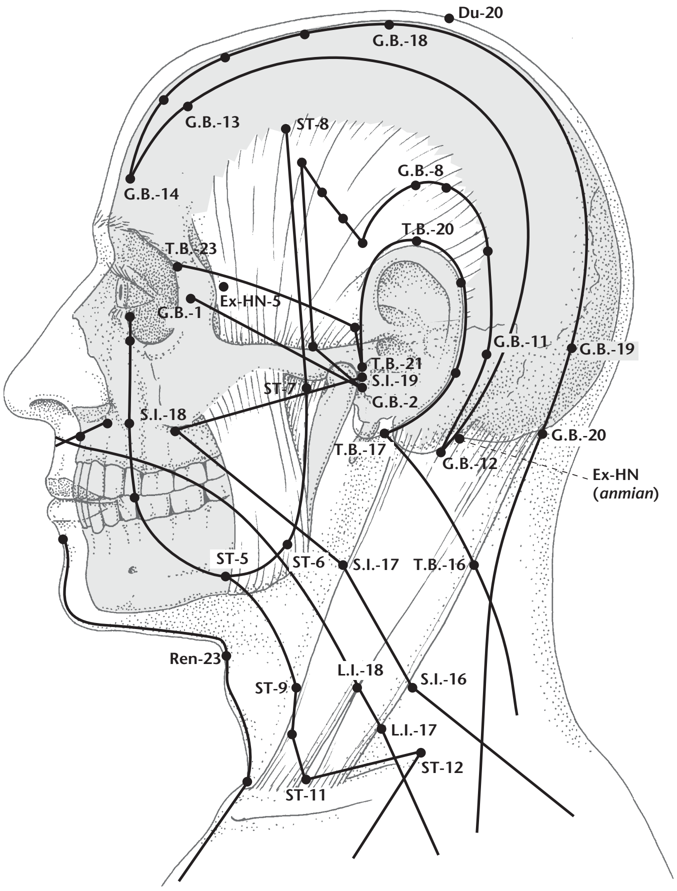
G.B.-8 (*shuaigu*) 'Leading Valley' 1.5 cun directly superior to the apex of the ear

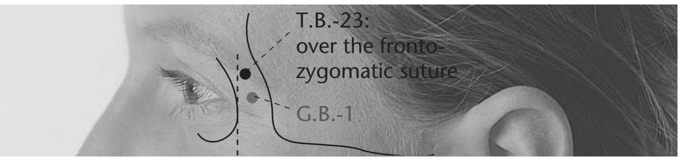

G.B.-8
G.B.-9
1.5 cun
1/3
T.B.-20
Approximately
level with the apex
G.B.-10

G.B.-9 (*tianchong*) 'Heavenly Rushing' 1.5 cun superior and 0.5 cun posterior to the apex of the ear or 0.5 cun posterior to **G.B.-8**

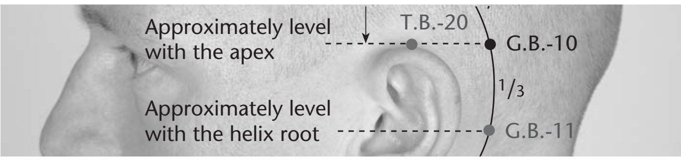


T.B.-20 (*jiaosun*) 'Minute Angle' Directly superior to the apex of the ear

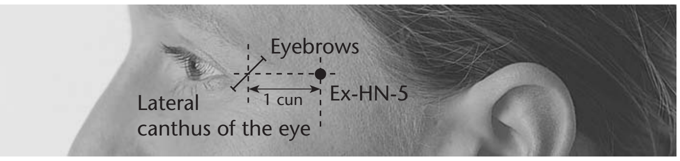

Du-20
G.B.-18
G.B.-13
ST-8
G.B.-8
G.B.-14
T.B.-20
T.B.-23
Ex-HN-5
G.B.-1
G.B.-11
G.B.-19
T.B.-21
S.I.-19
ST-7
G.B.-2
S.I.-18
G.B.-20
T.B.-17
G.B.-12
Ex-HN
(*anmian*)
ST-5
ST-6
S.I.-17
T.B.-16
Ren-23
L.I.-18
S.I.-16
ST-9
L.I.-17
ST-12
ST-11


T.B.-23:
over the fronto-
zygomatic suture
G.B.-1

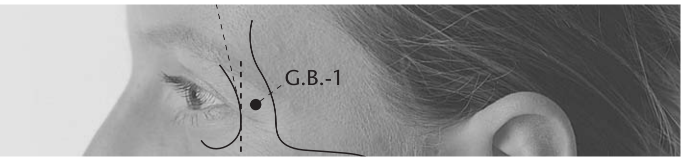
T.B.-23 (*sizhukong*) 'Silken Bamboo Hollow' In the depression (frontozygomatic suture) at the lateral end of the eyebrow


Approximately level
with the apex
T.B.-20
G.B.-10
1/3
Approximately level
with the helix root
G.B.-11

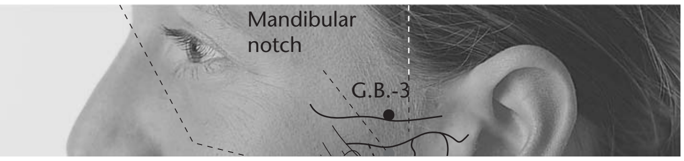
G.B.-10 (*fubai*) 'Floating White' At the junction of the upper third with the lower two-thirds of the curved line connecting **G.B.-9** and **G.B.-12**


Eyebrows
Lateral
canthus of the eye
1 cun
Ex-HN-5

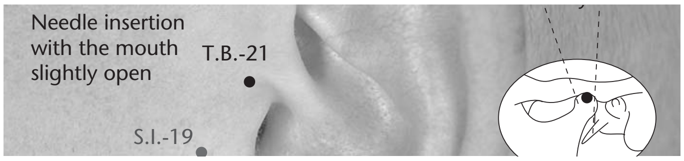
Ex-HN-5 (*taiyang*) 'Supreme Yang' In the depression approximately 1 cun posterior to the midpoint between the lateral end of the eyebrow and the outer canthus of the eye



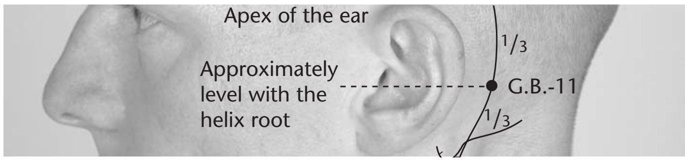
G.B.-1 (*tongziliao*) 'Pupil Crevice' 0.5 cun lateral to the outer canthus of the eye


Mandibular
notch
G.B.-3

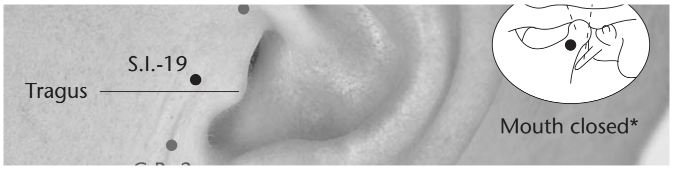
G.B.-3 (*shangguan*) 'Above the Joint' In a depression on the upper border of the zygomatic arch, approximately 1 cun anterior to the root of the ear, directly superior to **ST-7** (lower border of the zygomatic arch)


Needle insertion
with the mouth
slightly open
T.B.-21
S.I.-19

T.B.-21 (*ermen*) 'Ear Gate' Anterior to the ear, with the mouth open in the depression at the level of the supratragic notch, slightly superior to the condyloid process of the mandible


Apex of the ear
1/3
Approximately
level with the
helix root
G.B.-11
1/3

G.B.-11 (*touqiaoyin*) 'Yin Portals of the Head' At the junction of the lower third with the upper two-thirds of the curved line connecting **G.B.-9** and **G.B.-12**


S.I.-19
Tragus
Mouth closed*

S.I.-19 (*tinggong*) 'Palace of Hearing' Anterior to the ear with the mouth open, at the level of the middle of the tragus, in a depression between the tragus and condyloid process of the mandible

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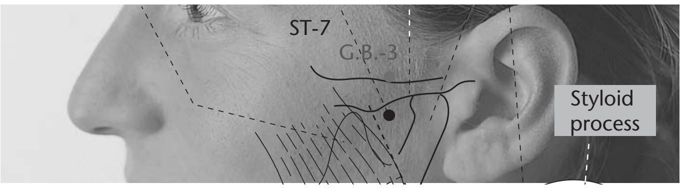
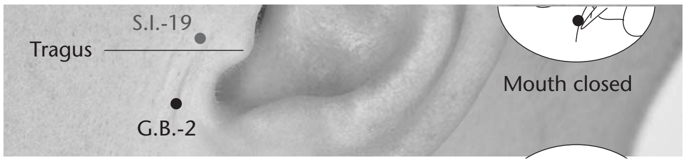
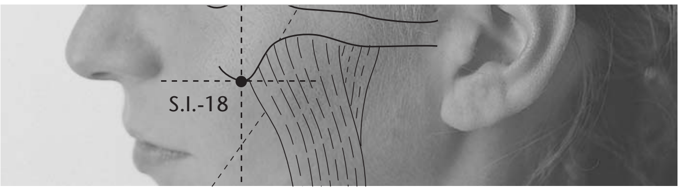
* According to Deadman et al 1998.


ST-7
G.B.-3
Styloid process

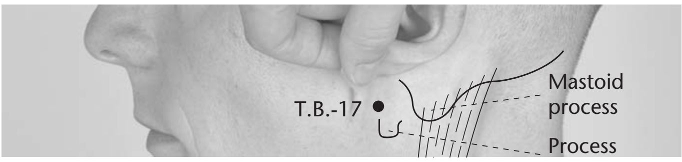
ST-7 (*xiaguan*) 'Below the Joint' With the mouth closed in the depression of the mandibular notch, between the coronoid and condyloid process of the mandible


S.I.-19
Tragus
G.B.-2
Mouth closed

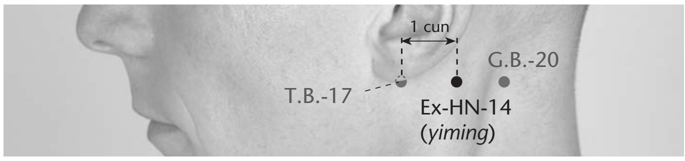
G.B.-2 (*tinghui*) 'Meeting of Hearing' Anterior to the ear with the mouth open, in the depression at the level of the intertragic notch, on the lower border of the condyloid process of the mandible



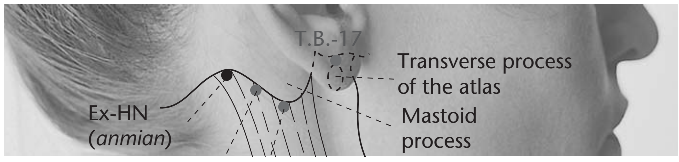
S.I.-18 (*quanliao*) 'Cheek Bone Crevice' In a depression at the intersection of a vertical line through the outer canthus of the eye with the lower border of the zygomatic bone


T.B.-17
Mastoid process
Process

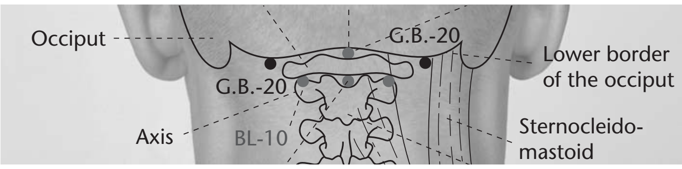
T.B.-17 (*yifeng*) 'Wind Screen' With the mouth open in the depression behind the earlobe, between the mastoid process and the mandible


1 cun
G.B.-20
T.B.-17
Ex-HN-14
(*yiming*)

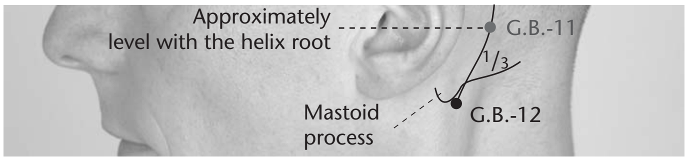
Ex-HN-14 (*yiming*) 'Eye Brightening' On the occiput, 1 cun posterior to **T.B.-17**, on a line connecting **T.B.-17** and **G.B.-20**


T.B.-17
Transverse process of the atlas
Ex-HN (*anmian*)
Mastoid process

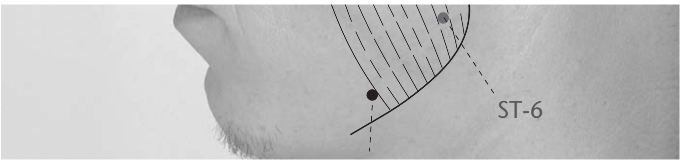
Ex-HN (*anmian*) 'Peaceful Sleep' Posterior to the ear, midway between **T.B.-17** and **G.B.-20**, posterior to the mastoid process


Occiput
G.B.-20
Lower border of the occiput
G.B.-20
Axis
BL-10
Sternocleido-mastoid

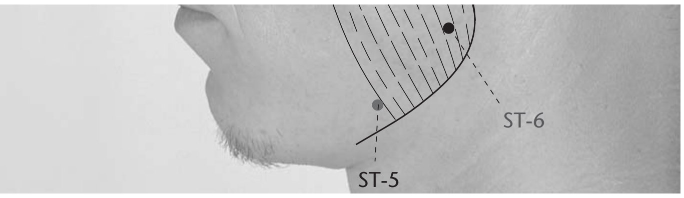
G.B.-20 (*fengchi*) 'Wind Pool' On the lower border of the occipital bone, in the depression between the origins of the sternocleidomastoid and trapezius


Approximately level with the helix root
G.B.-11
1/3
Mastoid process
G.B.-12

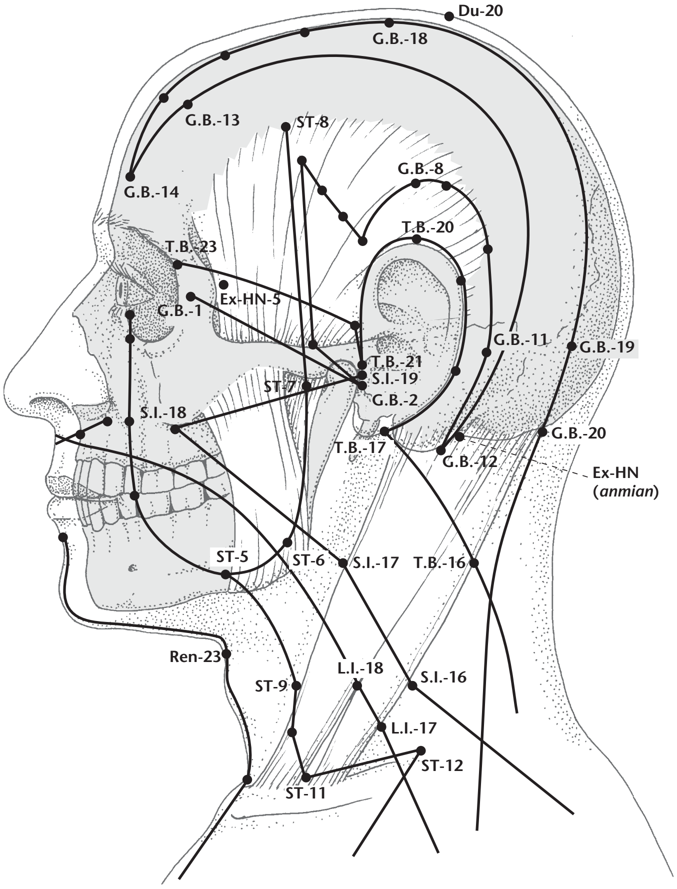
G.B.-12 (*wangu*) 'Mastoid Process' In a depression posterior and inferior to the mastoid process

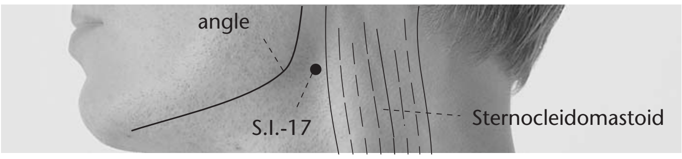


ST-6 (*jiache*) 'Jaw Bone' With the teeth clenched, on the highest prominence of the masseter, approximately one fingerbreadth anterior and superior to the mandibular angle

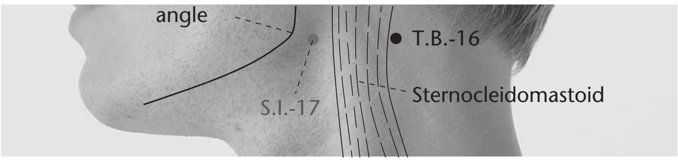


ST-5 (*daying*) 'Great Welcome' On the lateral mandible, anterior to the masseter (ask the patient to clench the teeth); a branch of the facial artery is palpable here

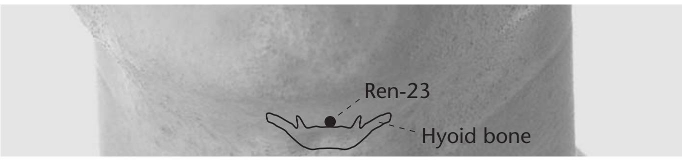

Du-20
G.B.-18
G.B.-13
ST-8
G.B.-8
G.B.-14
T.B.-20
T.B.-23
Ex-HN-5
G.B.-1
G.B.-11
G.B.-19
T.B.-21
S.I.-19
ST-7
G.B.-2
S.I.-18
G.B.-20
T.B.-17
G.B.-12
Ex-HN
(anmian)
ST-5
ST-6
S.I.-17
T.B.-16
Ren-23
L.I.-18
S.I.-16
ST-9
L.I.-17
ST-12
ST-11


angle
S.I.-17
Sternocleidomastoid

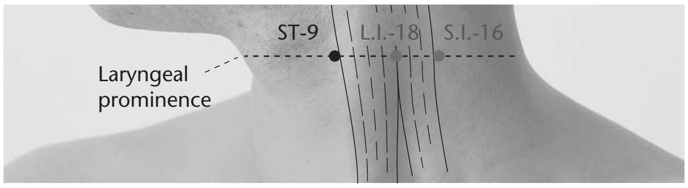
S.I.-17 (*tianrong*) 'Heavenly Appearance' Level with and posterior to the mandibular angle, on the anterior border of the sternocleidomastoid


angle
T.B.-16
Sternocleidomastoid
S.I.-17

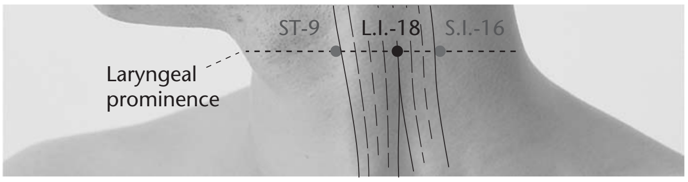
T.B.-16 (*tianyou*) 'Window of Heaven' posterior and inferior to the mastoid process, on the posterior border of the sternocleidomastoid, directly level with the mandibular angle


Ren-23
Hyoid bone

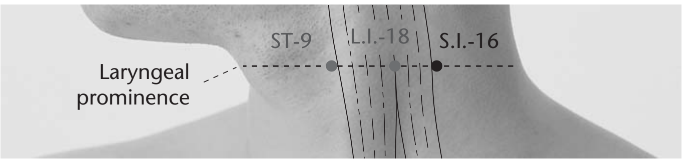
Ren-23 (*lianquan*) 'Corner Spring' On the anterior midline, superior to the upper border of the hyoid bone


ST-9
L.I.-18
S.I.-16
Laryngeal
prominence

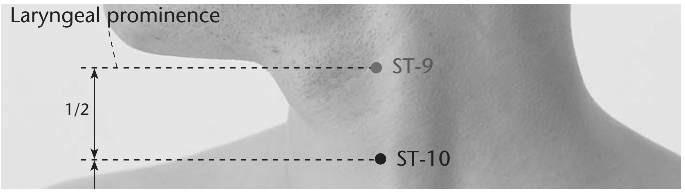
ST-9 (*renying*) Man's Welcome' Approximately 1.5 cun lateral to the anterior midline, level with the laryngeal prominence, at the anterior border of the sternocleidomastoid


ST-9
L.I.-18
S.I.-16
Laryngeal
prominence

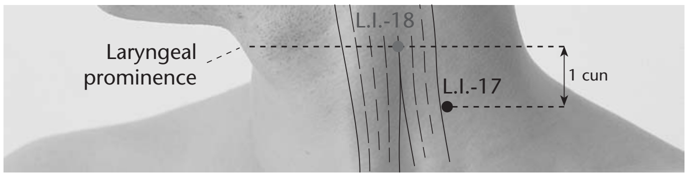
L.I.-18 (*futu*) 'Support the Prominence' At the level of the laryngeal prominence, between the sternal and clavicular heads of the sternocleidomastoid muscle


ST-9
L.I.-18
S.I.-16
Laryngeal
prominence

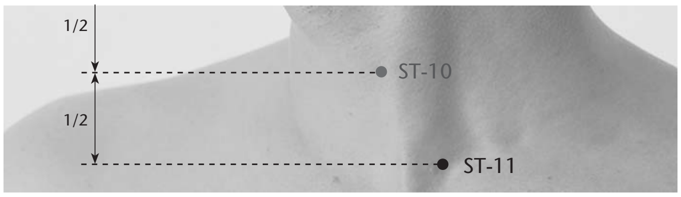
S.I.-16 (*tianchuang*) 'Heavenly Window' Approximately 3.5 cun lateral to the anterior midline, level with the laryngeal prominence, on the posterior border of the sternocleidomastoid


Laryngeal prominence
ST-9
1/2
ST-10

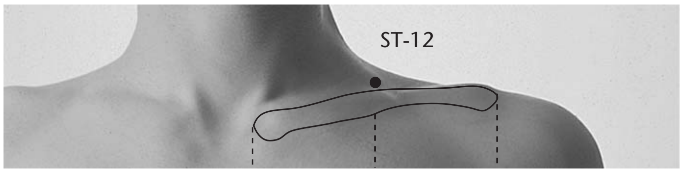
ST-10 (*shuitu*) 'Water Prominence' On the anterior border of the sternocleidomastoid, at the midpoint of a line connecting **ST-9** and **ST-11**


L.I.-18
Laryngeal prominence
1 cun
L.I.-17

L.I.-17 (*tianding*) 'Heaven's Tripod' 1 cun inferior to the laryngeal prominence, on the posterior border of the sternocleidomastoid

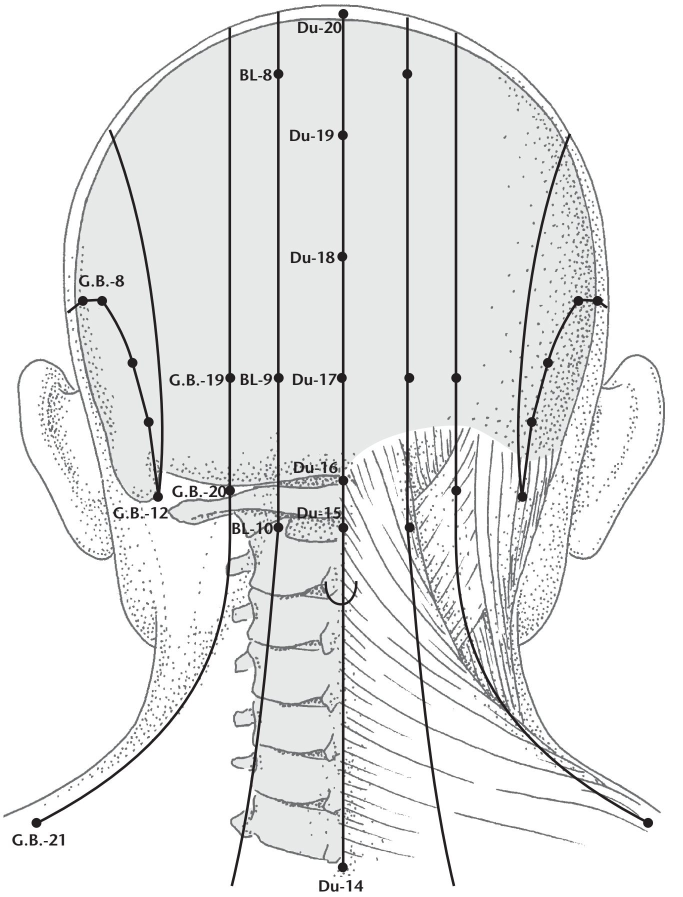

1/2
ST-10
1/2
ST-11

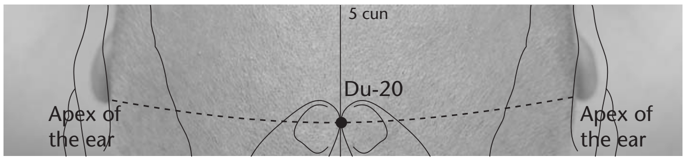
ST-11 (*qishe*) 'Abode of Qi' On the upper border of the clavicle, between the tendons of the sternal and clavicular heads of the sternocleidomastoid



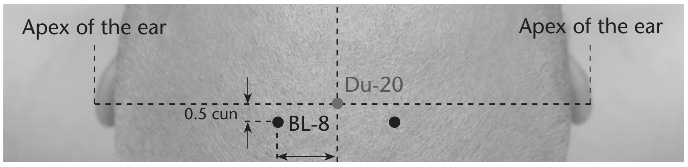
ST-12 (*quepen*) 'Empty Basin' In the supraclavicular fossa, superior to the midpoint of the clavicle, approximately 4 cun lateral to the midline

7.3 Occipital Region

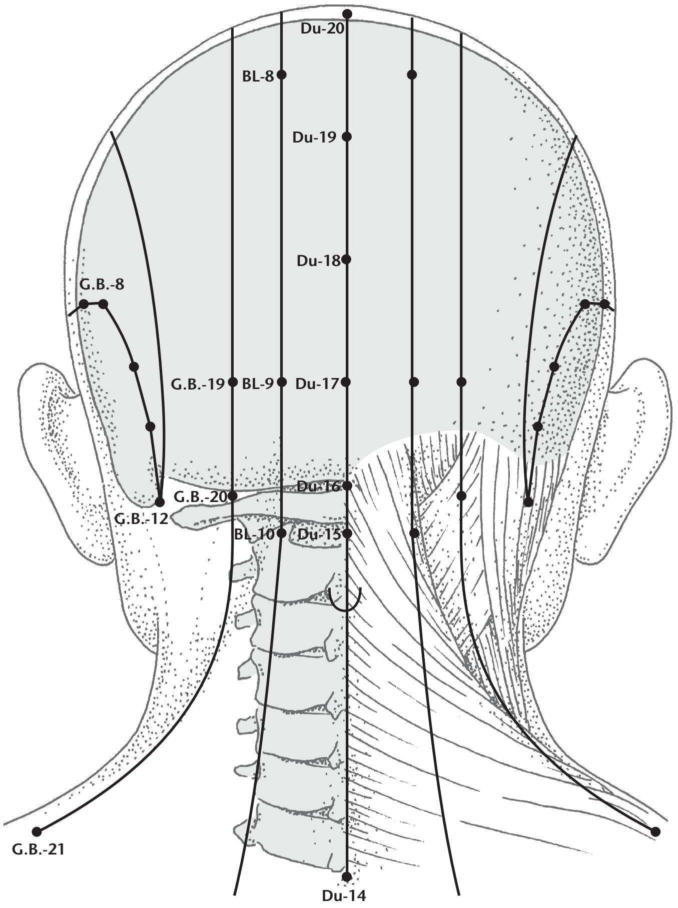

Du-20
BL-8
Du-19
Du-18
G.B.-8
G.B.-19
BL-9
Du-17
Du-16
G.B.-20
G.B.-12
Du-15
BL-10
G.B.-21
Du-14

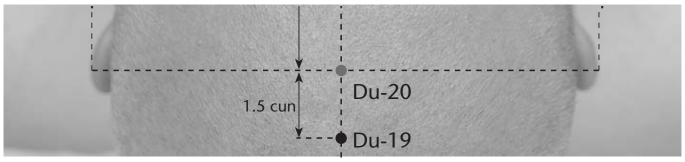

5 cun
Du-20
Apex of the ear
Apex of the ear

Du-20 (*baihui*) 'Hundred Meetings' At the junction of a line connecting the apices of the ears and the midline, 5 cun from the anterior or 7 cun from the posterior hairline respectively

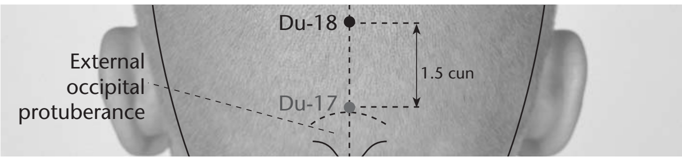

Apex of the ear
Apex of the ear
Du-20
0.5 cun
BL-8

BL-8 (*luoque*) 'Declining Connection' 1.5 cun lateral to the midline and 5.5 cun superior to the anterior hairline, or 0.5 cun posterior to **Du-20**

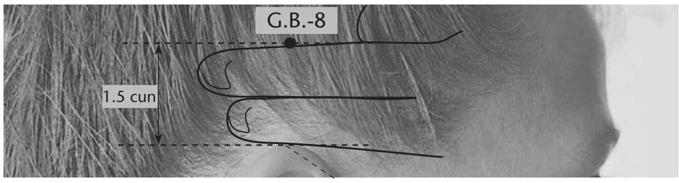

Du-20
BL-8
Du-19
Du-18
G.B.-8
G.B.-19
BL-9
Du-17
G.B.-20
Du-16
G.B.-12
BL-10
Du-15
G.B.-21
Du-14


Du-20
1.5 cun
Du-19

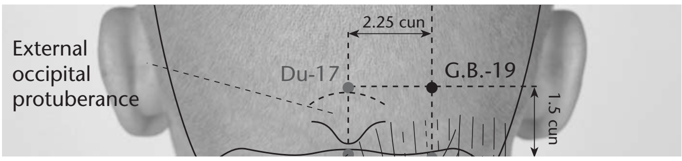
Du-19 (*houding*) 'Behind the Crown' On the midline, 1.5 cun posterior to **Du-20** or 3 cun superior to **Du-17**


Du-18
External occipital protuberance
1.5 cun
Du-17

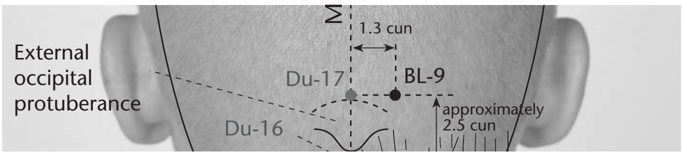
Du-18 (*qiangjian*) 'Unyielding Space' On the posterior midline, 1.5 cun superior to **Du-17** or 3 cun posterior to **Du-20**



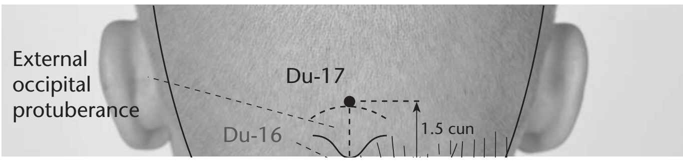
G.B.-8 (*shuaigu*) 'Leading Valley' 1.5 cun directly superior to the apex of the ear


External occipital protuberance
2.25 cun
Du-17
G.B.-19
1.5 cun

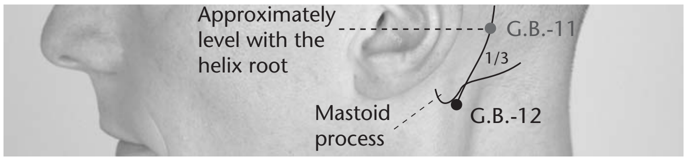
G.B.-19 (*naokong*) 'Brain Hollow' Level with the upper border of the external occipital protuberance (**Du-17**), on the line connecting **G.B.-15** and **G.B.-20**, and 2.25 cun lateral to the midline


External occipital protuberance
1.3 cun
Du-17
BL-9
Du-16
approximately 2.5 cun

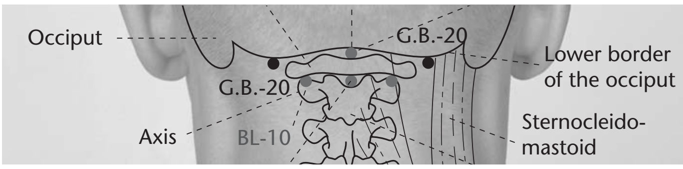
BL-9 (*yuzhen*) 'Jade Pillow' 2.5 cun superior to the posterior hairline and 1.3 cun lateral to the midline or **Du-17** (directly superior to the external occipital protuberance)


External occipital protuberance
Du-17
Du-16
1.5 cun

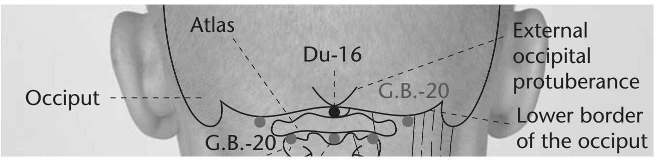
Du-17 (*naohu*) 'Brain's Door' On the midline, in a depression superior to the external occipital protuberance, approximately 2.5 cun superior to the posterior hairline, 1.5 cun superior to **Du-16**


Approximately level with the helix root
G.B.-11
1/3
Mastoid process
G.B.-12

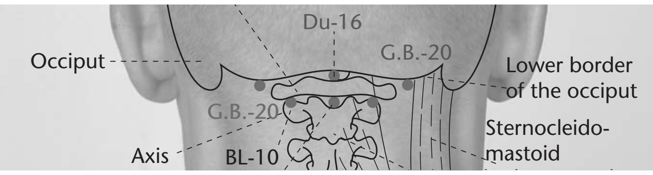
G.B.-12 (*wangu*) 'Mastoid Process' In a depression posterior and inferior to the mastoid process


Occiput
G.B.-20
Lower border of the occiput
G.B.-20
Axis
BL-10
Sternocleido-mastoid

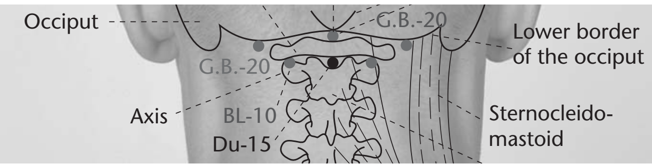
G.B.-20 (*fengchi*) 'Wind Pool' On the lower border of the occipital bone, in the depression between the origins of the sternocleidomastoid and trapezius


Atlas
Du-16
External occipital protuberance
G.B.-20
Occiput
Lower border of the occiput
G.B.-20

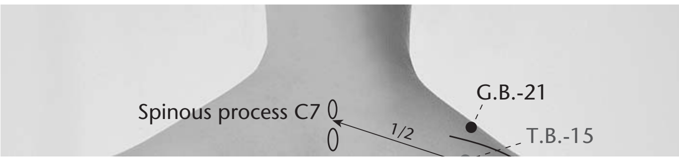
Du-16 (*fengfu*) 'Palace of Wind' On the posterior midline, directly below the external occipital protuberance, in the depression between the origins of the trapezius


Du-16
Occiput
G.B.-20
Lower border of the occiput
G.B.-20
Sternocleido-mastoid
Axis
BL-10

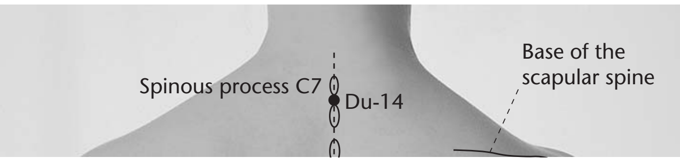
BL-10 (*tianzhu*) 'Celestial Pillar' Below the lower border of the occiput, approximately 1.3 cun lateral to the midline (**Du-15**), at the insertion of the trapezius


Occiput
G.B.-20
Lower border of the occiput
G.B.-20
Axis
BL-10
Sternocleido-mastoid
Du-15

Du-15 (*yamen*) 'Gate of Muteness' On the posterior midline, in the depression between the 1st (atlas) and 2nd cervical vertebrae (axis = first palpable spinous process), approximately 0.5 cun below **Du-16**

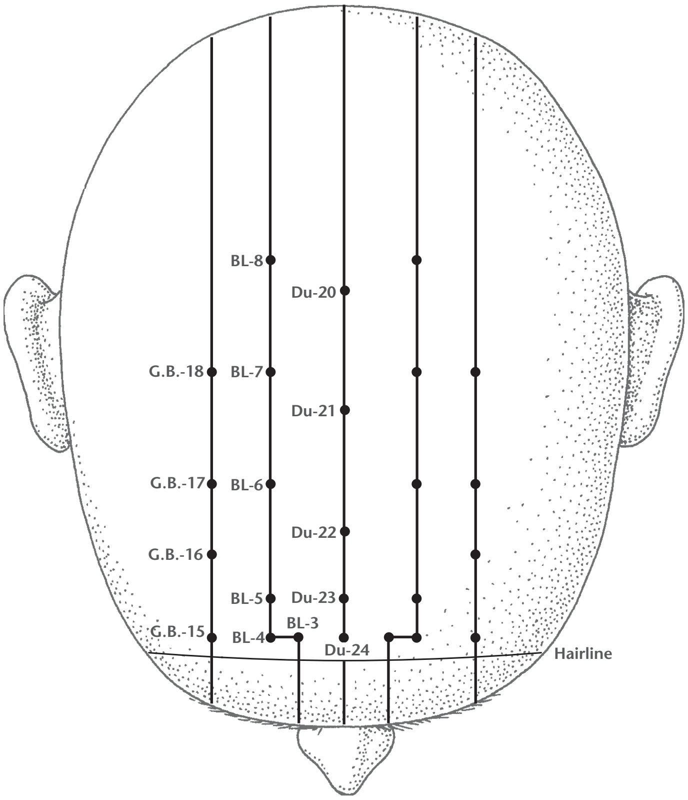

G.B.-21
Spinous process C7
1/2
T.B.-15

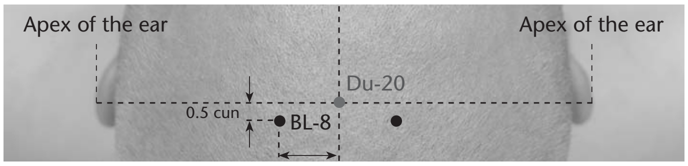
G.B.-21 (*jianjing*) 'Shoulder Well' At the highest point of the shoulder, midway between the lower border of the spinous process of C7 and the lateral extremity of the acromion


Base of the scapular spine
Spinous process C7
Du-14

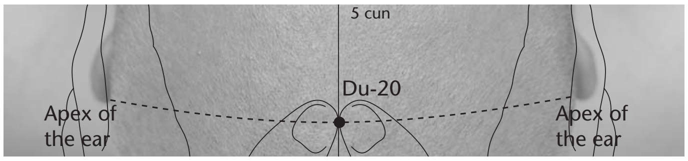
Du-14 (*dazhui*) 'Great Vertebra' Below the spinous process of C7

7.4 Vertex

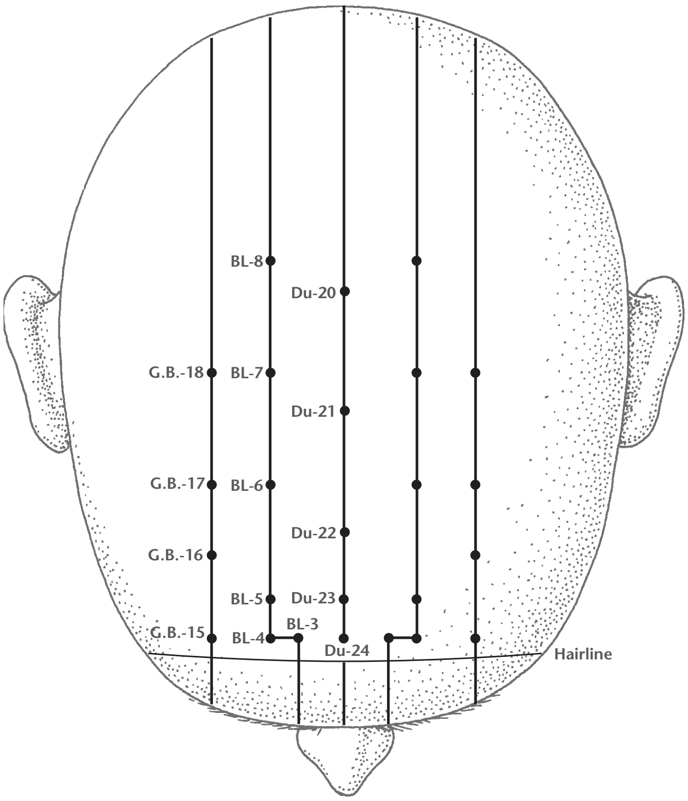

BL-8
Du-20
G.B.-18
BL-7
Du-21
G.B.-17
BL-6
Du-22
G.B.-16
BL-5
Du-23
G.B.-15
BL-4
BL-3
Du-24
Hairline

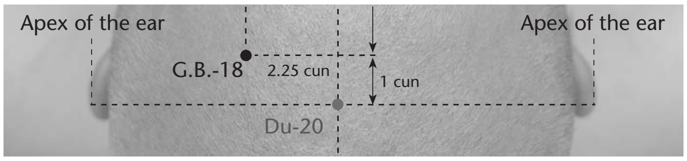

Apex of the ear
Apex of the ear
Du-20
0.5 cun
BL-8

BL-8 (*luoque*) 'Declining Connection' 1.5 cun lateral to the midline and 5.5 cun superior to the anterior hairline, or 0.5 cun posterior to **Du-20**

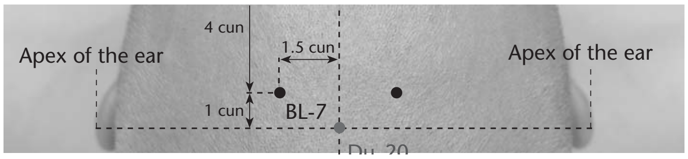

5 cun
Du-20
Apex of the ear
Apex of the ear

Du-20 (*baihui*) 'Hundred Meetings' At the junction of a line connecting the apices of the ears and the midline, 5 cun from the anterior or 7 cun from the posterior hairline respectively

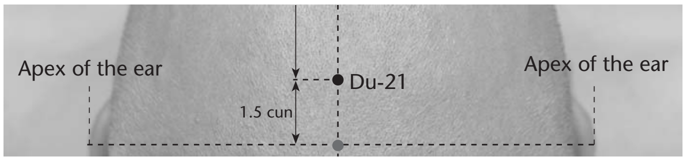

BL-8
Du-20
G.B.-18
BL-7
Du-21
G.B.-17
BL-6
Du-22
G.B.-16
BL-5
Du-23
BL-3
G.B.-15
BL-4
Du-24
Hairline


Apex of the ear
Apex of the ear
G.B.-18
2.25 cun
1 cun
Du-20

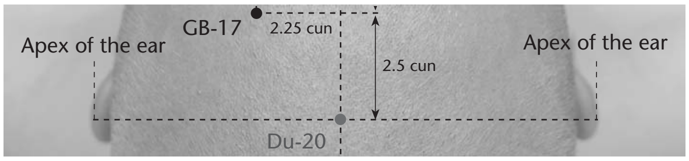
G.B.-18 (*chengling*) 'Support Spirit' 4 cun superior to the anterior hairline or 1 cun anterior to **Du-20**, on the line connecting **G.B.-15** with **G.B.-20**, or 2.25 cun lateral to the midline (midpoint of the line connecting **ST-8** and **Du-24**)


4 cun
Apex of the ear
1.5 cun
Apex of the ear
1 cun
BL-7
Du-20

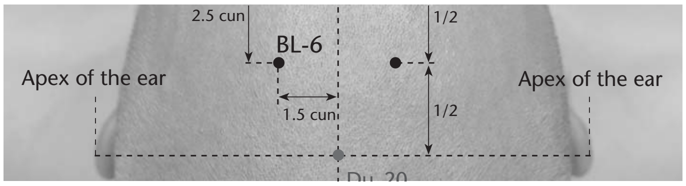
BL-7 (*tongtian*) 'Heavenly Connection' 1.5 cun lateral to the midline and 4 cun superior to the anterior hairline or 1 cun anterior to **Du-20**


Apex of the ear
Apex of the ear
Du-21
1.5 cun

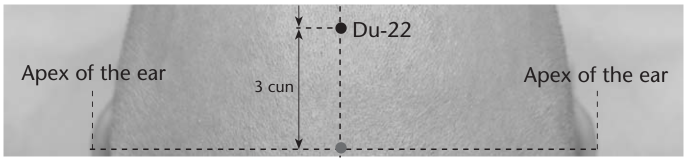
Du-21 (*qianding*) 'In Front of the Crown' On the midline, 1.5 cun anterior to **Du-20** or 3.5 cun above the anterior hairline


GB-17
2.25 cun
Apex of the ear
Apex of the ear
2.5 cun
Du-20

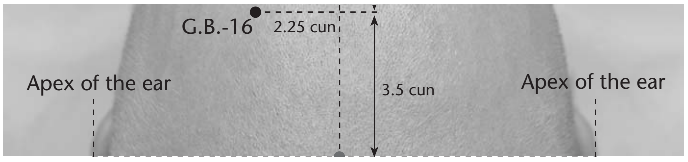
G.B.-17 (*zhengying*) 'Upright Nutrition' 2.5 cun superior to the anterior hairline, on the pupil line, on the line connecting **G.B.-15** and **G.B.-20** (= 2.25 cun lateral to the midline or midway between **Du-23** and **ST-8**)


2.5 cun
1/2
BL-6
Apex of the ear
Apex of the ear
1.5 cun
1/2
Du-20

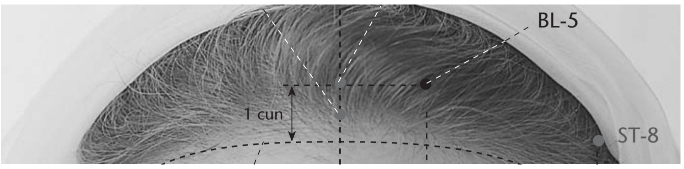
BL-6 (*chengguang*) 'Receiving Light' 2.5 cun superior to the anterior hairline and 1.5 cun lateral to the midline, or one-third of the distance between **Du-24** and **ST-8**


Du-22
Apex of the ear
Apex of the ear
3 cun

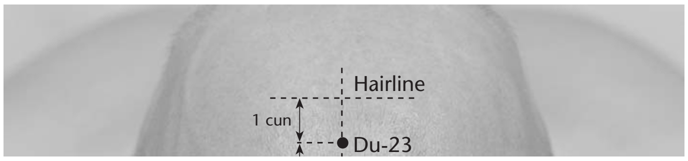
Du-22 (*xinhui*) 'Fontanelle Meeting' On the midline, 2 cun superior to the anterior hairline or 3 cun anterior to **Du-20**


G.B.-16
2.25 cun
Apex of the ear
3.5 cun
Apex of the ear

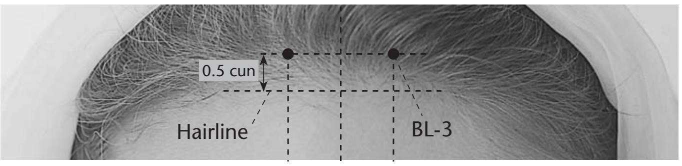
G.B.-16 (*muchuang*) 'Window of the Eye' 1.5 cun superior to the anterior hairline, on the pupil line, on the line connecting **G.B.-15** and **G.B.-20** (= 2.25 cun lateral to the midline or midway between **Du-24** and **ST-8**)


BL-5
1 cun
ST-8

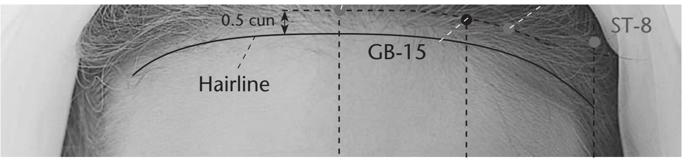
BL-5 (*wuchu*) 'Fifth Place' 1 cun superior to the anterior hairline and 1.5 cun lateral to the midline (directly above **BL-4**, level with **Du-23**)


Hairline
1 cun
Du-23

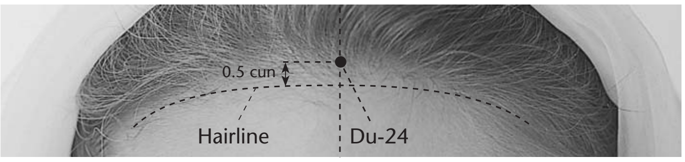
Du-23 (*shangxing*) 'Upper Star' On the midline, 1 cun superior to the anterior hairline


0.5 cun
Hairline
BL-3

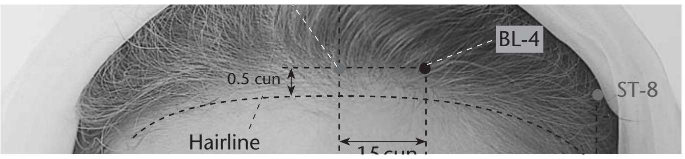
BL-3 (*meichong*) 'Eyebrows' Pouring' 0.5 cun within the anterior hairline, superior to the medial canthus of the eye (**BL-1**)


0.5 cun
ST-8
GB-15
Hairline

G.B.-15 (*toulinqi*) 'Head Governor of Tears' On the pupil line when looking straight ahead, 0.5 cun superior to the anterior hairline, at the midpoint of the line between **Du-24** and **ST-8** (= 4.5 cun)

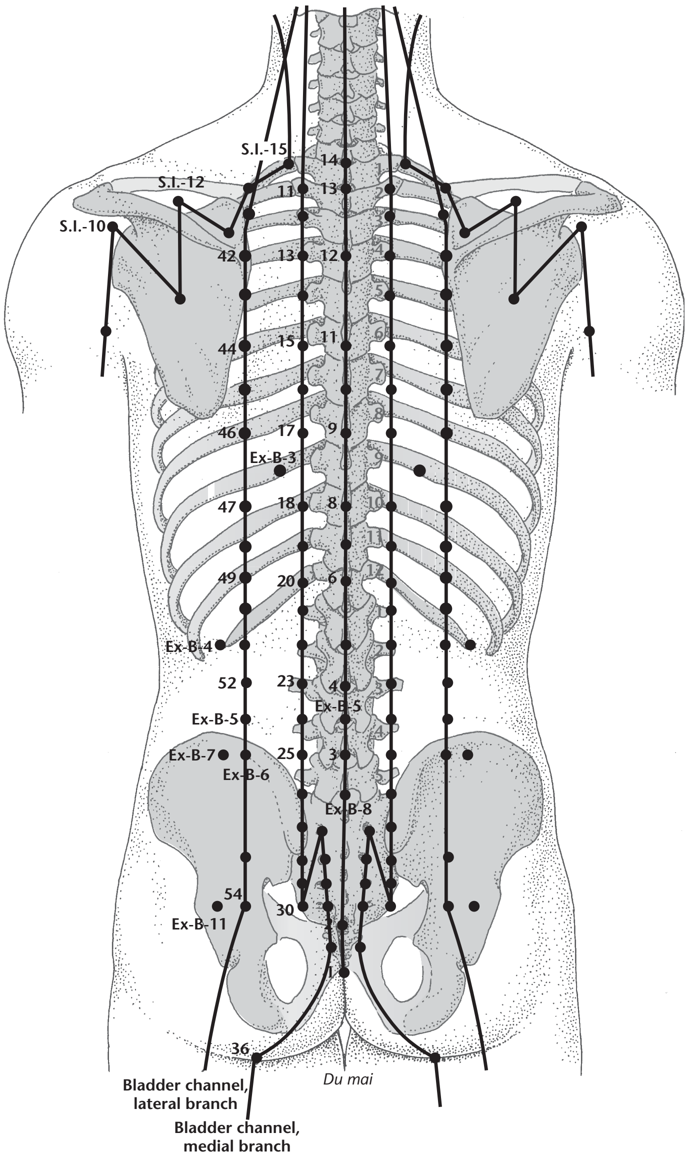

0.5 cun
Hairline
Du-24

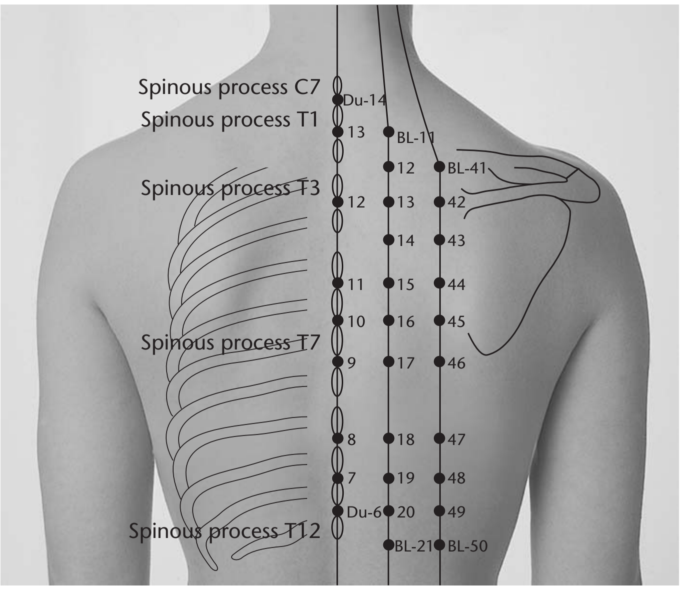
Du-24 (*shenting*) 'Courtyard of the Spirit' On the midline, 0.5 cun superior to the anterior hairline

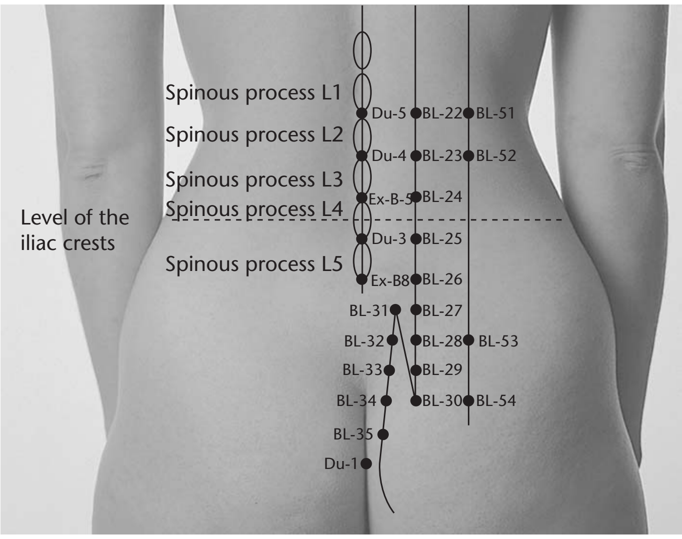

BL-4
0.5 cun
ST-8
Hairline
1.5 cun

BL-4 (*qucha*) 'Crooked Curve' 0.5 cun superior to the anterior hairline and 1.5 cun lateral to the midline, or one-third of the distance between **Du-24** and **ST-8** (= 4.5 cun)

7.5 Back

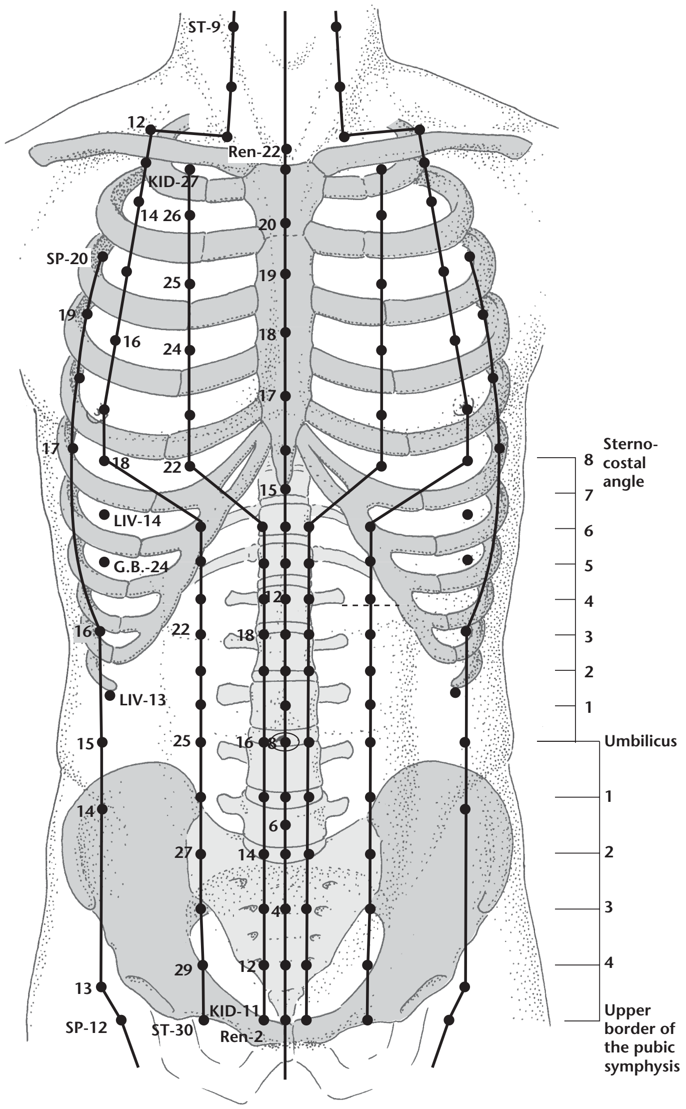

S.I.-15
S.I.-12
S.I.-10
14
11
13
42
13
12
44
15
11
46
17
9
Ex-B-3
47
18
8
10
11
49
20
6
12
Ex-B-4
52
23
4
Ex-B-5
Ex-B-5
25
3
Ex-B-7
Ex-B-6
Ex-B-8
54
30
Ex-B-11
2
1
36
Bladder channel, lateral branch
Bladder channel, medial branch
Du mai

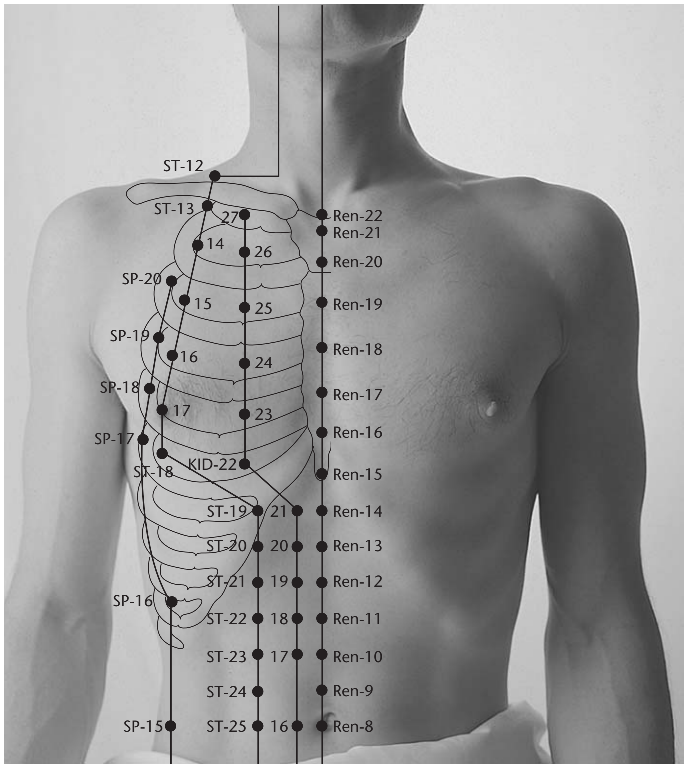

Spinous process C7
Spinous process T1
Spinous process T3
Spinous process T7
Spinous process T12
Du-14
13
12
11
10
9
8
7
Du-6
BL-11
12
13
14
15
16
17
18
19
20
BL-21
BL-41
42
43
44
45
46
47
48
49
BL-50

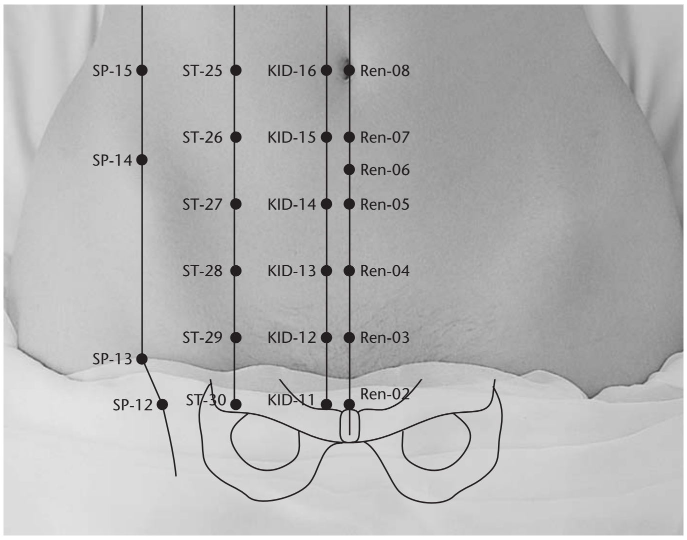

Spinous process L1
Spinous process L2
Spinous process L3
Spinous process L4
Spinous process L5
Level of the iliac crests
Du-5
BL-22
BL-51
Du-4
BL-23
BL-52
Ex-B-5
BL-24
Du-3
BL-25
Ex-B8
BL-26
BL-31
BL-27
BL-32
BL-28
BL-53
BL-33
BL-29
BL-34
BL-30
BL-54
BL-35
Du-1

Vertebra	**Below the spinous process or in the sacral foramen**	**0.5 cun lateral to the midline, level with the lower border of the spinous process or sacral foramen**	**1.5 cun lateral to the midline, level with the lower border of the spinous process or sacral foramen**	**3 cun lateral to the midline, level with the lower border of the spinous process or sacral foramen**
C7	Du-14	Ex-B-1 *(dingchuan)*	**2 cun lateral** S.I.-15	**3.5 cun lateral** Ex-B (*jiehexue*)
T1	Du-13	A point of Ex-B-2 (*huatuojiaji*)	BL-11	S.I.-14
T2		A point of Ex-B-2 (*huatuojiaji*)	BL-12	BL-41
T3	Du-12	A point of Ex-B-2 (*huatuojiaji*)	BL-13	BL-42
T4		A point of Ex-B-2 (*huatuojiaji*)	BL-14	BL-43
T5	Du-11	A point of Ex-B-2 (*huatuojiaji*)	BL-15	BL-44
T6	Du-10	A point of Ex-B-2 (*huatuojiaji*)	BL-16	BL-45
T7	Du-9	A point of Ex-B-2 (*huatuojiaji*)	BL-17	BL-46
T8		A point of Ex-B-2 (*huatuojiaji*)	Ex-B-3 (*weiwanxiashu*)	
T9	Du-8	A point of Ex-B-2 (*huatuojiaji*)	BL-18	BL-47
T10	Du-7	A point of Ex-B-2 (*huatuojiaji*)	BL-19	BL-48
T11	Du-6	A point of Ex-B-2 (*huatuojiaji*)	BL-20	BL-49
T12		A point of Ex-B-2 (*huatuojiaji*)	BL-21	BL-50
L1	Du-5	A point of Ex-B-2 (*huatuojiaji*)	BL-22	BL-51/ Ex-B-4 (**3.5 cun lateral**)
L2	Du-4	A point of Ex-B-2 (*huatuojiaji*)	BL-23	BL-52
L3	Ex-B-5 (*xiajishu*)	A point of Ex-B-2 (*huatuojiaji*)	BL-24	Ex-B-5 (according to WHO a set of 3 points)
L4	Du-3	A point of Ex-B-2 (*huatuojiaji*)	BL-25	Ex-B-6/Ex-B-7 (**3.5 cun lateral**)
L5	Ex-B-8	A point of Ex-B-2 (*huatuojiaji*)	BL-26	
1st sacral foramen	BL-31		BL 27	
2nd sacral foramen	BL-32		BL 28	BL-53
3rd sacral foramen	BL-33		BL 29	
4th sacral foramen	BL-34		BL 30	BL-54/Ex-B-11 (3.5 cun lateral)
Sacral hiatus	Du- 2			
		BL-35 (0.5 cun lateral and inferior to Du-2)		
Between the coccyx and the anus	Du-1			

7.6 Frontal and Lateral Thorax and Abdomen


ST-9
12
Ren-22
KID-27
14 26
20
SP-20
25
19
19
16
24
18
17
17
18
22
15
LIV-14
G.B.-24
12
16
22
18
LIV-13
15
25
16
8
14
6
27
14
4
29
12
13
SP-12
ST-30
KID-11
Ren-2
8
Sterno-
costal
angle
7
6
5
4
3
2
1
Umbilicus
1
2
3
4
Upper
border of
the pubic
symphysis

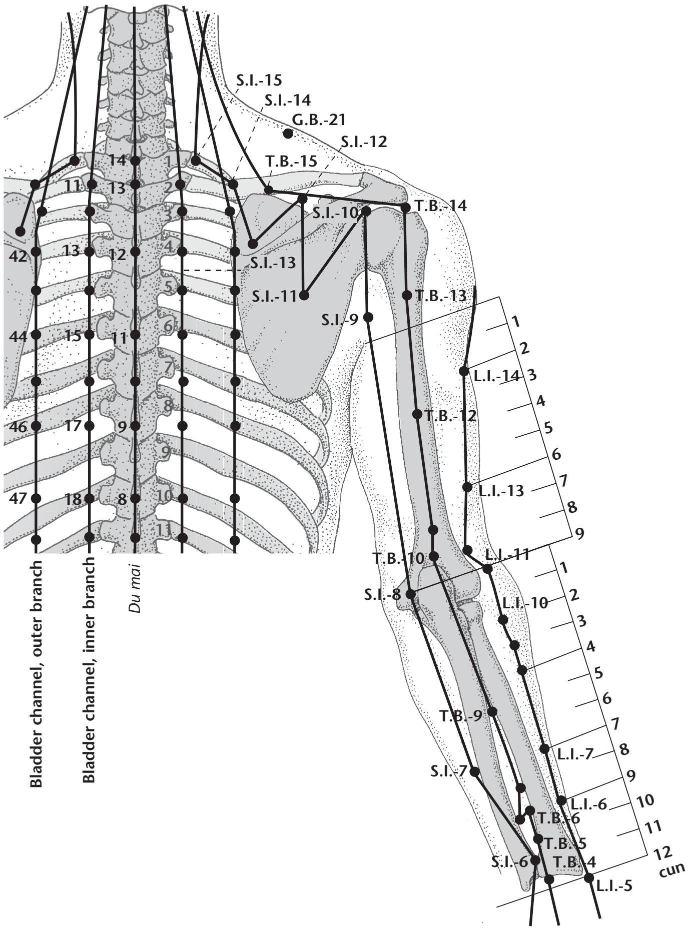

ST-12
ST-13
27
Ren-22
Ren-21
14
26
Ren-20
SP-20
15
25
Ren-19
SP-19
16
24
Ren-18
SP-18
17
23
Ren-17
SP-17
Ren-16
ST-18
KID-22
Ren-15
ST-19
21
Ren-14
ST-20
20
Ren-13
ST-21
19
Ren-12
SP-16
ST-22
18
Ren-11
ST-23
17
Ren-10
ST-24
Ren-9
SP-15
ST-25
16
Ren-8

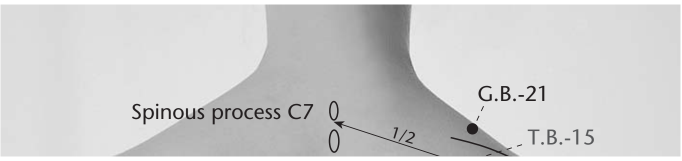

SP-15
ST-25
KID-16
Ren-08
ST-26
KID-15
Ren-07
SP-14
Ren-06
ST-27
KID-14
Ren-05
ST-28
KID-13
Ren-04
ST-29
KID-12
Ren-03
SP-13
SP-12
ST-30
KID-11
Ren-02

Anatomical level	*Ren Mai* (midline)	KID channel (2 cun lateral to the midline)	ST channel (4 cun lateral to the midline)	Other (6 cun lateral to the midline)
Below the clavicle	≈ Ren-21	KID-27	ST-13	LU-2
1st ICS	Ren-20	KID-26	ST-14	LU-1
2nd ICS	Ren-19	KID-25	ST-15	SP-20
3rd ICS	Ren-18	KID-24	ST-16	SP-19
4th ICS	Ren-17	KID-23	ST-17 (nipple)	SP-18/P-1 (1 cun lateral to the nipple)/G.B.-22 (3 cun inferior to the apex of the axilla)/G.B.-23 (1 cun anterior to G.B.-22)
5th ICS	Ren 16	KID-22	ST-18	SP-17
Anatomical level	***Ren mai* (midline)**	**KID-channel (0.5 cun lateral to the midline)**	**ST channel (2 cun lateral to the midline)**	**Other (4 cun lateral to the midline)**
6 cun superior/6th ICS	Ren-14	KID-21	ST-19	LIV-14 (6th ICS)
5 cun superior/7th ICS	Ren-13	KID-20	ST-20	G.B.-24 (7th ICS)
4 cun superior	Ren-12	KID-19	ST-21	
3 cun superior	Ren-11	KID-18	ST-22	SP-16
2 cun superior	Ren-10	KID-17	ST-23	Ex-CA (*weishang*)
1 cun superior	Ren-9		ST-24	≈ LIV-13 (free end of the 11th rib)
Level of umbilicus	Ren-8	KID-16	ST-25	SP-15, G.B.-26 (inferior to the free end of the 12th rib, level with the umbilicus)
1 cun inferior	Ren-7	KID-15	ST-26	
(1.5 cun inferior)	Ren-6			
2 cun inferior	Ren-5	KID-14	ST-27	
(2.5 cun inferior)	Ex-CA (*zhishi*)			
3 cun inferior	Ren-4	KID-13	ST-28	Ex-CA (*tituo*)/Ex-CA (*qimen*)/ Ex-CA (*yijing*)/(4/3/1 cun lateral to the midline)/≈ G.B.-27 (anterior and medical to the ASIS → 3)
4 cun inferior	Ren-3	KID-12	ST-29	Ex-CA (*zigong*), 3 cun lateral to the midline
5 cun inferior **symphysis**	Ren-2	KID-11	ST-30	SP-12 (3.5 cun lateral to the midline)

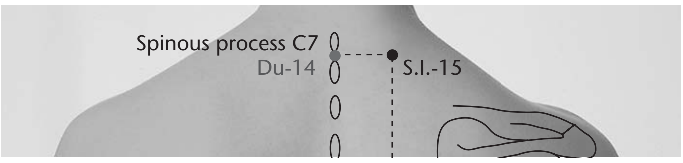
Note: The intercostal spaces and the ribs curve upwards laterally!

7.7 Posterior Shoulder and Arm

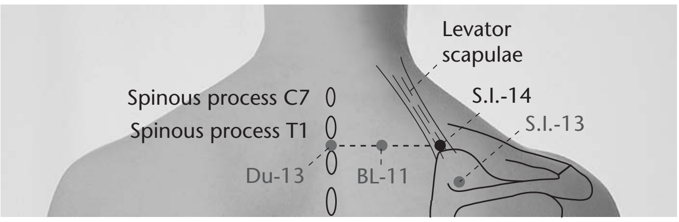

S.I.-15
S.I.-14
G.B.-21
S.I.-12
T.B.-15
14
11
13
S.I.-10
T.B.-14
42
13
12
S.I.-13
S.I.-11
T.B.-13
S.I.-9
44
15
11
L.I.-14
T.B.-12
46
17
9
L.I.-13
47
18
8
10
T.B.-10
L.I.-11
S.I.-8
L.I.-10
T.B.-9
L.I.-7
S.I.-7
L.I.-6
T.B.-6
T.B.-5
S.I.-6
T.B.-4
L.I.-5
1
2
3
4
5
6
7
8
9
1
2
3
4
5
6
7
8
9
10
11
12
cun
Bladder channel, outer branch
Bladder channel, inner branch
Du mai


Spinous process C7
G.B.-21
1/2
T.B.-15

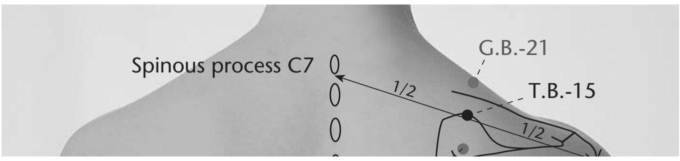
G.B.-21 (*jianjing*) 'Shoulder Well' At the highest point of the shoulder, midway between the lower border of the spinous process of C7 and the lateral extremity of the acromion


Spinous process C7
Du-14
S.I.-15

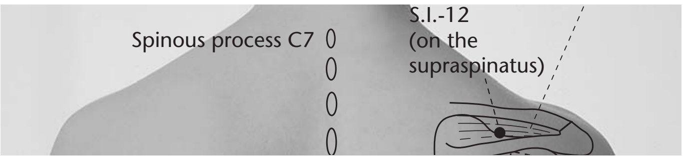
S.I.-15 (*jianzhongshu*) 'Middle Shoulder Shu' 2 cun lateral to the lower border of the spinous process of the T7 (**Du-14**)


Levator scapulae
Spinous process C7
Spinous process T1
S.I.-14
S.I.-13
Du-13
BL-11

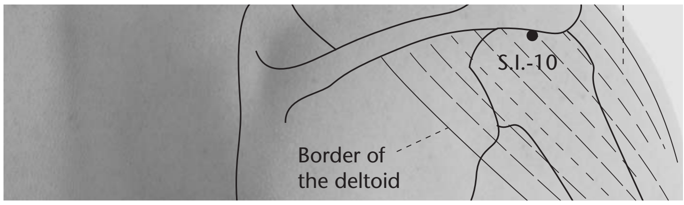
S.I.-14 (*jianwaishu*) 'Outer Shoulder Shu' 3 cun lateral to the lower border of the spinous process of the T1 (**Du-13**), at the insertion of the levator scapulae


Spinous process C7
G.B.-21
1/2
T.B.-15
1/2

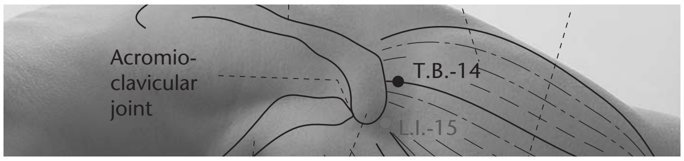
T.B.-15 (*tianliao*) 'Heavenly Crevice' At the midpoint of an imaginary line between the spinous process of the C7 and the lateral extremity of the acromion


Spinous process C7
S.I.-12
(on the supraspinatus)

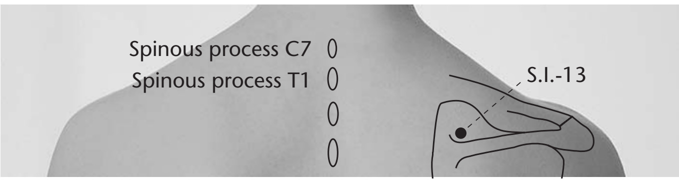
S.I.-12 (*bingfeng*) 'Grasping the Wind' Directly superior to **S.I.-11**, in the centre of the supraspinous fossa


S.I.-10
Border of the deltoid

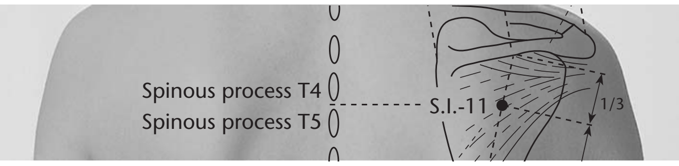
S.I.-10 (*naoshu*) 'Upper Arm Shu' With the arm adducted on a line extending in a superior direction from the posterior axillary fold, on the lower border of the scapular spine


Acromio-clavicular joint
T.B.-14
L.I.-15

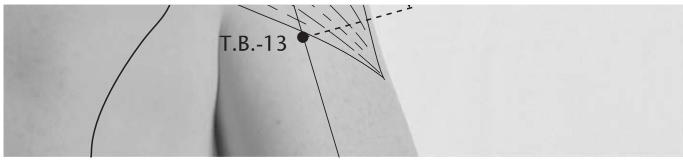
T.B.-14 (*jianliao*) 'Shoulder Crevice' Inferior to the lateral extremity of the acromion between the acromial and spinal portions of the deltoid, or with the arm abducted in the posterior of the two depressions on the shoulder joint


Spinous process C7
Spinous process T1
S.I.-13

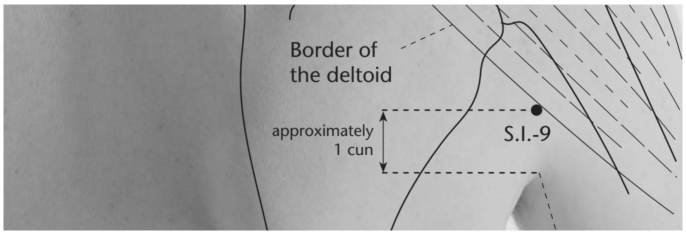
S.I.-13 (*quyuan*) 'Crooked Wall' At the medial end of the supraspinous fossa


Spinous process T4
Spinous process T5
S.I.-11
1/3

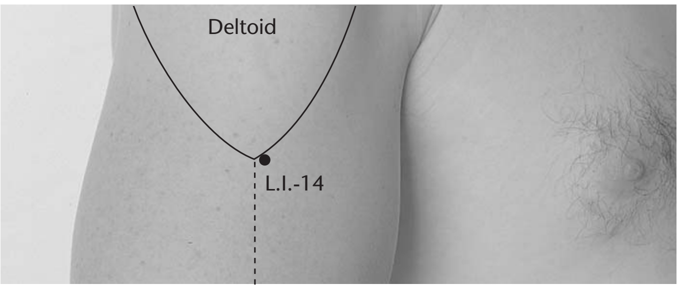
S.I.-11 (*tianzong*) 'Heavenly Gathering' On the scapula, in a depression on the infraspinatus, one third of the distance from the midpoint of the scapular spine and the inferior angle of the scapula



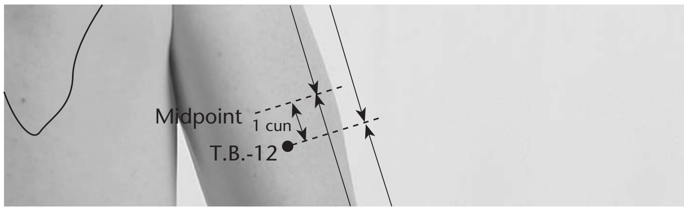
T.B.-13 (*naohui*) 'Upper Arm Meeting' 3 cun distal to the lateral extremity of the acromion (location of **T.B.-14**), on a line connecting **T.B.-14** and the olecranon, at the junction of this line with the margin of the deltoid


Border of the deltoid
approximately 1 cun
S.I.-9

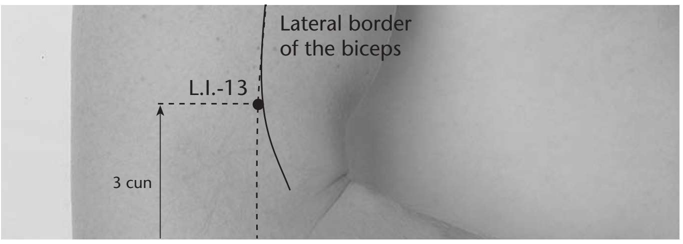
S.I.-9 (*jianzhen*) 'True Shoulder' With the arm adducted on a line extending in a superior direction from the posterior axillary fold, on the lower border of the deltoid, 1 cun superior to the posterior axillary fold


Deltoid
L.I.-14

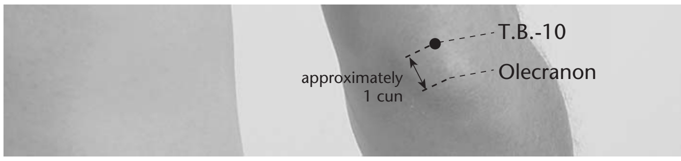
L.I.-14 (*binao*) 'Upper Arm' 7 cun proximal to **L.I.-11**, at the distal end of the deltoid, on a line connecting **L.I.-11** and **L.I.-15**


Midpoint
1 cun
T.B.-12

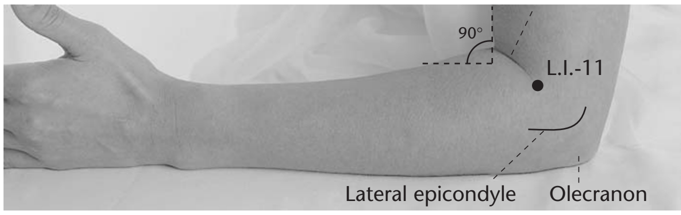
T.B.-12 (*xiaoluo*) 'Dispersing Luo River' 4 cun proximal to **T.B.-10** on a line connecting the olecranon and the lateral extremity of the acromion (location of **T.B.-14**)


Lateral border of the biceps
L.I.-13
3 cun

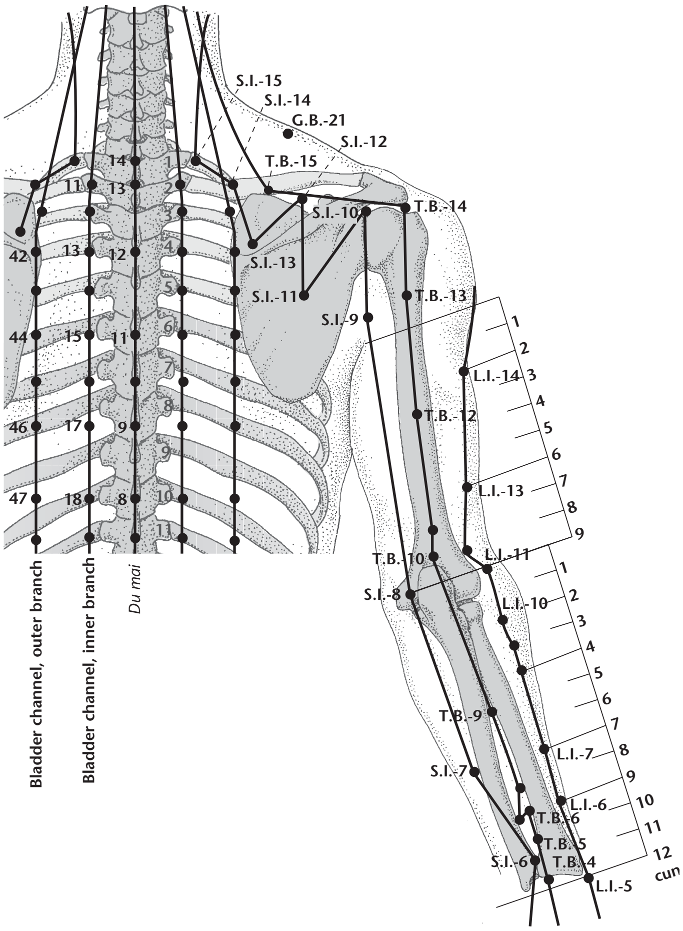
L.I.-13 (*shouwuli*) 'Arm Five Miles' On the lateral aspect of the upper arm, 3 cun proximal to **L.I.-11**

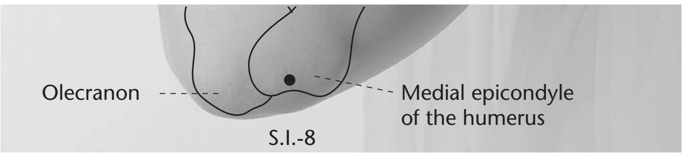

T.B.-10
Olecranon
approximately 1 cun

T.B.-10 (*tianjing*) 'Heavenly Well' With the elbow flexed in a depression approximately 1 cun proximal to the olecranon

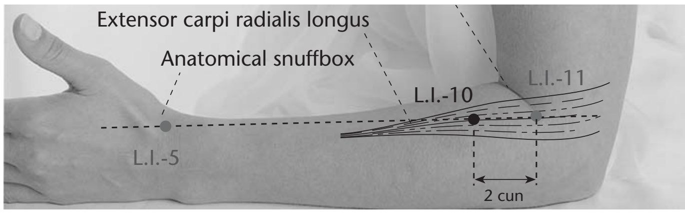

90°
L.I.-11
Lateral epicondyle
Olecranon

L.I.-11 (*quchi*) 'Pool at the Crook' With the elbow flexed, on the lateral end of the elbow crease, in a depression between the end of the crease and the lateral epicondyle of the humerus, on the extensor carpi radialis longus muscle

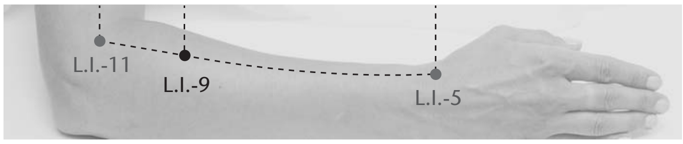

S.I.-15
S.I.-14
G.B.-21
S.I.-12
T.B.-15
S.I.-10
T.B.-14
S.I.-13
S.I.-11
T.B.-13
S.I.-9
L.I.-14
T.B.-12
L.I.-13
L.I.-11
T.B.-10
S.I.-8
L.I.-10
T.B.-9
L.I.-7
S.I.-7
L.I.-6
T.B.-6
T.B.-5
S.I.-6
T.B.-4
L.I.-5
42
44
46
47
11
13
15
17
18
14
12
9
8
cun
Bladder channel, outer branch
Bladder channel, inner branch
Du mai


Olecranon
Medial epicondyle of the humerus
S.I.-8

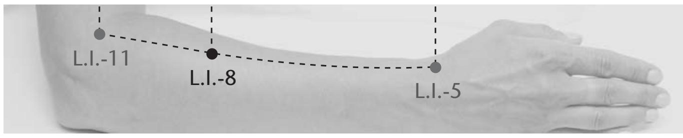
S.I.-8 (*xiaohai*) 'Small Sea' With the elbow flexed in the depression between the olecranon process of the ulna and the medial epicondyle of the humerus


Extensor carpi radialis longus
Anatomical snuffbox
L.I.-11
L.I.-10
L.I.-5
2 cun

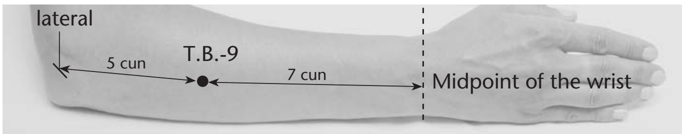
L.I.-10 (*shousanli*) 'Arm Three Miles' 2 cun distal to **L.I.-11**, on the line connecting **L.I.-5** and **L.I.-11**


L.I.-11
L.I.-9
L.I.-5

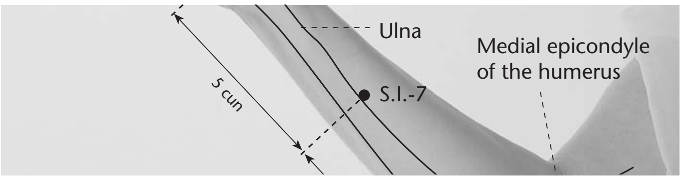
L.I.-9 (*shanglian*) 'Upper Angle' 3 cun distal to **L.I.-11**, on the line connecting **L.I.-5** and **L.I.-11**


L.I.-11
L.I.-8
L.I.-5

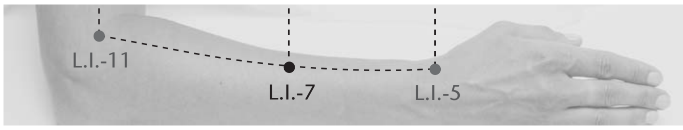
L.I.-8 (*xialian*) 'Lower Angle' 4 cun distal L.I.-11, on the line connecting **L.I.-5** and **L.I.-11**


lateral
5 cun
T.B.-9
7 cun
Midpoint of the wrist

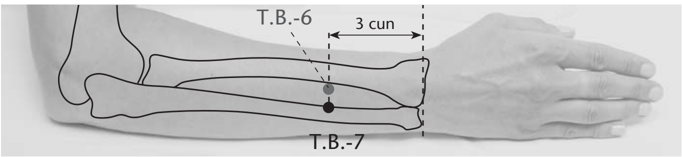
T.B.-9 (*sidu*) 'Four Rivers' 5 cun distal to the olecranon or 7 cun proximal to **T.B.-4**, between the radius and the ulna


Ulna
Medial epicondyle of the humerus
5 cun
S.I.-7

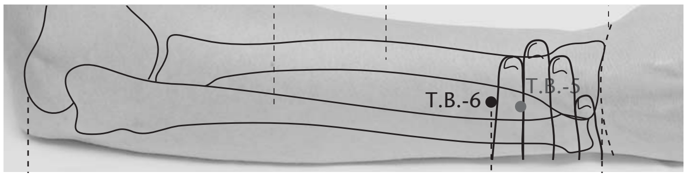
S.I.-7 (*zhizheng*) 'Branch of the Upright' 5 cun proximal to the wrist joint space, on the line connecting **S.I.-5** and **S.I.-8**


L.I.-11
L.I.-7
L.I.-5

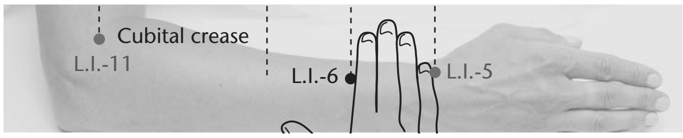
L.I.-7 (*wenliu*) 'Warm Flow' 5 cun proximal to **L.I.-5** or midway between **L.I.-5** and **L.I.-11**


T.B.-6
3 cun
T.B.-7

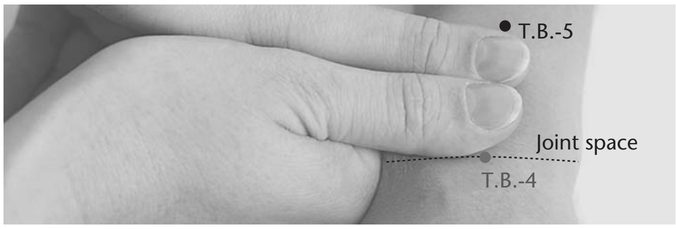
T.B.-7 (*huizhong*) 'Ancestral Meeting' 3 cun proximal to **T.B.-4**, between radius and ulna, ulnar to extensor digitorum communis



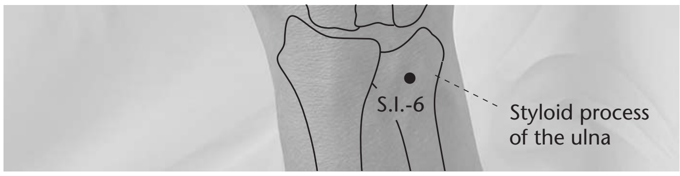
T.B.-6 (*zhigou*) 'Branch Ditch' 3 cun proximal to **T.B.-4**, between radius and ulna, radial to the tendon of extensor digitorum communis


Cubital crease
L.I.-11
L.I.-6
L.I.-5

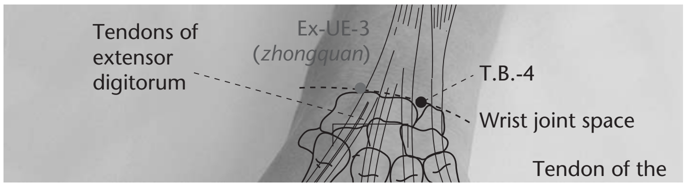
L.I.-6 (*pianli*) 'Veering Passage' 3 cun proximal to **L.I.-5**, on the line connecting **L.I.-5** and **L.I.-11**


T.B.-5
Joint space
T.B.-4

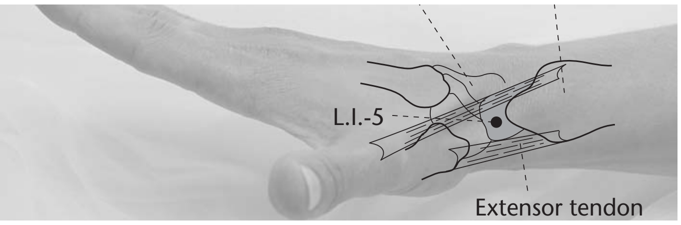
T.B.-5 (*waiguan*) 'Outer Pass' 2 cun proximal to **T.B.-4** (on the dorsal wrist joint space, between radius and ulna.


S.I.-6
Styloid process of the ulna

S.I.-6 (*yanglao*) 'Support the Aged' In the depression radial and proximal to the styloid process of the ulna that forms when turning the hand from a pronated to a supinated position.

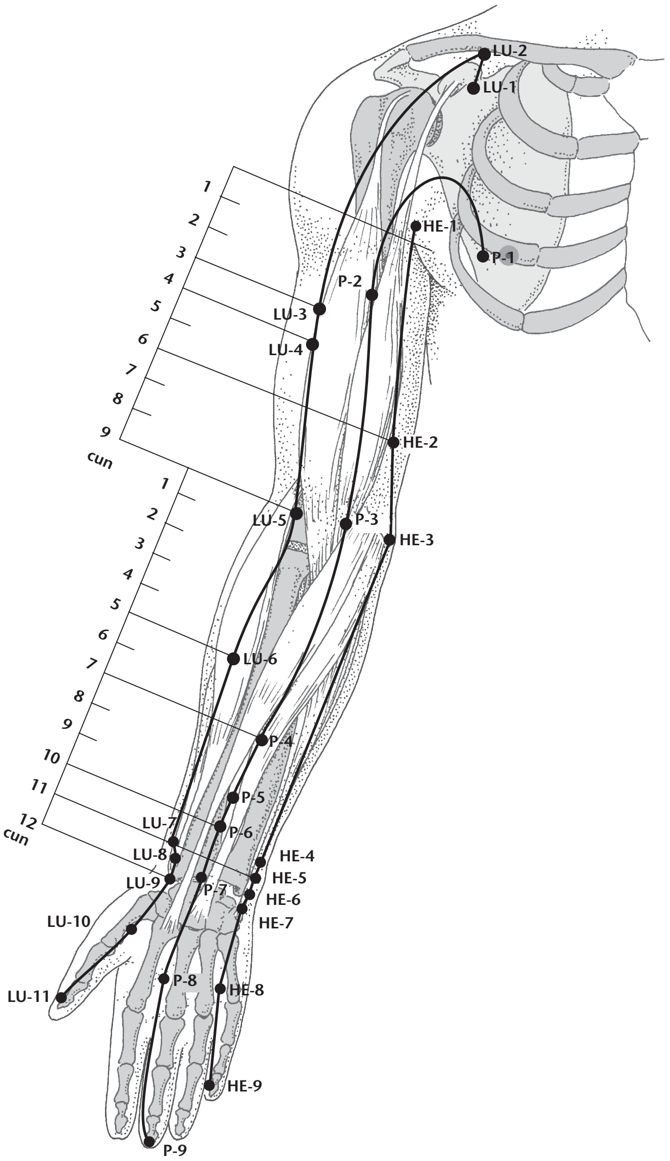

Tendons of extensor digitorum
Ex-UE-3 (*zhongquan*)
T.B.-4
Wrist joint space
Tendon of the

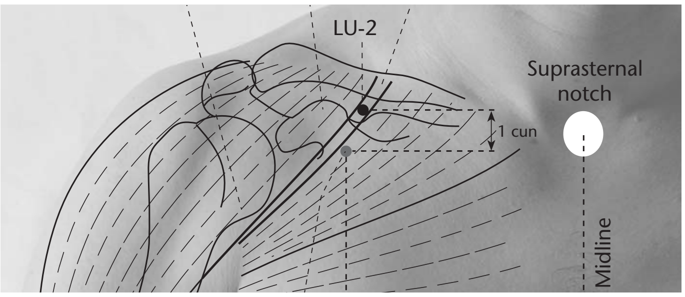
T.B.-4 (*yangchi*) 'Yang Pool' On the dorsum of the wrist, in the gap ulnar to the tendons of the extensor digitorum


L.I.-5
Extensor tendon

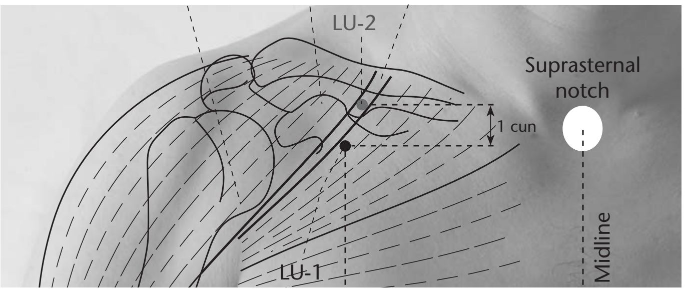
L.I.-5 (*yangxi*) 'Yang Stream' With the thumb abducted in the depression between the tendons of the extensor pollicis longus and brevis muscles ('anatomical snuff box')

7.8 Anterior Shoulder and Arm

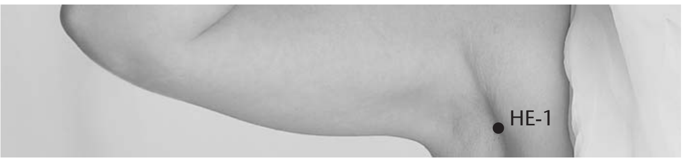

LU-2
LU-1
HE-1
P-1
P-2
LU-3
LU-4
HE-2
LU-5
P-3
HE-3
LU-6
P-4
P-5
P-6
LU-7
LU-8
LU-9
P-7
HE-4
HE-5
HE-6
HE-7
LU-10
P-8
HE-8
LU-11
HE-9
P-9
1
2
3
4
5
6
7
8
9
cun
1
2
3
4
5
6
7
8
9
10
11
12
cun


LU-2
Suprasternal notch
1 cun
Midline

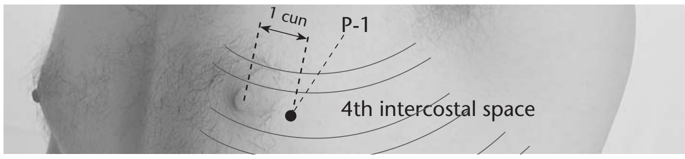
LU-2 (*yunmen*) 'Cloud Gate' 6 cun lateral to the anterior midline, below the clavicle, in the centre of the deltopectoral triangle.


LU-2
Suprasternal notch
1 cun
LU-1
Midline

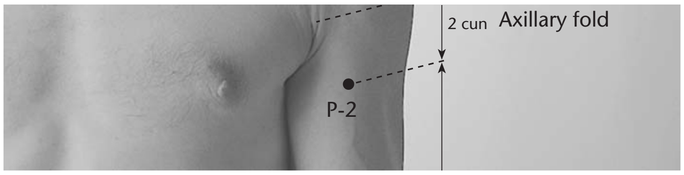
LU-1 (*zhongfu*) 'Middle Palace' 6 cun lateral to the anterior midline and approximately 1 cun inferior to **LU-2**, slightly medial to the lower border of the coracoid process



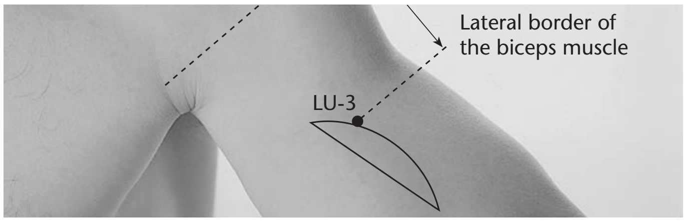
HE-1 (*jiquan*) 'Summit Spring' With the arm abducted, in the centre of the axilla, medial to the axillary artery


1 cun
P-1
4th intercostal space

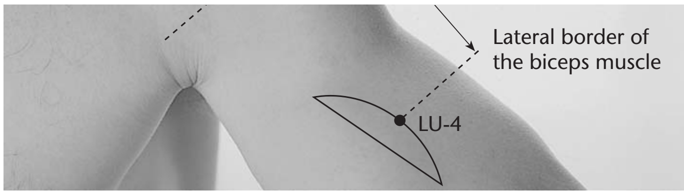
P-1 (*tianchi*) 'Heavenly Pool' In the 4th ICS, 1 cun lateral to the nipple


2 cun
Axillary fold
P-2

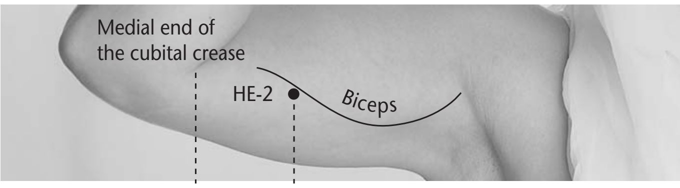
P-2 (*tianquan*) 'Heavenly Spring' Between the two heads of the biceps brachii muscle, 2 cun inferior to the axillary fold.


Lateral border of the biceps muscle
LU-3

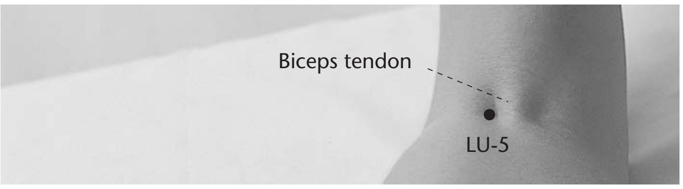
LU-3 (*tianfu*) 'Palace of Heaven' 3 cun distal to the end of the anterior axillary fold, on the medial aspect of the upper arm, radial to the biceps brachialis


Lateral border of the biceps muscle
LU-4

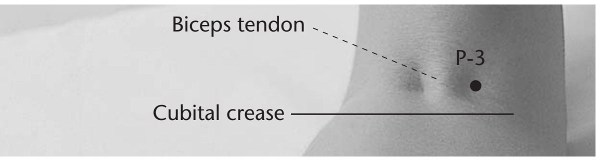
LU-4 (*xiabai*) 'Clasping the White' 4 cun distal to the end of the anterior axillary fold, on the medial aspect of the upper arm, radial to the biceps brachii


Medial end of the cubital crease
HE-2
Biceps

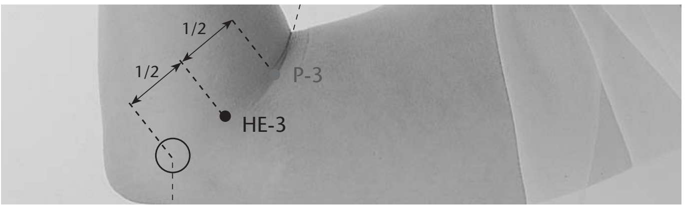
HE-2 (*qingling*) 'Green Spirit' 3 cun proximal to the cubital crease, on the medial border of the biceps brachii


Biceps tendon
LU-5

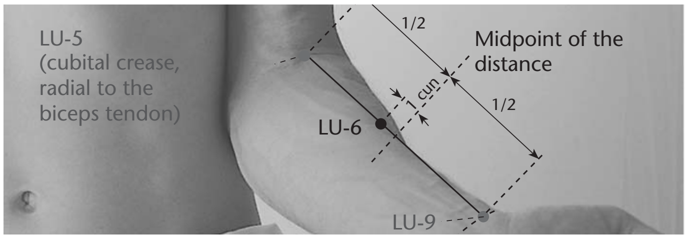
LU-5 (*chize*) 'Cubit Marsh' In the cubital crease, radial to the tendon of the biceps brachii


Biceps tendon
P-3
Cubital crease

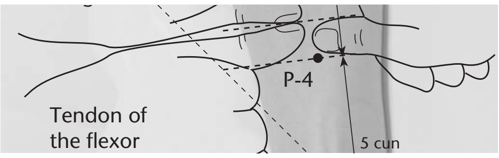
P-3 (*quze*) 'Marsh at the Crook' In the cubital crease, ulnar to the biceps tendon



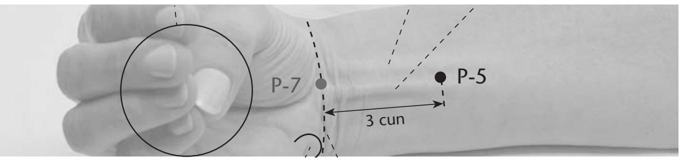
HE-3 (*shaohai*) 'Lesser Sea' With the elbow flexed, in the depression between the ulnar end of the cubital crease and the medial epicondyle of the humerus


LU-5
(cubital crease, radial to the biceps tendon)
1/2
Midpoint of the distance
1 cun
1/2
LU-6
LU-9

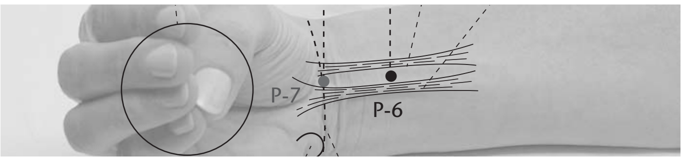
LU-6 (*kongzui*) 'Maximum Opening' 5 cun distal to **LU-5** or 7 cun proximal to the wrist joint space, on a line connecting **LU-5** and **LU-9**


P-4
Tendon of the flexor
5 cun

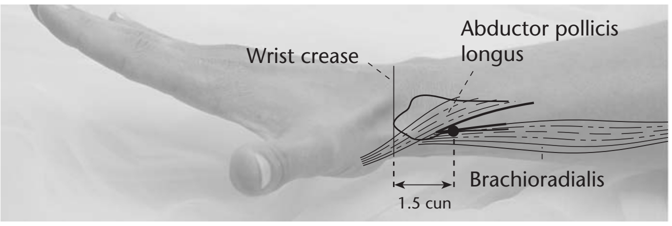
P-4 (*ximen*) 'Xi-Cleft Gate' 5 cun proximal to the palmar wrist joint space, between the tendons of palmaris longus and flexor carpi radialis, or 1 cun distal to the midpoint of the line connecting **P-3** and **P-7**



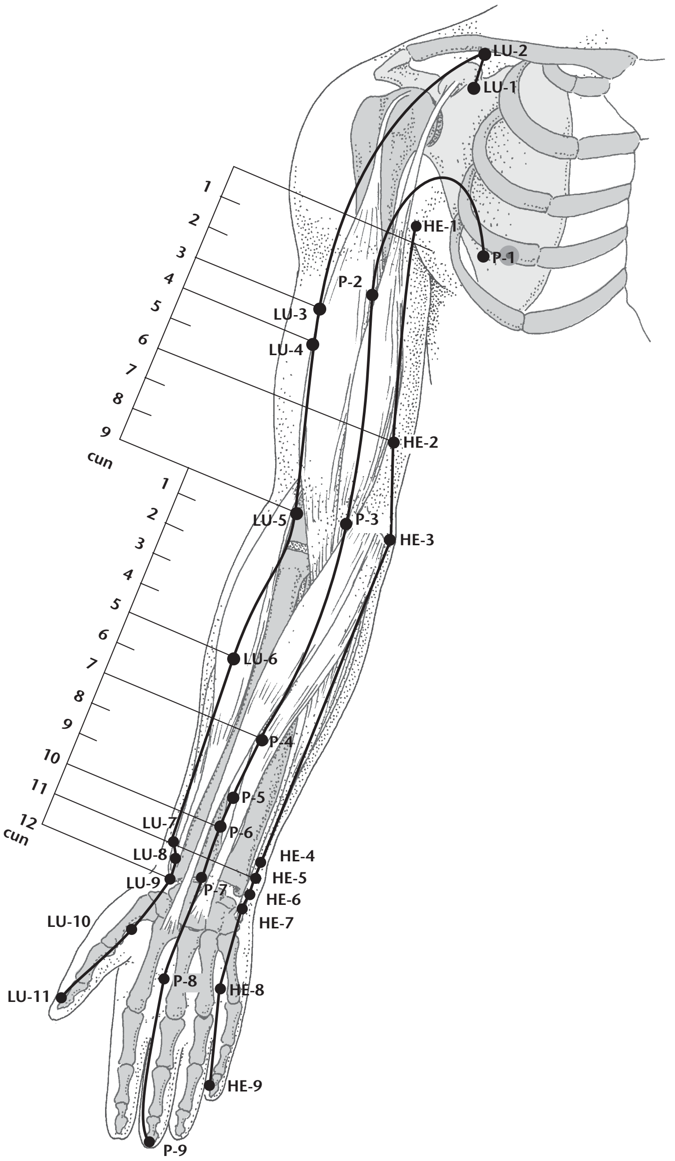
P-5 (*jianshi*) 'Intermediate Messenger' 3 cun proximal to the palmar wrist joint space, between the tendons of palmaris longus and flexor carpi radialis

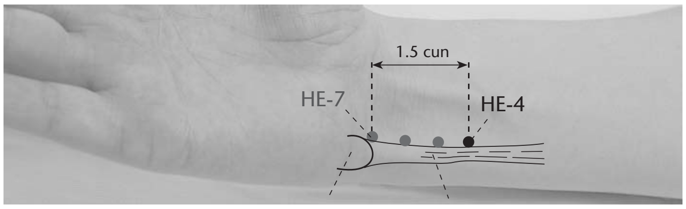


P-6 (*neiguan*) 'Inner Pass' 2 cun proximal to the palmar wrist joint space, between the tendons of palmaris longus and flexor carpi radialis

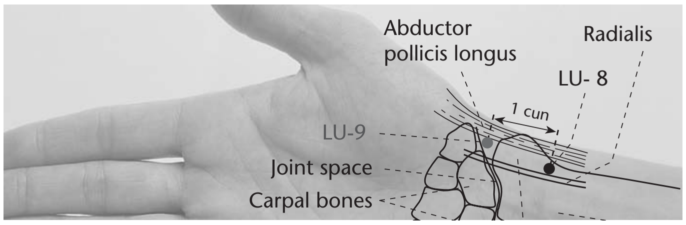

Wrist crease
Abductor pollicis longus
Brachioradialis
1.5 cun

LU-7 (*lieque*) 'Broken Sequence' On the radial aspect of the forearm, immediately above the styloid process of the radius, approximately 1.5 cun proximal to the wrist joint space in a V-shaped groove

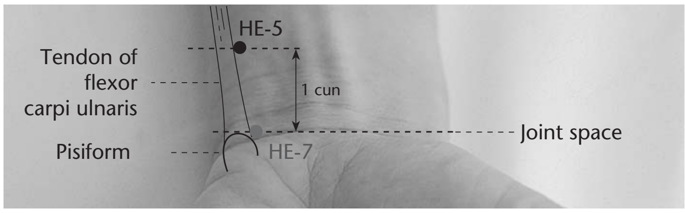

LU-2
LU-1
HE-1
P-1
1
2
3
4
5
6
7
8
9
cun
P-2
LU-3
LU-4
HE-2
1
2
3
4
5
6
7
8
9
10
11
12
cun
LU-5
P-3
HE-3
LU-6
P-4
P-5
P-6
LU-7
LU-8
LU-9
P-7
HE-4
HE-5
HE-6
HE-7
LU-10
LU-11
P-8
HE-8
HE-9
P-9


1.5 cun
HE-7
HE-4

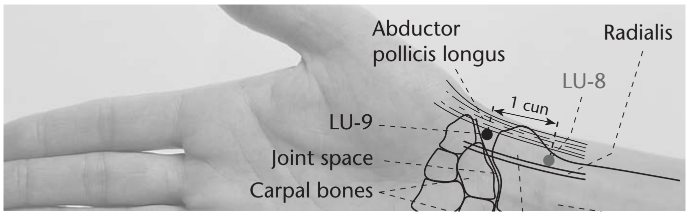
HE-4 (*lingdao*) 'Spirit Path' 1.5 cun proximal to the palmar wrist joint space, radial to the flexor carpi ulnaris tendon


Abductor pollicis longus
Radialis
LU- 8
1 cun
LU-9
Joint space
Carpal bones

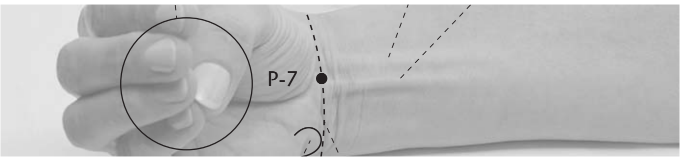
LU-8 (*jingqu*) 'Channel Gutter' 1 cun proximal to the palmar wrist joint space (**LU-9**), lateral to the radial artery


HE-5
Tendon of flexor carpi ulnaris
1 cun
Joint space
Pisiform
HE-7

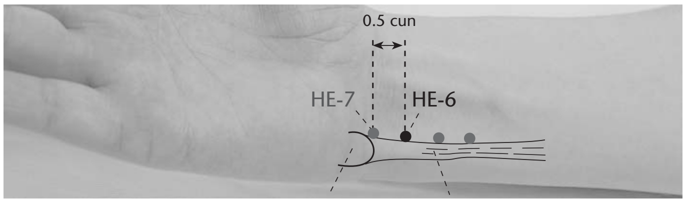
HE-5 (*tongli*) 'Penetrating the Interior' 1 cun proximal to the palmar wrist joint space, on the radial side of the flexor carpi ulnaris tendon


Abductor pollicis longus
Radialis
LU-8
1 cun
LU-9
Joint space
Carpal bones

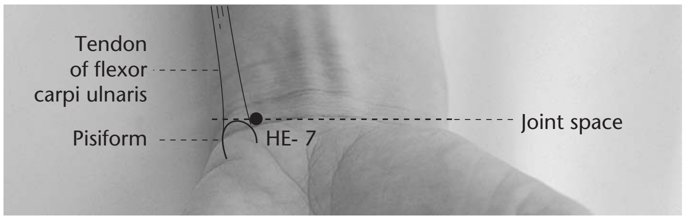
LU-9 (*taiyuan*) 'Supreme Abyss' On the wrist joint space, lateral to the radial artery and ulnar to the tendon of abductor pollicis longus



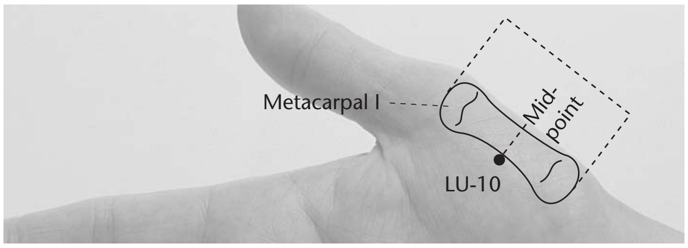
P-7 (*daling*) 'Great Mound' In the centre of the palmar aspect of the wrist joint space ('most distal wrist crease'), between the tendons of palmaris longus and flexor carpi radialis


0.5 cun
HE-7
HE-6

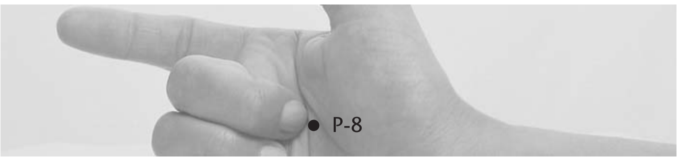
HE-6 (*yinxi*) 'Yin Cleft' 0.5 cun proximal to the palmar wrist joint space, radial to the flexor carpi ulnaris tendon


Tendon of flexor carpi ulnaris
Pisiform
HE- 7
Joint space

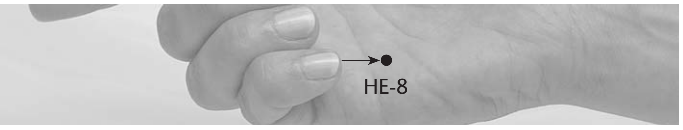
HE-7 (*shenmen*) 'Spirit Gate' On the palmar aspect of the wrist joint space ('most distal wrist crease'), in the depression radial to the insertion of the flexor carpi ulnaris tendon


Metacarpal I
Mid-point
LU-10

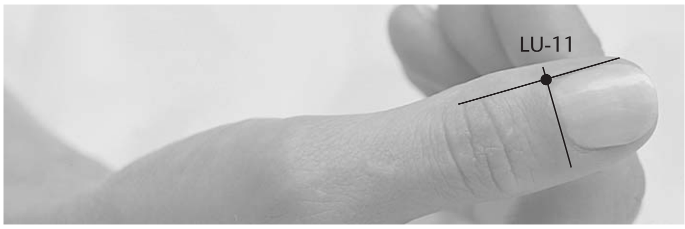
LU-10 (*yuji*) 'Fish Border' At the midpoint of the palmar border of the 1st metacarpal bone



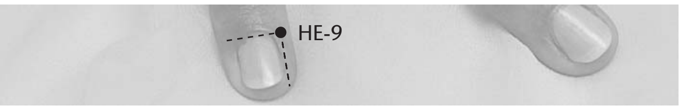
P-8 (*laogong*) 'Palace of Toil' In the centre of the palm, between the 2nd and 3rd metacarpal bones, slightly closer to the 3rd metacarpal bone. When a fist is made, the point is located beneath the tip of the middle finger



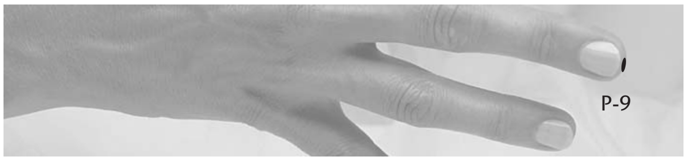
HE-8 (*shaofu*) 'Lesser Palace' When a fist is made, beneath the tip of the little finger, on the palm, between the 4th and 5th metacarpal bones



LU-11 (*shaoshang*) 'Lesser Shang' 0.1 cun from the radial corner of the thumb nail

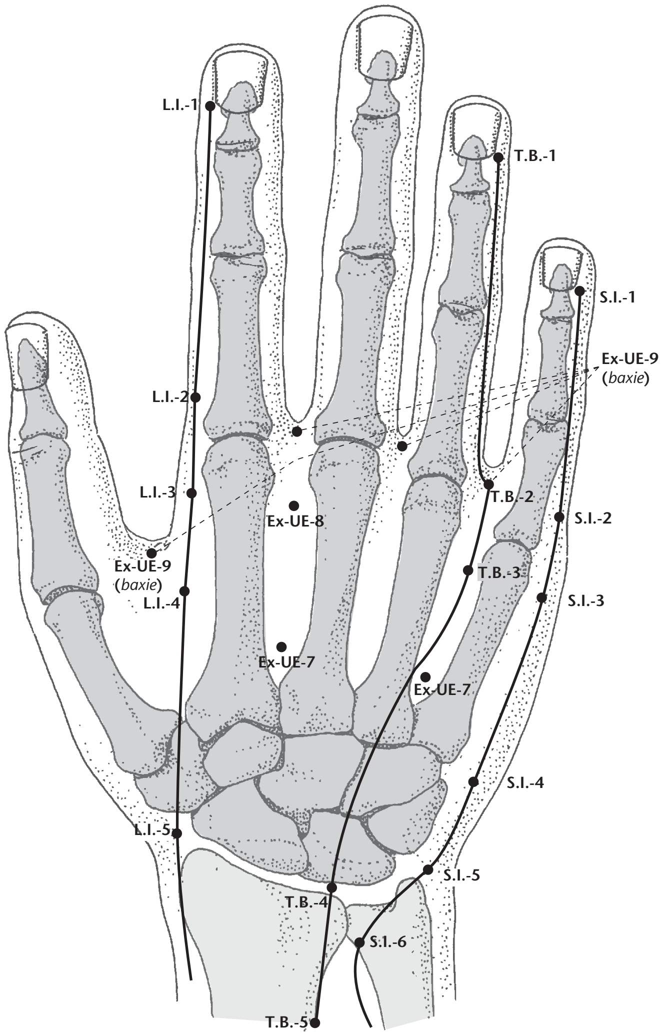


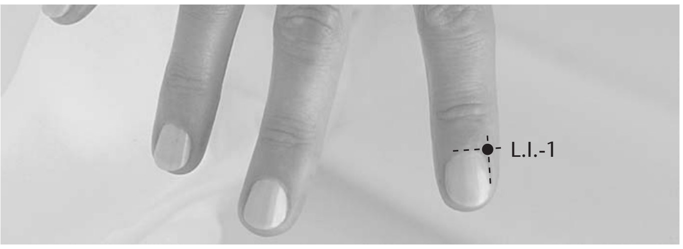
HE-9 (*shaochong*) 'Lesser Rushing' 0.1 cun lateral to the radial corner of the nail of the little finger



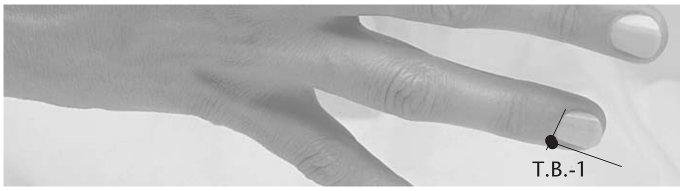
P-9 (*zhongchong*) 'Middle Rushing' On the most distal point of the middle finger

7.9 Dorsum of the Hand

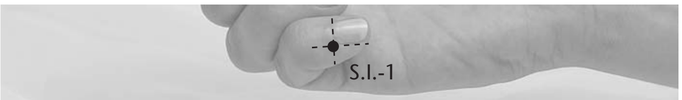

L.I.-1
T.B.-1
S.I.-1
Ex-UE-9
(*baxie*)
L.I.-2
L.I.-3
T.B.-2
S.I.-2
Ex-UE-8
T.B.-3
Ex-UE-9
(*baxie*)
L.I.-4
S.I.-3
Ex-UE-7
Ex-UE-7
S.I.-4
L.I.-5
S.I.-5
T.B.-4
S.I.-6
T.B.-5



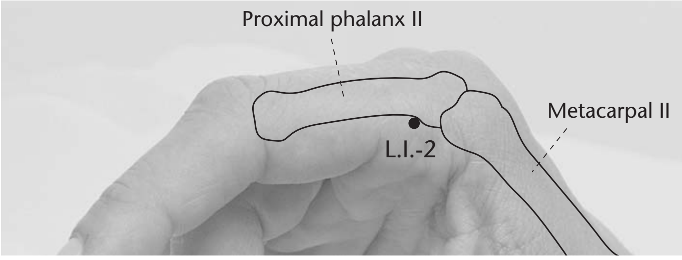
L.I.-1 (*shangyang*) 'Shang Yang' On the index finger, 0.1 cun from the radial corner of the nail



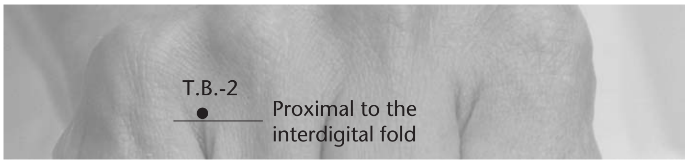
T.B.-1 (*guanchong*) 'Rushing Pass' On the ring finger (4th finger), 0.1 cun from the ulnar corner of the nail



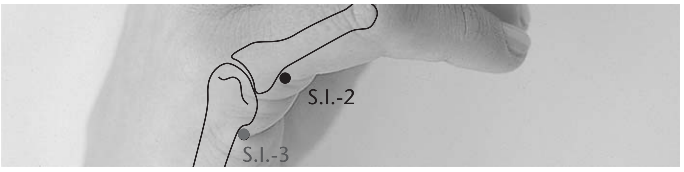
S.I.-1 (*shaoze*) 'Lesser Marsh' On the little finger, 0.1 cun from the ulnar corner of the nail


Proximal phalanx II
Metacarpal II
L.I.-2

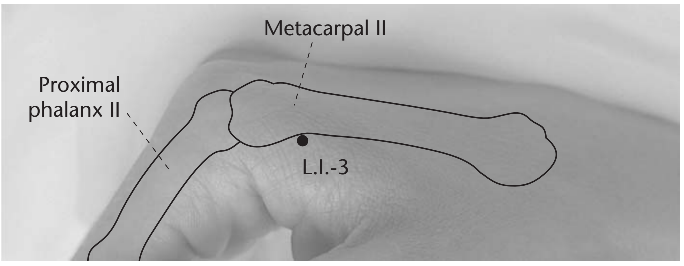
L.I.-2 (*erjian*) 'Second Space' On the radial aspect of the index finger, distal to the metacarpophalangeal joint at the junction of the shaft and the basis of the proximal phalanx


T.B.-2
Proximal to the interdigital fold

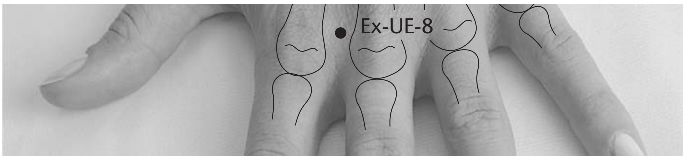
T.B.-2 (*yemen*) 'Fluid Gate' Between the little finger and ring finger, proximal to the margin of the web; locate with the patient making a fist



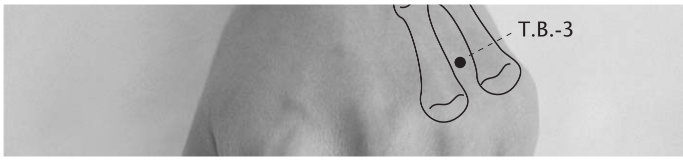
S.I.-2 (*qiangu*) 'Front Valley' On the ulnar aspect of the little finger, at the junction of the shaft and the base of the proximal phalanx


Metacarpal II
Proximal phalanx II
L.I.-3

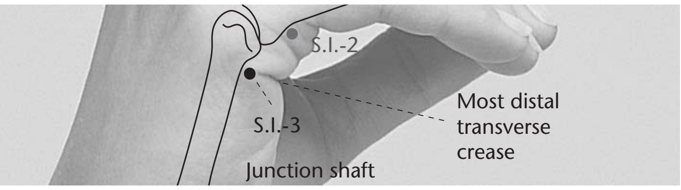
L.I.-3 (*sanjian*) 'Third Space' On the radial aspect of the index finger, proximal to the metacarpophalangeal joint at the junction of the shaft and the head of the 2nd metacarpal bone



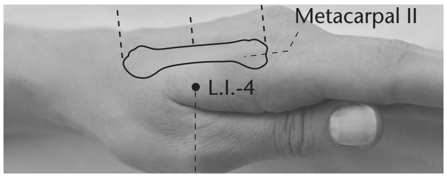
Ex-UE-8 (*wailaogong/luozhen/xianqiang*) 'Stiff Neck' On the dorsum of the hand, between the 2nd and 3rd metacarpal bones, approximately 0.5 cun proximal to the metacarpophalangeal joints



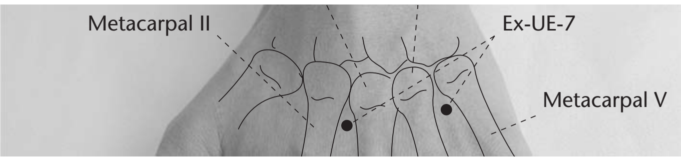
T.B.-3 (*zhongzhu*) 'Central Islet' On the dorsum of the hand, in the depression between the 4th and 5th metacarpal bones, proximal to the metacarpophalangeal joints. **T.B.-3** is located at the junction between the heads and shafts of the two metacarpals


S.I.-2
S.I.-3
Most distal transverse crease
Junction shaft

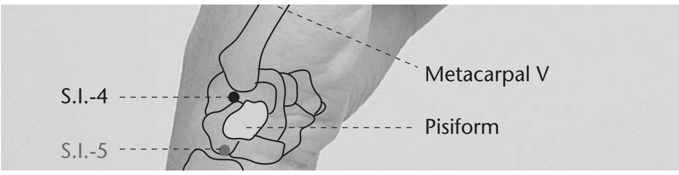
S.I.-3 (*houxi*) 'Back Stream' On the ulnar border of the hand, in the depression proximal to the metacarpophalangeal joint, at the junction between the head and shaft of the 5th metacarpal


Metacarpal II
L.I.-4

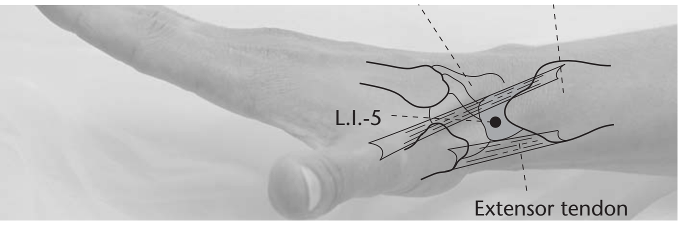
L.I.-4 (*hegu*) 'Joining Valley' On the radial aspect of the hand, between the 1st and 2nd metacarpal bone, closer to the 2nd metacarpal bone and approximately at its midpoint


Metacarpal II
Ex-UE-7
Metacarpal V

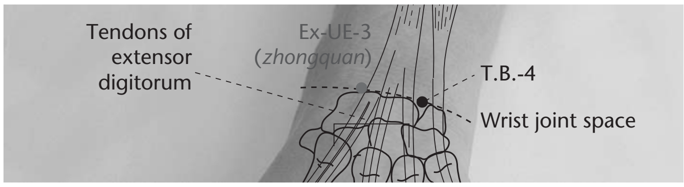
Ex-UE-7 (*yaotongdian/yaotongxue*) 'Lumbar Pair Point' Two points on the dorsum of the hand, between the 2nd/3rd and 4th/5th metacarpal bones


Metacarpal V
S.I.-4
Pisiform
S.I.-5

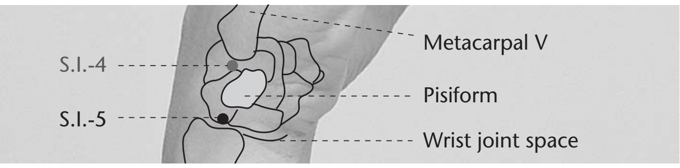
S.I.-4 (*wangu*) 'Wrist Bone' On the ulnar border of the hand, between the 5th metacarpal and the carpal bones, at the border of the red and white skin


L.I.-5
Extensor tendon

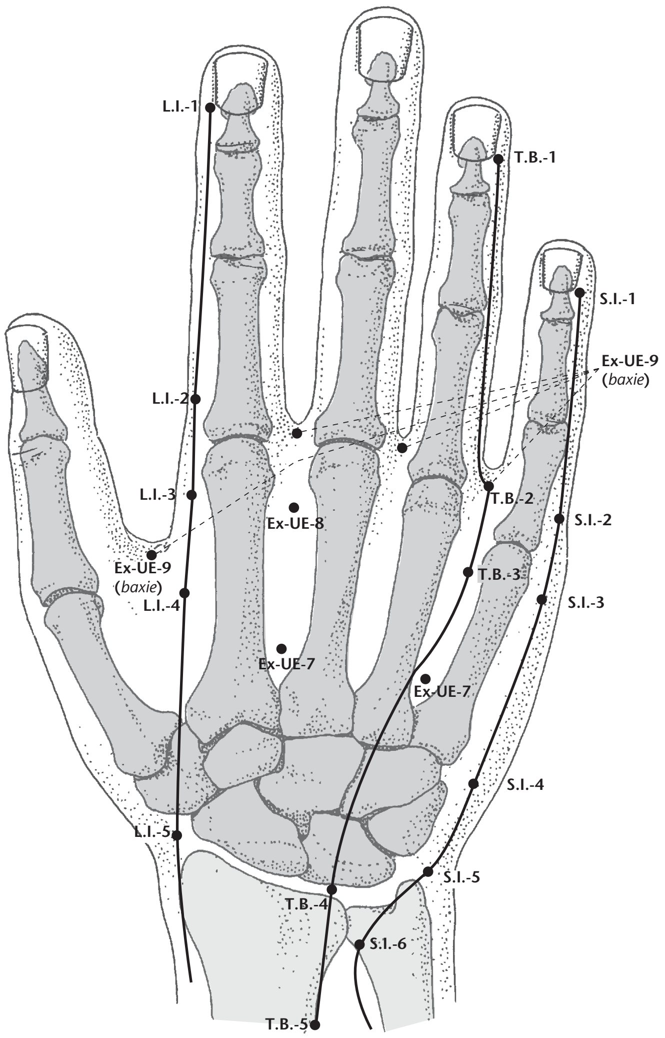
L.I.-5 (*yangxi*) 'Yang Stream' With the thumb abducted in the depression between the tendons of the extensor pollicis longus and brevis muscles ('anatomical snuff box')

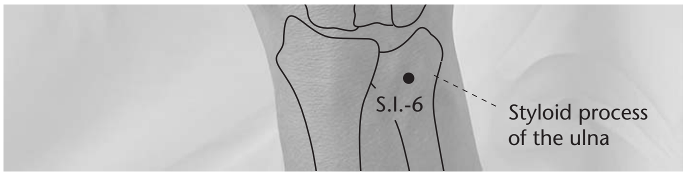

Tendons of extensor digitorum
Ex-UE-3 (zhongquan)
T.B.-4
Wrist joint space

T.B.-4 (*yangchi*) 'Yang Pool' On the dorsum of the wrist, in the gap ulnar to the tendons of extensor digitorum

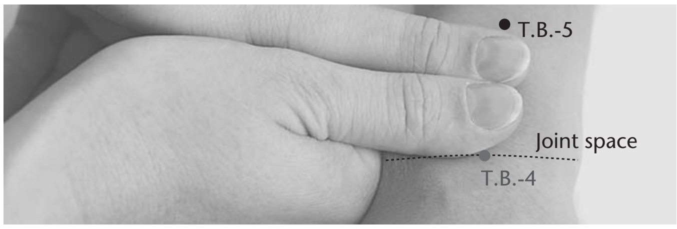

Metacarpal V
S.I.-4
Pisiform
S.I.-5
Wrist joint space

S.I.-5 (*yanggu*) 'Yang Valley' On the ulnar aspect of the wrist, at the level of the lateral joint space


L.I.-1
T.B.-1
S.I.-1
Ex-UE-9
(*baxie*)
L.I.-2
L.I.-3
Ex-UE-8
T.B.-2
S.I.-2
Ex-UE-9
(*baxie*)
L.I.-4
T.B.-3
S.I.-3
Ex-UE-7
Ex-UE-7
S.I.-4
L.I.-5
S.I.-5
T.B.-4
S.I.-6
T.B.-5

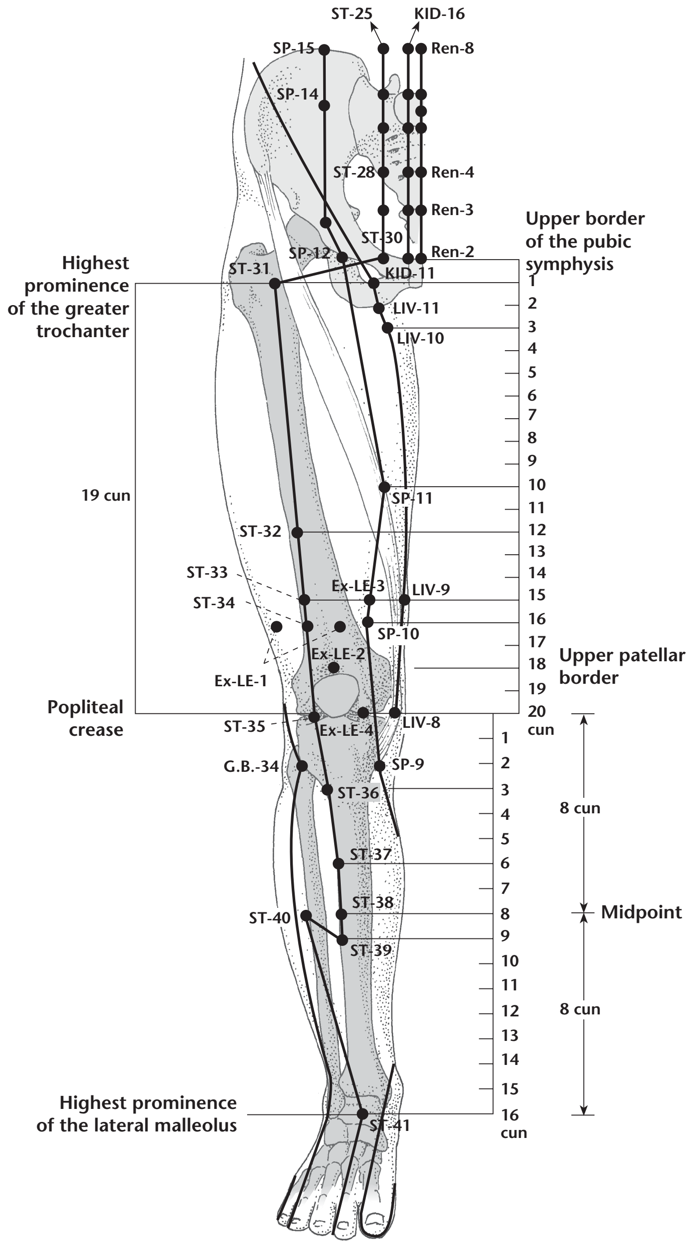

S.I.-6
Styloid process
of the ulna

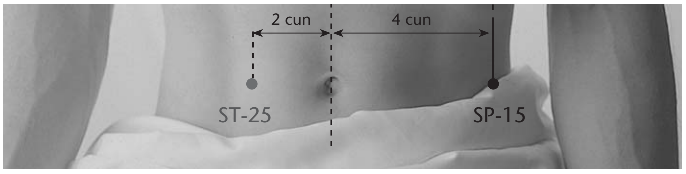
S.I.-6 (*yanglao*) 'Nourishing the Old' In the depression radial and proximal to the styloid process of the ulna that forms when the hand is turned from a pronated to a supinated position


T.B.-5
Joint space
T.B.-4

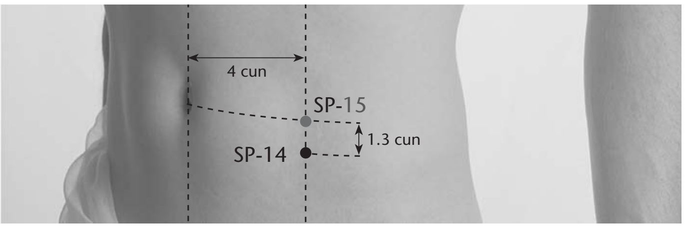
T.B.-5 (*waiguan*) 'Outer Pass' 2 cun proximal to **T.B.-4** (on the dorsal wrist joint space, between radius and ulna)

7.10 Anterior Leg

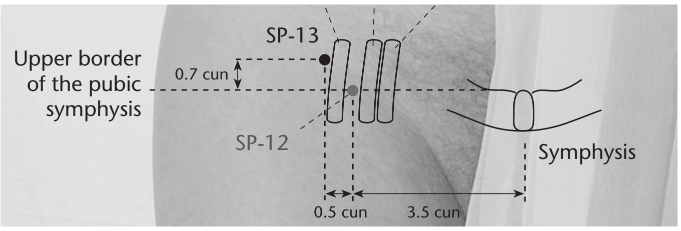

ST-25
KID-16
SP-15
Ren-8
SP-14
ST-28
Ren-4
Ren-3
Upper border
of the pubic
symphysis
ST-30
SP-12
Ren-2
Highest
prominence
of the greater
trochanter
ST-31
KID-11
LIV-11
LIV-10
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
cun
19 cun
SP-11
ST-32
ST-33
Ex-LE-3
LIV-9
ST-34
SP-10
Ex-LE-2
Upper patellar
border
Ex-LE-1
Popliteal
crease
ST-35
Ex-LE-4
LIV-8
G.B.-34
SP-9
ST-36
8 cun
ST-37
ST-38
ST-40
Midpoint
ST-39
8 cun
Highest prominence
of the lateral malleolus
ST-41
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
cun


2 cun
4 cun
ST-25
SP-15

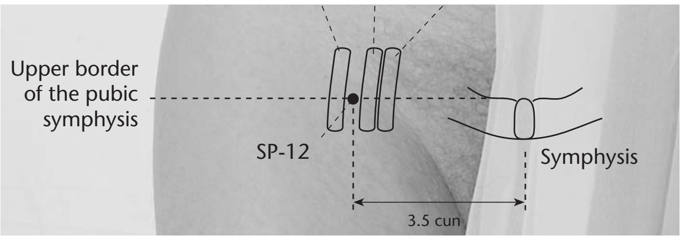
SP-15 (*daheng*) 'Great Horizontal' 4 cun lateral to the centre of the umbilicus, on the mamillary line


4 cun
SP-15
1.3 cun
SP-14

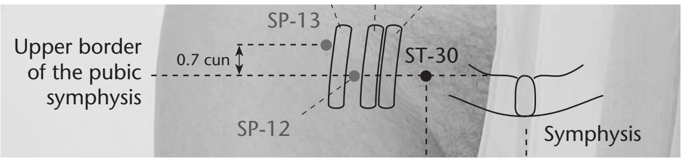
SP-14 (*fujie*) 'Abdomen Knot' 4 cun lateral to the anterior midline (mamillary line), 3 cun superior to **SP-13** or 1.3 cun inferior to **SP-15**


SP-13
Upper border of the pubic symphysis
0.7 cun
SP-12
Symphysis
0.5 cun
3.5 cun

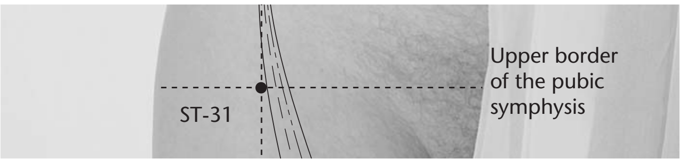
SP-13 (*fushe*) 'Meeting of the Fu Organs' 4 cun lateral to the anterior midline (mamillary line) and 0.7 cun superior to the upper border of the pubic symphysis


Upper border of the pubic symphysis
SP-12
Symphysis
3.5 cun

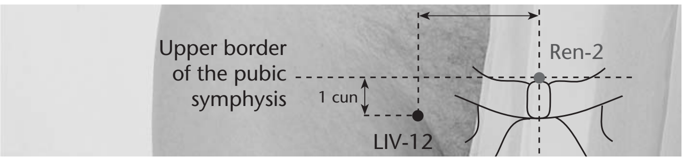
SP-12 (*chongmen*) 'Rushing Gate' 3.5 cun lateral to the midline, level with the upper border of the pubic symphysis, lateral to the femoral artery


SP-13
Upper border of the pubic symphysis
0.7 cun
ST-30
SP-12
Symphysis

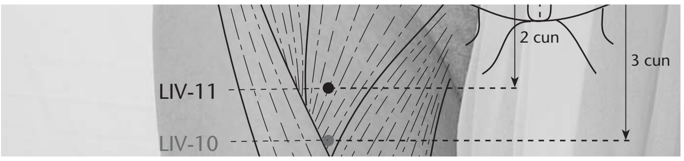
ST-30 (*qichong*) 'Rushing Qi' 2 cun lateral to the upper border of the pubic symphysis, medial to the femoral artery; at the level of **Ren-2**


Upper border of the pubic symphysis
ST-31

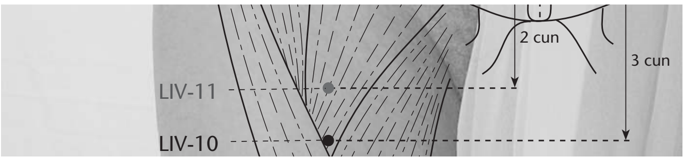
ST-31 (*biguan*) 'Thigh Gate' With the hip joint flexed, in the depression below the anterior superior iliac spine, lateral to the sartorius


Upper border of the pubic symphysis
Ren-2
1 cun
LIV-12

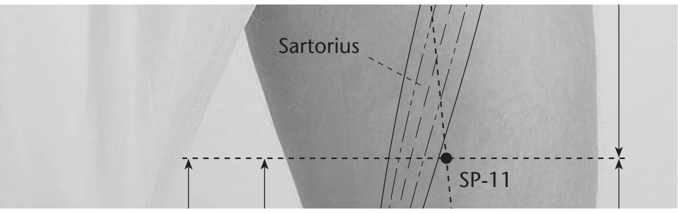
LIV-12 (*jimai*) 'Urgent Pulse' In the inguinal groove, 2.5 cun lateral to the midline and 1 cun inferior to the upper border of the symphysis, inferior to **ST-30** and medial to the femoral artery


2 cun
3 cun
LIV-11
LIV-10

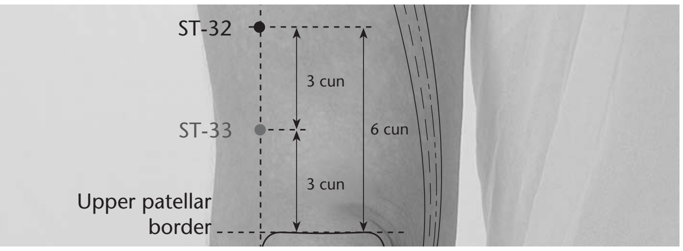
LIV-11 (*yinlian*) 'Yin Corner' 2 cun inferior to **ST-30** (level with the upper border of the pubic symphysis), on the lateral border of the adductor longus muscle or approximately 1 cun inferior to where the femoral artery passes the inguinal ligament


2 cun
3 cun
LIV-11
LIV-10

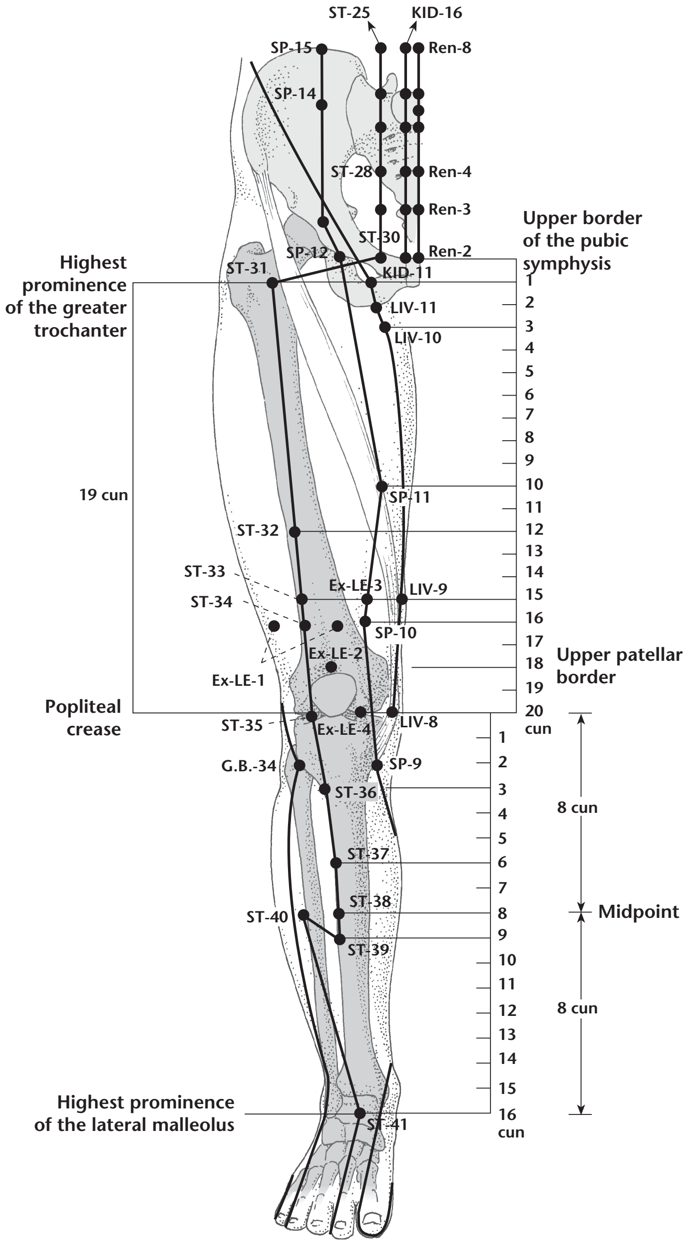
LIV-10 (*zuwuli*) 'Leg Five Miles' On the anterior aspect of the thigh, 3 cun inferior to the upper border of the symphysis, on the lateral border of adductor longus

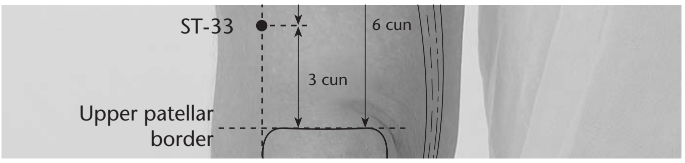

Sartorius
SP-11

SP-11 (*jimen*) 'Winnowing Gate' 6 cun proximal to **SP-10** at the midpoint of the femur, in the depression between the sartorius and vastus lateralis

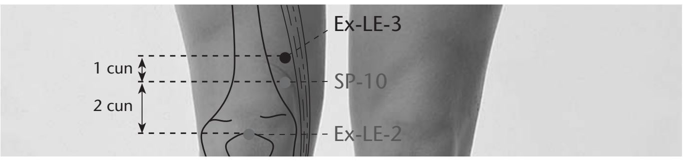

ST-32
3 cun
ST-33
6 cun
3 cun
Upper patellar border

ST-32 (*futu*) 'Crouching Rabbit' 6 cun proximal to the lateral upper border of the patella, on a line connecting with the anterior superior iliac spine

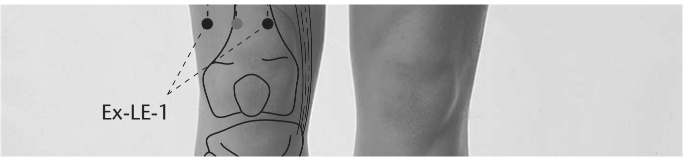

ST-25
KID-16
SP-15
Ren-8
SP-14
ST-28
Ren-4
Ren-3
Upper border of the pubic symphysis
ST-30
Ren-2
SP-12
Highest prominence of the greater trochanter
ST-31
KID-11
LIV-11
LIV-10
19 cun
SP-11
ST-32
ST-33
Ex-LE-3
LIV-9
ST-34
SP-10
Ex-LE-2
Upper patellar border
Ex-LE-1
Popliteal crease
ST-35
Ex-LE-4
LIV-8
G.B.-34
SP-9
ST-36
8 cun
ST-37
ST-38
Midpoint
ST-40
ST-39
8 cun
Highest prominence of the lateral malleolus
ST-41
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 cun
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 cun


ST-33
6 cun
3 cun
Upper patellar border

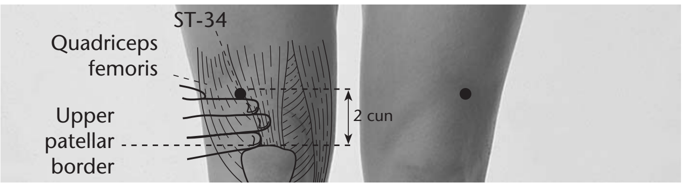
ST-33 (*yinshi*) 'Yin Market' 3 cun superior to the upper lateral border of the patella


Ex-LE-3
1 cun
SP-10
2 cun
Ex-LE-2

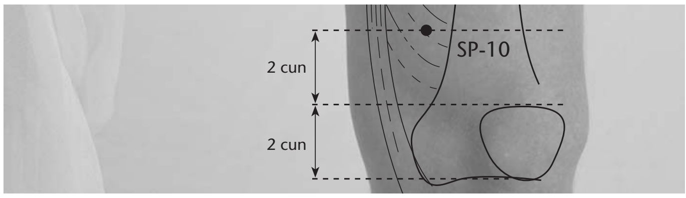
Ex-LE-3 (*baichongwo*) 'Hundred Insect Burrow' 3 cun superior and 1 cun medial to the upper medial border of the patella, in a small depression on the vastus medialis muscle or 1 cun superior to **SP-10**



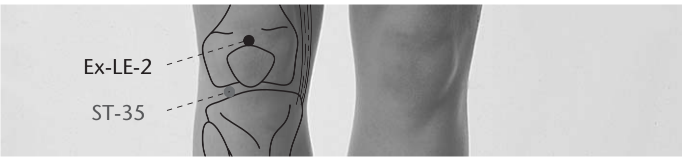
Ex-LE-1 (*kuangu*) 'Hip Bone' A pair of points 2 cun superior to the patella and 1.5 cun lateral and medial to **ST-34**


ST-34
Quadriceps femoris
Upper patellar border
2 cun

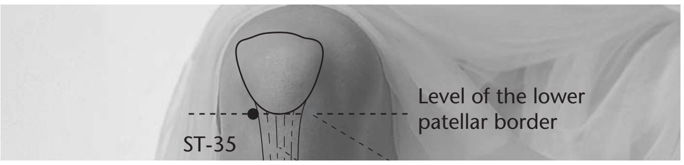
ST-34 (*liangqiu*) 'Ridge Mound' 2 cun proximal to the upper lateral border of the patella, in a depression on vastus lateralis


SP-10
2 cun
2 cun

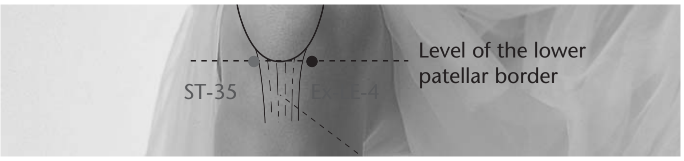
SP-10 (*xuehai*) 'Sea of Blood' With the knee flexed, 2 cun proximal to the medial superior border of the patella. To find: place the right palm on the patient's left patella and locate the point at the tip of the thumb



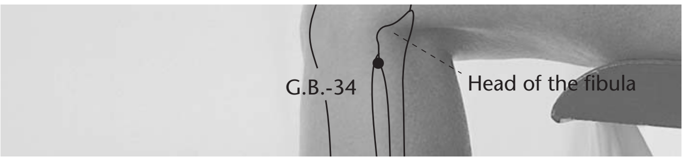
Ex-LE-2 (*heding/xiding*) 'Crane's Summit' With the knee flexed, at the midpoint of the upper patellar border


Level of the lower patellar border
ST-35

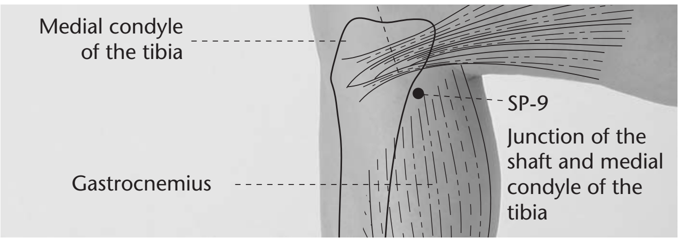
ST-35 (*dubi*) 'Calf's Nose' With the knee flexed, in the depression inferior to the patella and lateral to the patellar ligament; corresponds to the lateral eye of the knee; **Ex-LE-5** (*xiyan*) is the combination of this point and **Ex-LE-4**


Level of the lower patellar border
ST-35
Ex-LE-4

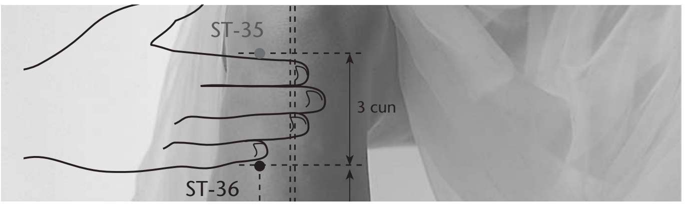
Ex-LE-4 (*neixiyan*) 'Inner Eye of the Knee' Inferior to the patella, in a depression medial to the patellar ligament; **Ex-LE-5** (*xiyan*) is the combination of this point and **ST-35**


G.B.-34
Head of the fibula

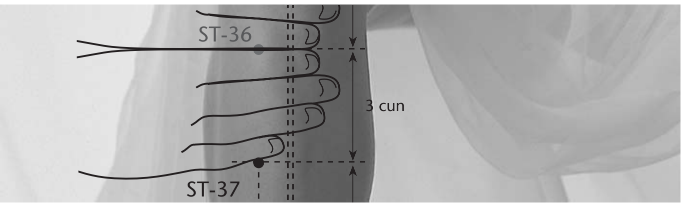
G.B.-34 (*yanglingquan*) 'Yang Mound Spring' In the depression anterior and inferior to the head of the fibula


Medial condyle of the tibia
SP-9
Junction of the shaft and medial condyle of the tibia
Gastrocnemius

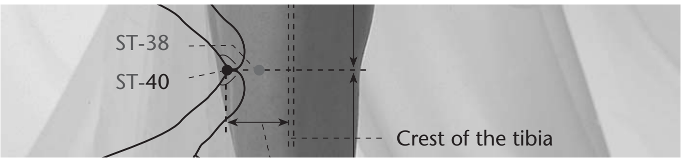
SP-9 (*yinlingquan*) 'Yin Mound Spring' With the knee flexed in a depression distal to the medial condyle of the tibia. To find: palpate from the medial posterior border of the tibia towards proximal, at roughly the same level as **G.B.-34**


ST-35
3 cun
ST-36

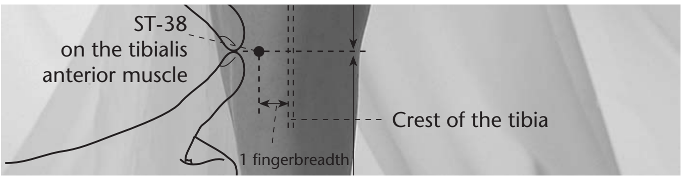
ST-36 (*zusanli*) 'Leg Three Miles' one fingerbreadth (middle finger) lateral to the anterior crest of the tibia, 3 cun distal to **ST-35**


ST-36
3 cun
ST-37

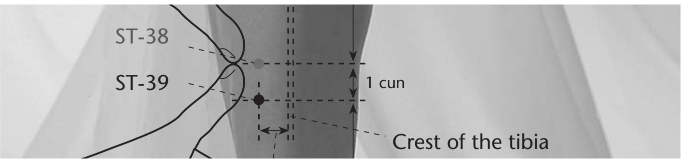
ST-37 (*shangjuxu*) 'Upper Great Void' 1 fingerbreadth lateral to the anterior crest of the tibia, 6 cun distal to **ST-35** or 3 cun distal to **ST-36**


ST-38
ST-40
Crest of the tibia

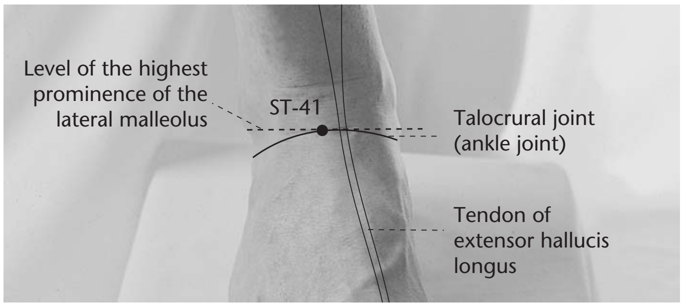
ST-40 (*fenglong*) 'Abundant Bulge' 2 fingerbreadths lateral to the anterior crest of the tibia, at the midpoint of the line joining **ST-35** ('lateral eye of the knee', level with the knee joint space) and the highest prominence of the lateral malleolus


ST-38 on the tibialis anterior muscle
Crest of the tibia
1 fingerbreadth

ST-38 (*tiaokou*) 'Lines Opening' 1 fingerbreadth lateral to the anterior crest of the tibia, at the midpoint of the line joining **ST-35** ('lateral eye of the knee', level with the knee joint space) and the highest prominence of the lateral malleolus

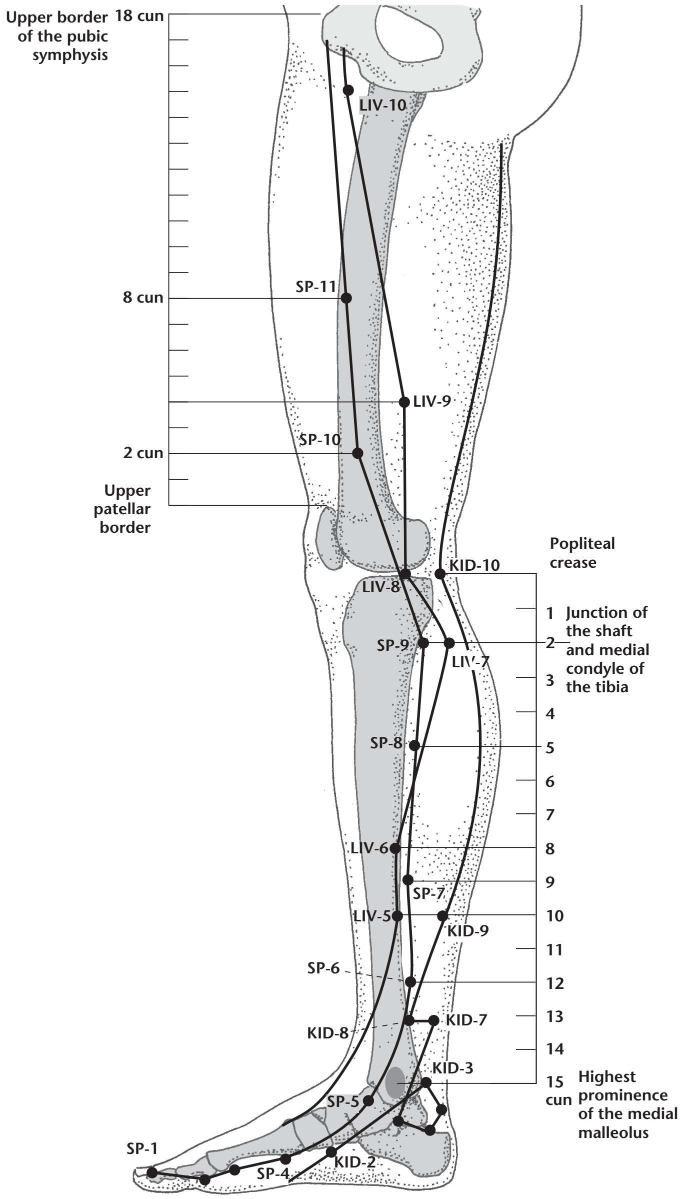

ST-38
ST-39
1 cun
Crest of the tibia

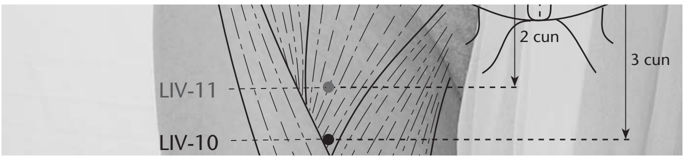
ST-39 (*xiajuxu*) 'Lower Great Void' 1 cun distal to **ST-38**


Level of the highest prominence of the lateral malleolus
ST-41
Talocrural joint (ankle joint)
Tendon of extensor hallucis longus

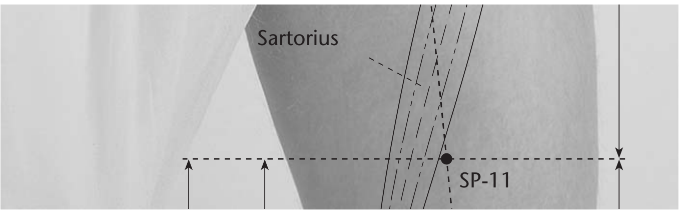
ST-41 (*jiexi*) 'Stream Divide' On the ankle, between the tendons of the extensor digitorum and the extensor hallucis longus, at the level of the highest prominence of the lateral malleolus

7.11 Medial Leg

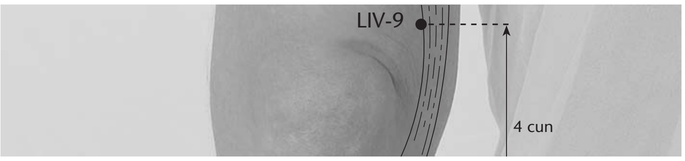

Upper border of the pubic symphysis
18 cun
LIV-10
8 cun
SP-11
LIV-9
2 cun
SP-10
Upper patellar border
Popliteal crease
KID-10
LIV-8
1
Junction of the shaft and medial condyle of the tibia
SP-9
2
LIV-7
3
4
SP-8
5
6
7
LIV-6
8
9
SP-7
LIV-5
10
KID-9
11
SP-6
12
KID-7
13
KID-8
14
KID-3
15 cun
Highest prominence of the medial malleolus
SP-5
SP-1
SP-4
KID-2


2 cun
3 cun
LIV-11
LIV-10

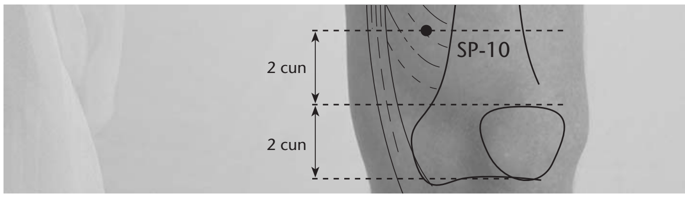
LIV-10 (*zuwuli*) 'Leg Five Miles' On the anterior aspect of the thigh, 3 cun inferior to the upper border of the symphysis, on the lateral border of the adductor longus


Sartorius
SP-11

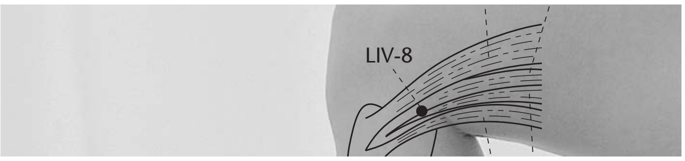
SP-11 (*jimen*) 'Winnowing Gate' 6 cun proximal to **SP-10** at the midpoint of the femur, in the depression between the sartorius and vastus lateralis



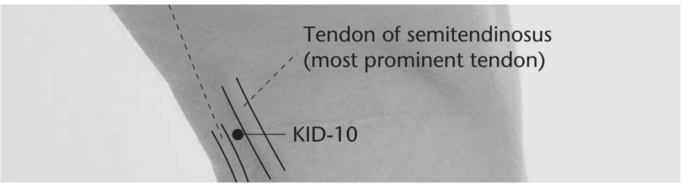
LIV-9 (*yinbao*) 'Yin Wrapping' 4 cun proximal to the medial condyle of the femur, between the sartorius and vastus medialis


2 cun
SP-10
2 cun

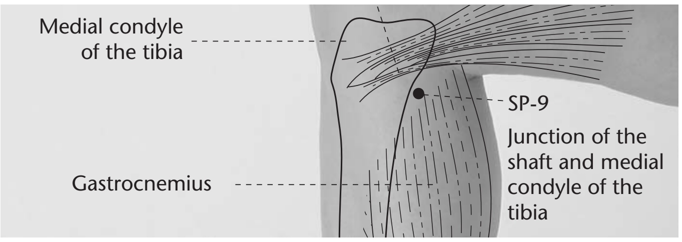
SP-10 (*xuehai*) 'Sea of Blood' With the knee flexed, 2 cun proximal to the medial superior border of the patella. To find: place the right palm on the patient's left patella and locate the point at the tip of the thumb



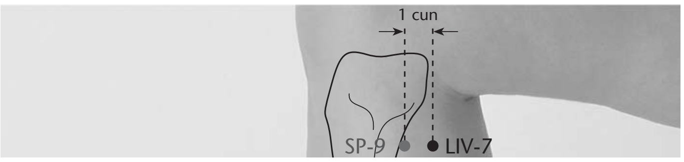
LIV-8 (*ququan*) 'Spring at the Crook' With the knee flexed, at the medial end of the popliteal crease, in the depression anterior to the tendons of semitendinosus and semimembranosus


Tendon of semitendinosus (most prominent tendon)
KID-10

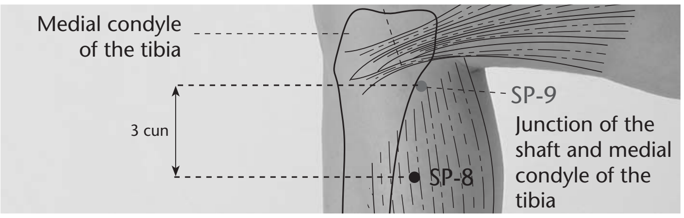
KID-10 (*yingu*) 'Yin Valley' At the medial end of the popliteal crease, between the tendons of semimembranosus and semitendinosus, at the level of the knee joint space


Medial condyle of the tibia
SP-9
Junction of the shaft and medial condyle of the tibia
Gastrocnemius

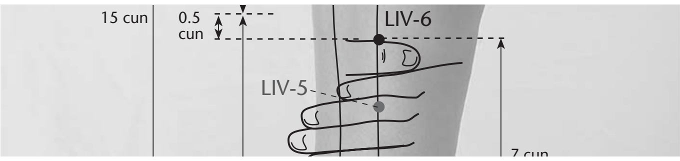
SP-9 (*yinlingquan*) 'Yin Mound Spring' With the knee flexed, in a depression distal to the medial condyle of the tibia. To find: palpate from the medial posterior border of the tibia towards proximal, at roughly the same level as **G.B.-34**


1 cun
SP-9
LIV-7

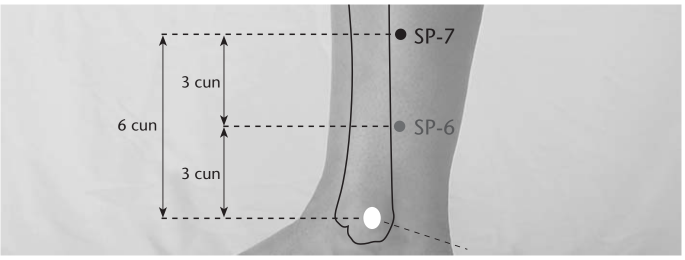
LIV-7 (*xiguan*) 'Knee Joint' At the junction of the shaft and the medial condyle of the tibia, 1 cun posterior to **SP-9**


Medial condyle of the tibia
SP-9
Junction of the shaft and medial condyle of the tibia
3 cun
SP-8

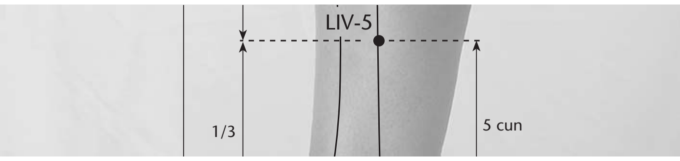
SP-8 (*diji*) 'Earth Pivot' 3 cun distal to **SP-9** (at the junction of the shaft and the medial condyle of the tibia) on the posterior border of the tibia


15 cun
0.5 cun
LIV-6
LIV-5
7 cun

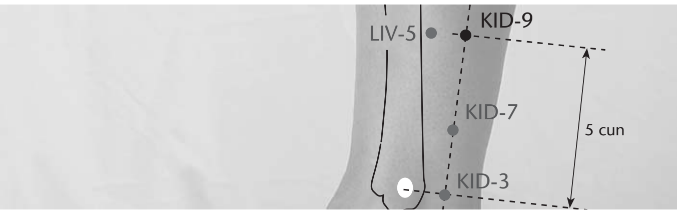
LIV-6 (*zhongdu*) 'Central Capital' 7 cun proximal to the highest prominence of the medial malleolus, just posterior to the medial crest of the tibia


SP-7
3 cun
6 cun
SP-6
3 cun

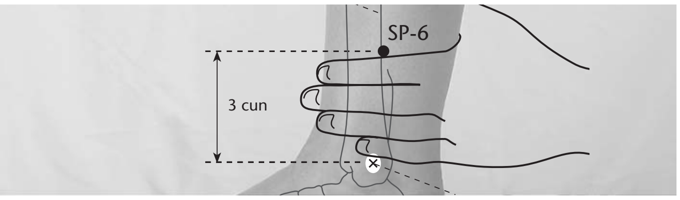
SP-7 (*lougu*) 'Dripping Valley' 6 cun proximal to the highest prominence of the medial malleolus or 3 cun proximal to **SP-6**, on the medial posterior border of the tibia


LIV-5
1/3
5 cun

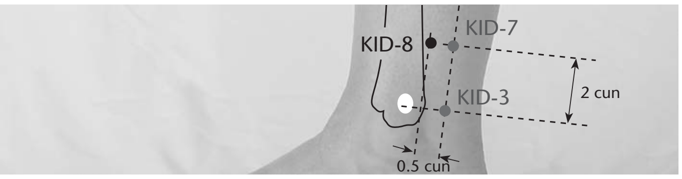
LIV-5 (*ligou*) 'Woodworm Canal' 5 cun proximal to the highest prominence of the medial malleolus, just posterior to the medial crest of the tibia


LIV-5
KID-9
KID-7
5 cun
KID-3

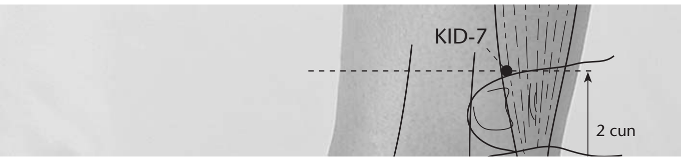
KID-9 (*zhubin*) 'Guest House' 5 cun proximal to KID-3 and 2 cun posterior to the medial border of the tibia



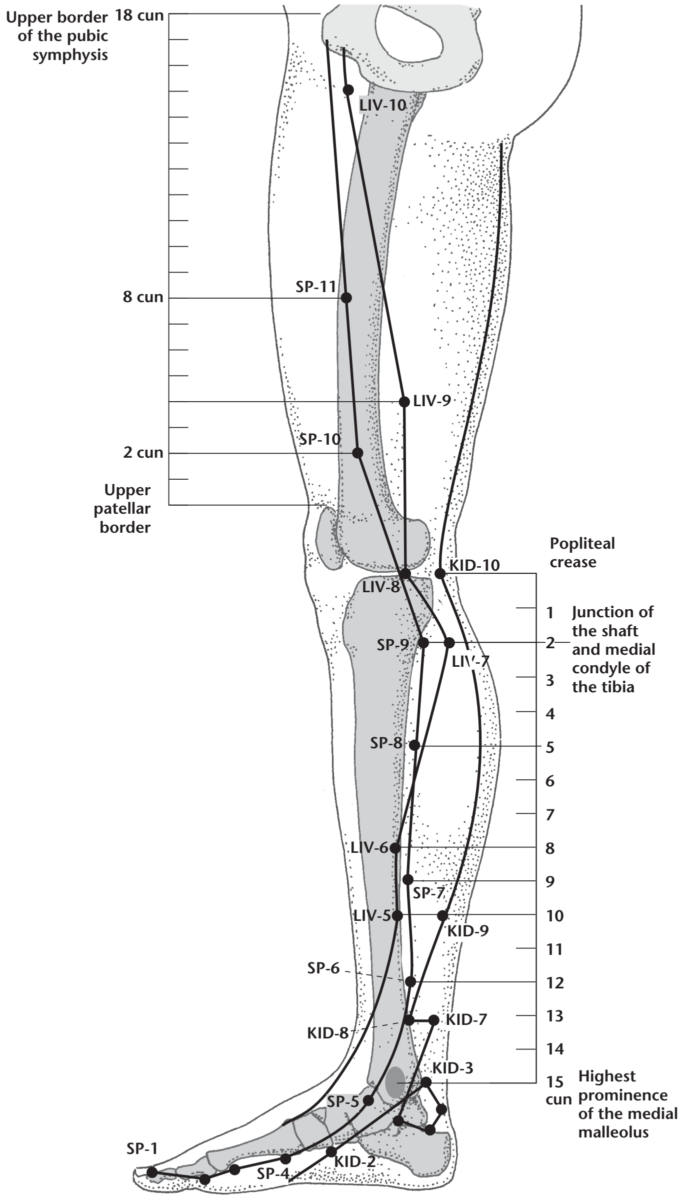
SP-6 (*sanyinjiao*) 'Three Yin Intersection' 3 cun proximal to the highest prominence of the medial malleolus, posterior border to the medial border of the tibia

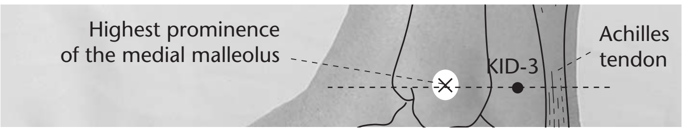

KID-7
KID-8
KID-3
2 cun
0.5 cun

KID-8 (*jiaoxin*) 'Exchange Belief' 2 cun proximal to the highest prominence of the medial malleolus, posterior to the medial border of the tibia

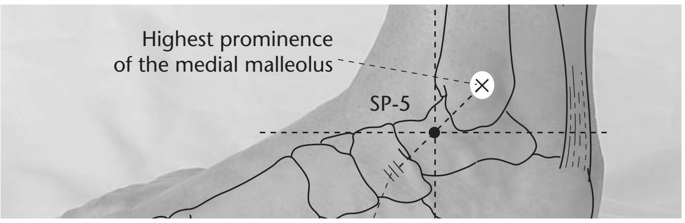


KID-7 (*fuliu*) 'Returning Current' 2 cun proximal to KID-3, in a depression on the anterior border of the Achilles tendon

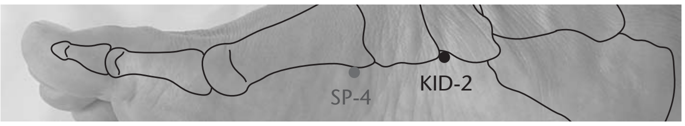

Upper border of the pubic symphysis
18 cun
LIV-10
8 cun
SP-11
LIV-9
2 cun
SP-10
Upper patellar border
Popliteal crease
KID-10
LIV-8
1
Junction of the shaft and medial condyle of the tibia
SP-9
2
LIV-7
3
4
SP-8
5
6
7
LIV-6
8
9
SP-7
LIV-5
10
KID-9
11
SP-6
12
13
KID-8
KID-7
14
KID-3
15 cun
Highest prominence of the medial malleolus
SP-5
SP-1
SP-4
KID-2


Highest prominence of the medial malleolus
KID-3
Achilles tendon

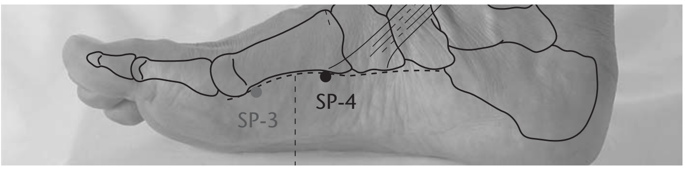
KID-3 (*taixi*) 'Supreme Stream' In the depression between the highest prominence of the medial malleolus and the Achilles tendon


Highest prominence of the medial malleolus
SP-5

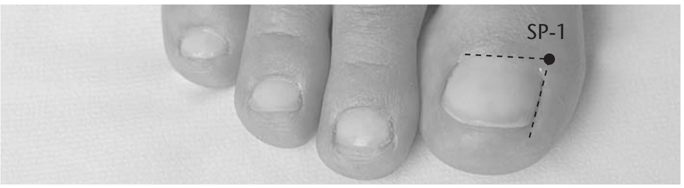
SP-5 (*shangqiu*) 'Shang Mound' In the depression at the junction of a vertical line along the anterior border and a horizontal line along the lower border of the medial malleolus. Or: in the depression halfway between the highest prominence of the medial malleolus and the navicular tuberosity



KID-2 (*rangu*) 'Blazing Valley' In a depression at the anterior inferior border of the navicular bone, at the border of the red and white skin

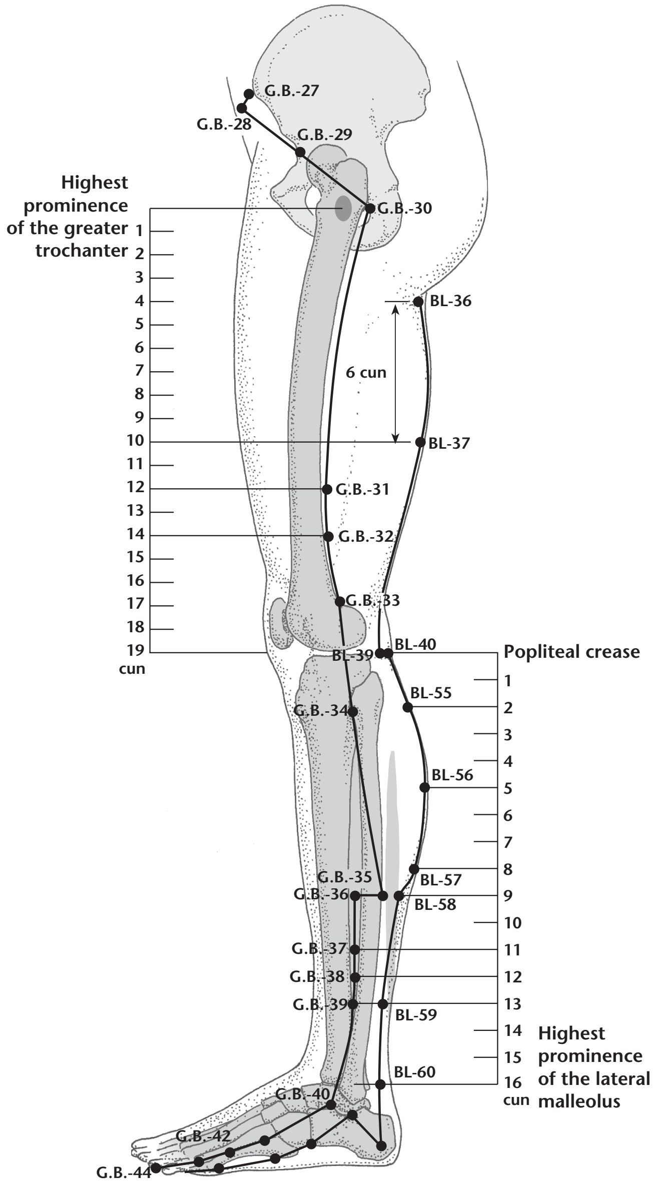


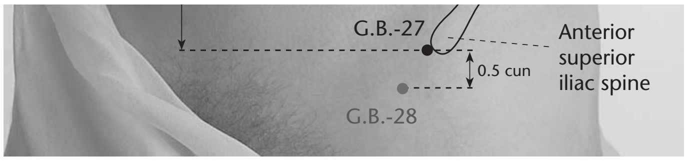
SP-4 (*gongsun*) 'Grandfather Grandson' In a depression distal and inferior to the base of the 1st metatarsal bone, at the border of the red and white skin



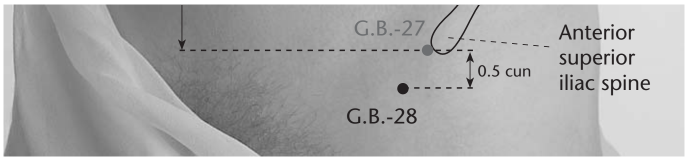
SP-1 (*yinbai*) 'Hidden White' On the big toe, 0.1 cun from the medial corner of the nail

7.12 Lateral Leg

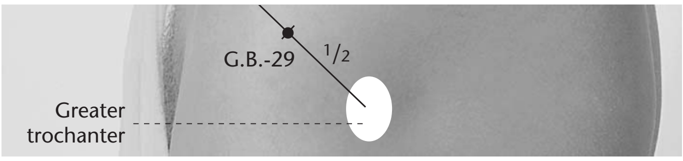

G.B.-27
G.B.-28
G.B.-29
Highest prominence of the greater trochanter
G.B.-30
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
cun
BL-36
6 cun
BL-37
G.B.-31
G.B.-32
G.B.-33
BL-40
BL-39
Popliteal crease
BL-55
G.B.-34
BL-56
G.B.-35
G.B.-36
BL-57
BL-58
G.B.-37
G.B.-38
G.B.-39
BL-59
BL-60
G.B.-40
G.B.-42
G.B.-44
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
cun
Highest prominence of the lateral malleolus


G.B.-27
0.5 cun
Anterior superior iliac spine
G.B.-28

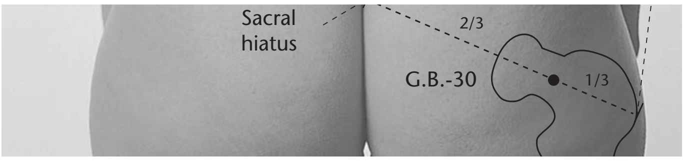
G.B.-27 (*wushu*) 'Five Pivots' In the depression medial to the anterior superior iliac spine, approximately level with **Ren-4**


G.B.-27
Anterior superior iliac spine
0.5 cun
G.B.-28

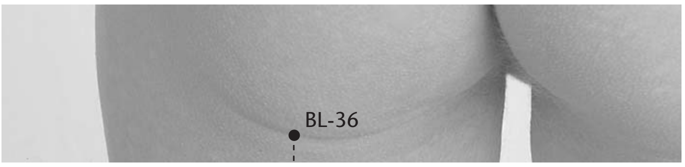
G.B.-28 (*weidao*) 'Linking Path' Anterior and inferior to the anterior superior iliac spine, 0.5 cun anterior and inferior to **G.B.-27**


G.B.-29
1/2
Greater trochanter

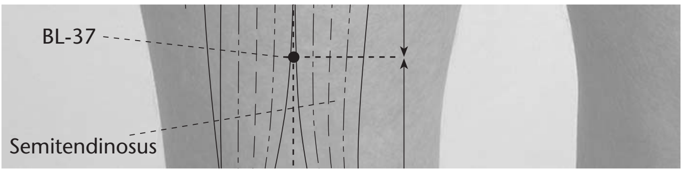
G.B.-29 (*juliao*) 'Stationary Crevice' At the midpoint of a line connecting the anterior superior iliac spine and the greater trochanter, at the anterior border of the iliac crest


Sacral hiatus
2/3
G.B.-30
1/3

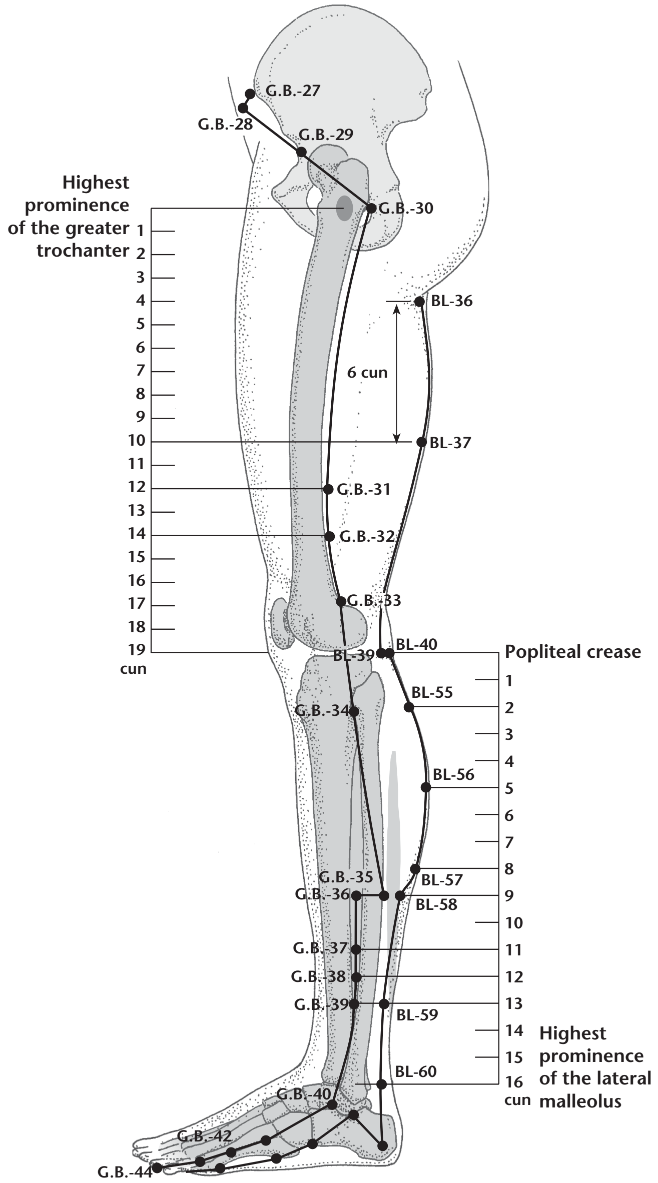
G.B.-30 (*huantiao*) 'Jumping Circle' With the patient lying on his/her side, at the junction between the medial two-thirds and the lateral third on a line connecting the greater trochanter and the sacral hiatus

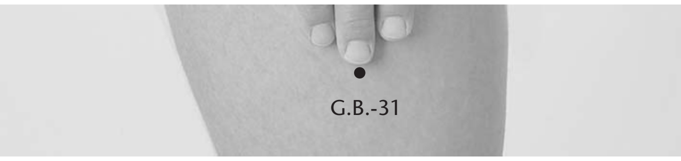


BL-36 (*chengfu*) 'Hold and Support' In the gluteal crease, superior to the midpoint of the popliteal crease

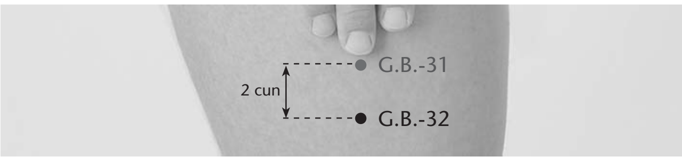

BL-37
Semitendinosus

BL-37 (*yinmen*) 'Gate of Abundance' 6 cun distal to **BL-36** (gluteal crease), on a line connecting BL-36 and BL-40 (centre of the popliteal crease), in a gap in the musculature

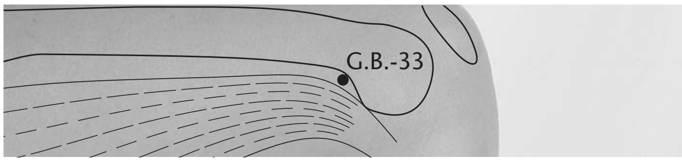

G.B.-27
G.B.-28
G.B.-29
G.B.-30
Highest prominence of the greater trochanter
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
cun
BL-36
6 cun
BL-37
G.B.-31
G.B.-32
G.B.-33
BL-40
BL-39
Popliteal crease
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
cun
BL-55
G.B.-34
BL-56
G.B.-35
G.B.-36
BL-57
BL-58
G.B.-37
G.B.-38
G.B.-39
BL-59
Highest prominence of the lateral malleolus
BL-60
G.B.-40
G.B.-42
G.B.-44



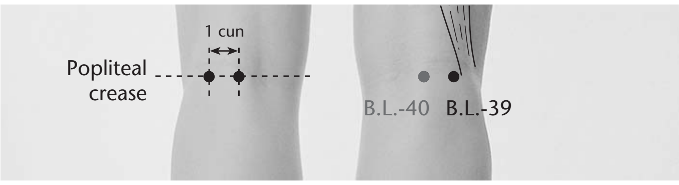
G.B.-31 (*fengshi*) 'Wind Market' On the lateral aspect of the thigh, approximately 7 cun proximal to the popliteal crease. With the patient standing upright, the point is where the patient's middle fingertip touches the thigh


G.B.-31
2 cun
G.B.-32

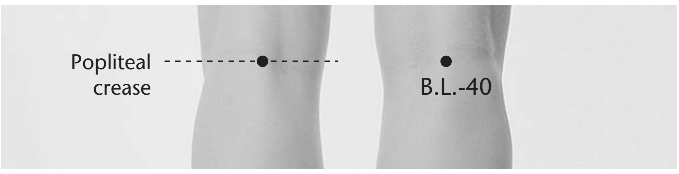
G.B.-32 (*zhongdu*) 'Middle Ditch' On the lateral aspect of the thigh, 2 cun inferior to **G.B.-31** or 5 cun superior to the popliteal crease, between vastus lateralis and biceps femoris



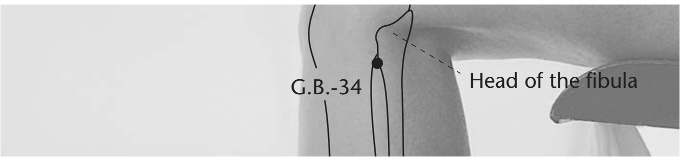
G.B.-33 (*xiyangguan*) 'Knee Yang Gate' On the lateral aspect of the knee, with the knee flexed, in the depression between the lateral epicondyle of the femur and the tendon of biceps femoris, approximately 3 cun proximal to **G.B.-34**


1 cun
Popliteal crease
B.L.-40
B.L.-39

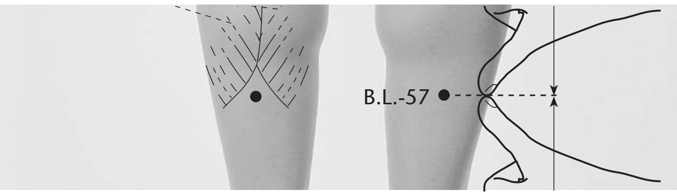
BL-39 (*weiyang*) 'Outside of the Crook' At the lateral end of the popliteal crease, on the medial side of the tendon of the long head of the biceps femoris, 1 cun lateral to **BL-40** (in the centre of the popliteal crease).


Popliteal crease
B.L.-40

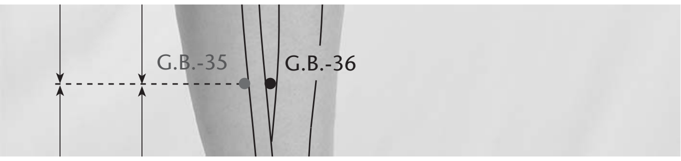
BL-40 (*weizhong*) 'Middle of the Crook' In the centre of the popliteal crease, between the tendons of the biceps femoris and semitendinosus.


G.B.-34
Head of the fibula

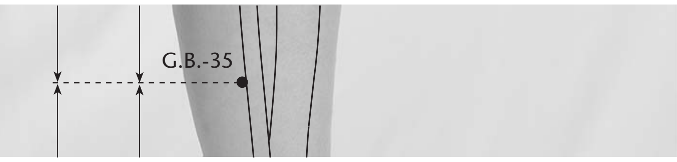
G.B.-34 (*yanglingquan*) 'Yang Mound Spring' In the depression anterior and inferior to the head of the fibula



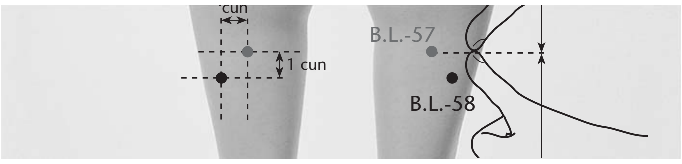
BL-57 (*chengshan*) 'Support of the Mountain' In the middle of the calf, between the two heads of the gastrocnemius, on a line connecting **BL-40** and **BL-60**, approximately 8 cun distal to **BL-40** (spreading hands technique → 2)



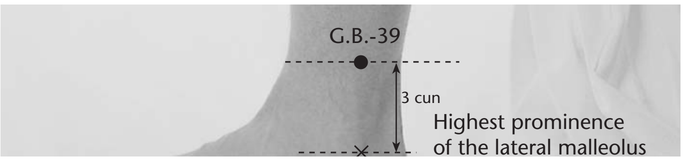
G.B.-36 (*waiqiu*) 'Outer Hill' 7 cun proximal to the highest prominence of the lateral malleolus, on the anterior border of the fibula



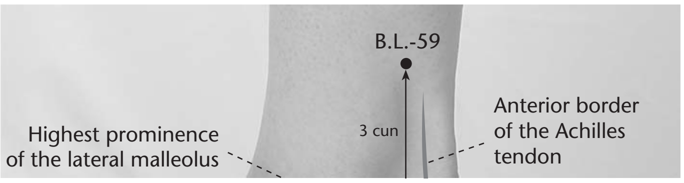
G.B.-35 (*yangjiao*) 'Yang Intersection' 7 cun proximal to the highest prominence of the lateral malleolus, on the posterior border of the fibula


cun
1 cun
B.L.-57
B.L.-58

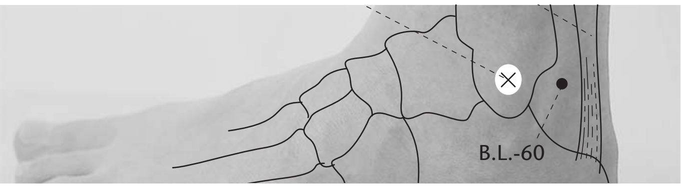
BL-58 (*feiyang*) 'Soaring Upwards' 1 cun distal and 1 cun lateral to **BL-57** or 7 cun proximal to **BL-60**, at the posterior border of the fibula and on the lower border of the gastrocnemius


G.B.-39
3 cun
Highest prominence of the lateral malleolus

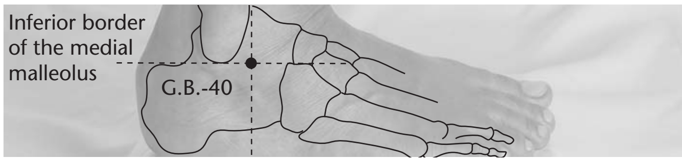
G.B.-39 (*xuanzhong*) 'Suspended Bell' 3 cun proximal to the highest prominence of the lateral malleolus, on the anterior border of the fibula


B.L.-59
3 cun
Highest prominence of the lateral malleolus
Anterior border of the Achilles tendon

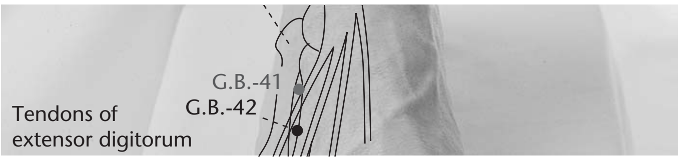
BL-59 (*fuyang*) 'Instep Yang' 3 cun superior to **BL-60** (in the depression between the highest prominence of the lateral malleolus and the Achilles tendon)



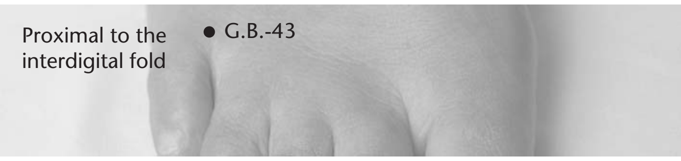
BL-60 (*kunlun*) 'Kunlun Mountains' In the depression between the Achilles tendon and the highest prominence of the lateral malleolus


Inferior border of the medial malleolus
G.B.-40

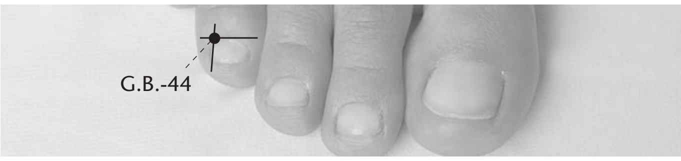
G.B.-40 (*qiuxu*) 'Large Mound' In the depression anterior and inferior to the lateral malleolus, lateral to the tendons of the extensor digitorum longus muscle.


G.B.-41
G.B.-42
Tendons of extensor digitorum

G.B.-42 (*diwuhui*) 'Earth Five Meetings' Between the 4th and 5th metatarsal bones, proximal to the metatarsophalangeal joints and medial to the tendon of extensor digitorum longus

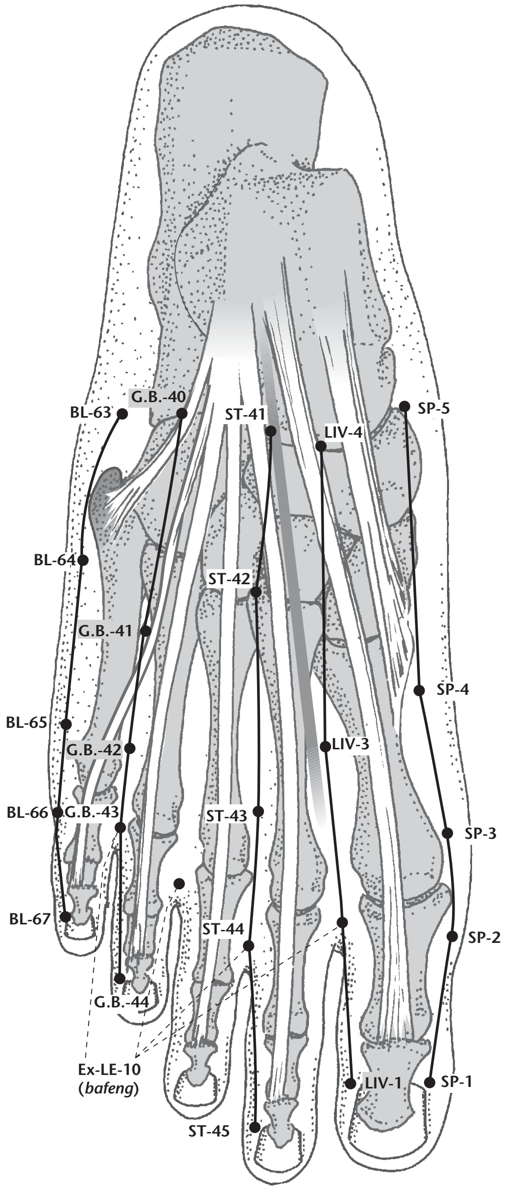

Proximal to the interdigital fold
G.B.-43

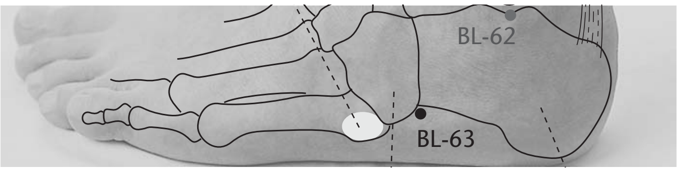
G.B.-43 (*jiaxi/xiaxi*) 'Clamped Stream' Between the 4th and the 5th toes, proximal to the margin of the interdigital web



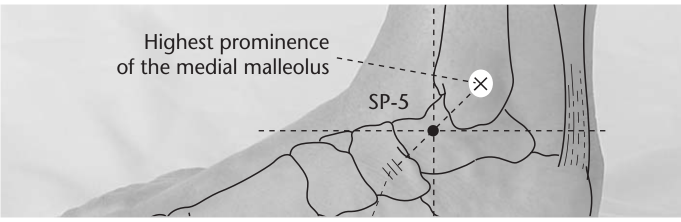
G.B.-44 (*zuqiaoyin*) 'Yin Portals of the Foot' On the 4th toe, 0.1 cun from the lateral corner of the nail

7.13 Dorsum of the Foot

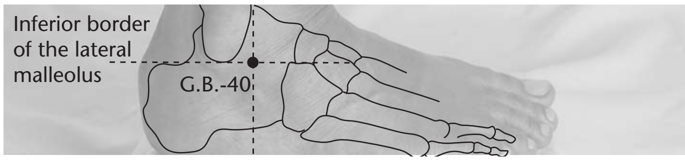

BL-63
G.B.-40
ST-41
LIV-4
SP-5
BL-64
ST-42
G.B.-41
SP-4
BL-65
G.B.-42
LIV-3
BL-66
G.B.-43
ST-43
SP-3
BL-67
ST-44
SP-2
G.B.-44
Ex-LE-10
(*bafeng*)
LIV-1
SP-1
ST-45



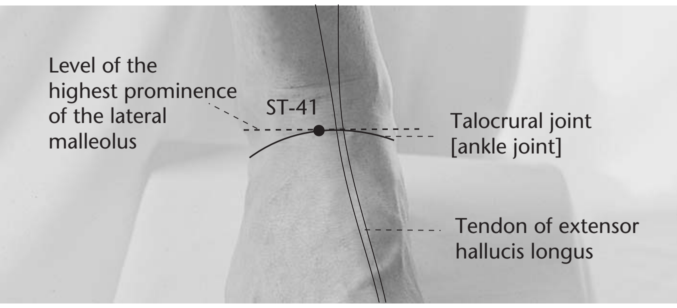
BL-63 (*jinmen*) 'Golden Gate' In a depression anterior and inferior to **BL-62** between the calcaneus and the cuboid bone, proximal to the tuberosity of the 5th metatarsal bone


Highest prominence of the medial malleolus
SP-5

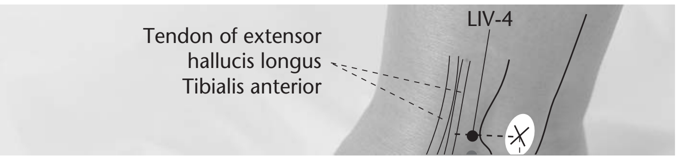
SP-5 (*shangqiu*) 'Shang Mound' In the depression at the junction of a vertical line along the anterior border and a horizontal line along the lower border of the medial malleolus. Or: in the depression halfway between the highest prominence of the medial malleolus and the navicular tuberosity


Inferior border of the lateral malleolus
G.B.-40

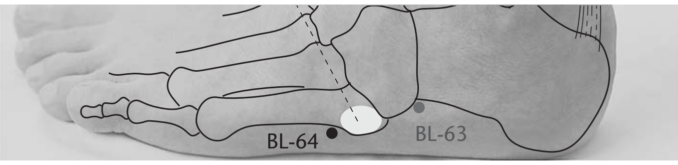
G.B.-40 (*qiuxu*) 'Large Mound' In the depression anterior and inferior to the lateral malleolus, lateral to the tendons of extensor digitorum longus muscle.


Level of the highest prominence of the lateral malleolus
ST-41
Talocrural joint [ankle joint]
Tendon of extensor hallucis longus

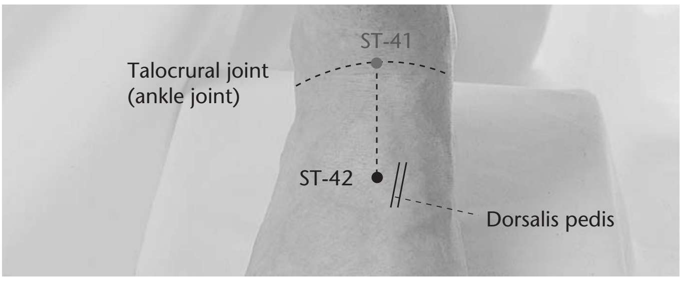
ST-41 (*jiexi*) 'Stream Divide' On the ankle, between the tendons of extensor digitorum and extensor hallucis longus, at the level of the highest prominence of the lateral malleolus


LIV-4
Tendon of extensor hallucis longus
Tibialis anterior

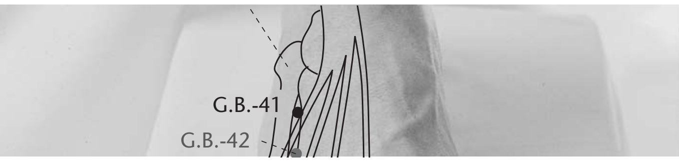
LIV-4 (*zhongfeng*) 'Middle Seal' 1 cun anterior to the prominence of the medial malleolus, medial to the tendon of the tibialis anterior



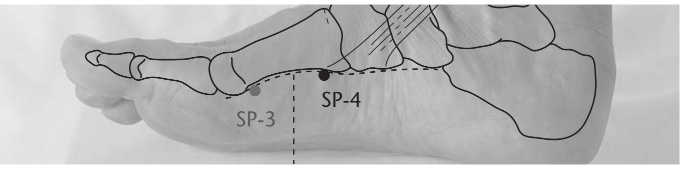
BL-64 (*jinggu*) 'Capital Bone' Distal to the tuberosity of the 5th metatarsal bone, at the border of the red and white skin


ST-41
Talocrural joint (ankle joint)
ST-42
Dorsalis pedis

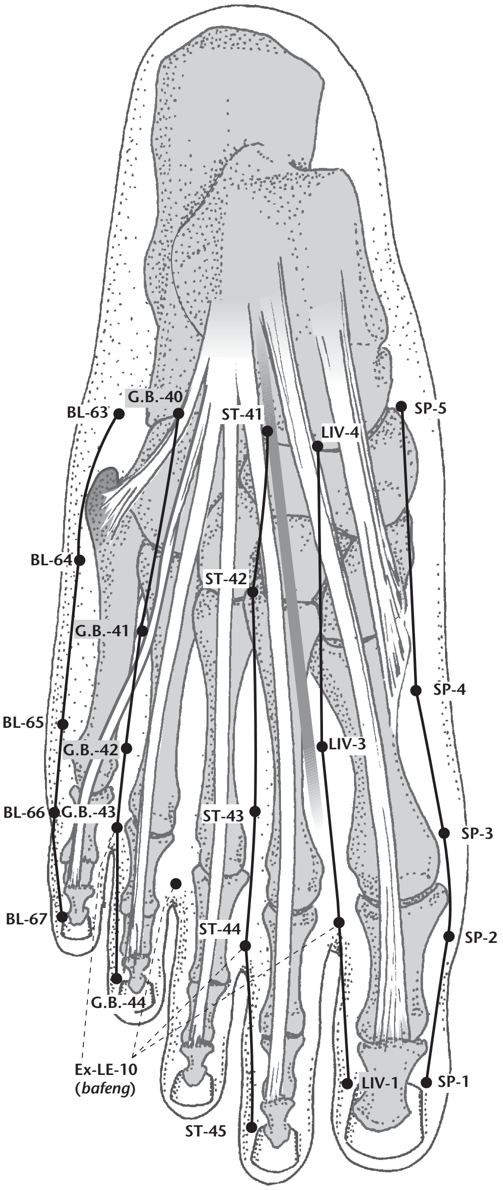
ST-42 (*chongyang*) 'Rushing Yang' On the highest point of the dorsum of the foot, between the tendons of extensor hallucis longus and extensor digitorum longus, directly lateral to where the dorsalis pedis artery may be palpated. The point is bordered proximally by the second and third metatarsal bones and distally by the second and third cuneiform bones. **Alternative location:** sometimes this point may be located lateral to the medial portion of the extensor digitorum longus tendon (joining the second toe)

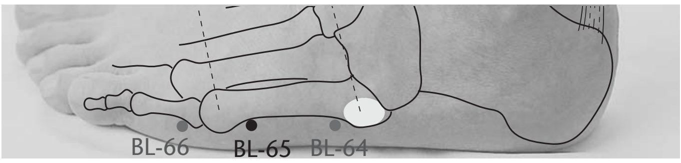


G.B.-41 (*zulinqi*) 'Foot Governor of Tears' In the depression at the junction of the shafts and the bases of the 4th and 5th metatarsal bones, lateral to the branch of the extensor digitorum longus tendon running to the little toe

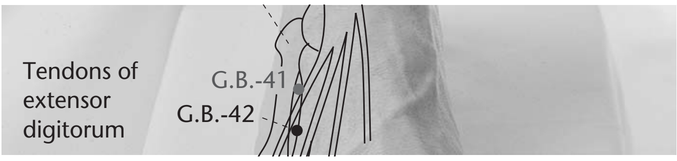


SP-4 (*gongsun*) 'Grandfather Grandson' In a depression distal and inferior to the base of the 1st metatarsal bone, at the border of the red and white skin

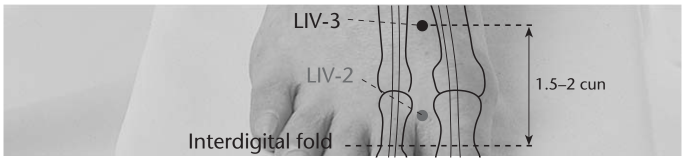

BL-63
G.B.-40
ST-41
SP-5
LIV-4
BL-64
ST-42
G.B.-41
SP-4
BL-65
G.B.-42
LIV-3
BL-66
G.B.-43
ST-43
SP-3
BL-67
ST-44
SP-2
G.B.-44
Ex-LE-10
(*bafeng*)
LIV-1
SP-1
ST-45


BL-66
BL-65
BL-64

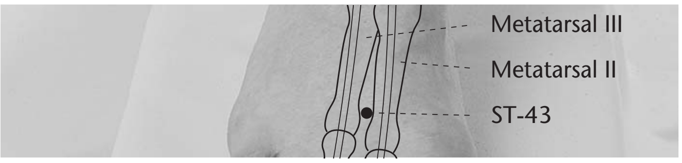
BL-65 (*shugu*) 'Restraining Bone' In the depression proximal to the head of the 5th metatarsal bone, at the border of the red and white skin


Tendons of
extensor
digitorum
G.B.-41
G.B.-42

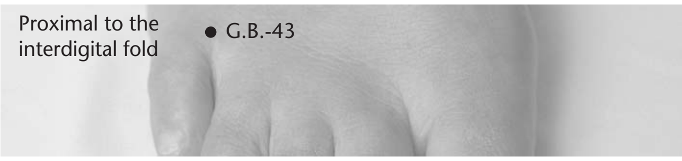
G.B.-42 (*diwuhui*) 'Earth Five Meetings' Between the 4th and 5th metatarsal bones, proximal to the metatarsophalangeal joints and medial to the tendon of the extensor digitorum longus


LIV-3
LIV-2
1.5–2 cun
Interdigital fold

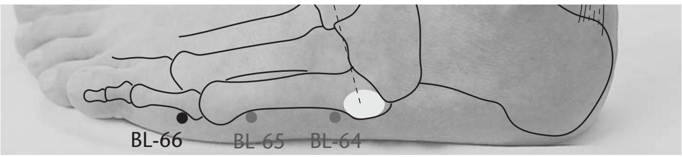
LIV-3 (*taichong*) 'Great Rushing' On the dorsum of the foot, in the depression between the 1st and 2nd metatarsal bones, approximately 1.5–2 cun proximal to the interdigital web


Metatarsal III
Metatarsal II
ST-43

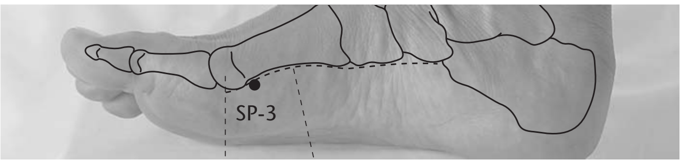
ST-43 (*xiangu*) 'Sunken Valley' In the depression between the second and third metatarsal bones, at the junction of the shafts and the heads of these metatarsal bones


Proximal to the
interdigital fold
G.B.-43

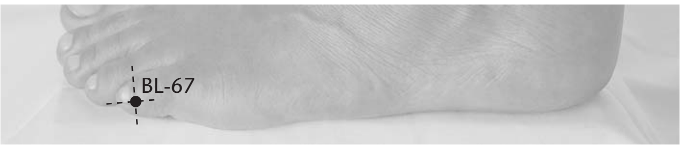
G.B.-43 (*xiaxi*) 'Clamped Stream' Between the 4th and the 5th toes, proximal to the margin of the interdigital web


BL-66
BL-65
BL-64

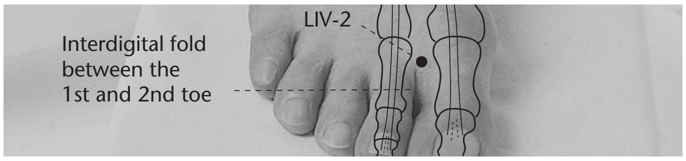
BL-66 (*zutonggu*) 'Foot Connecting Valley' In a depression distal to the metatarsophalangeal joint of the little toe



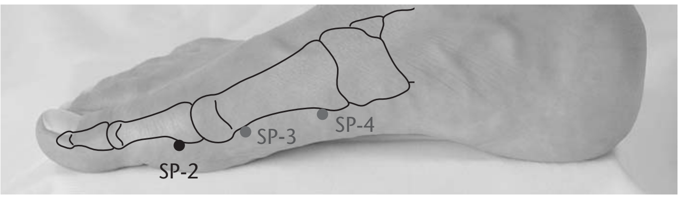
SP-3 (*taibai*) 'Supreme White' In the depression proximal to the head of the 1st metatarsal bone, at the border of the red and white skin



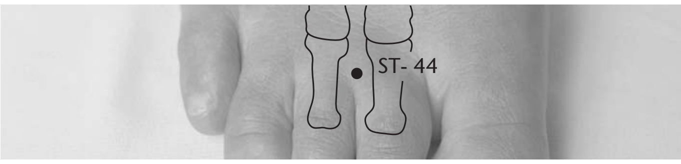
BL-67 (*zhiyin*) 'Reaching Yin' On the little toe, 0.1 cun from the lateral corner of the nail



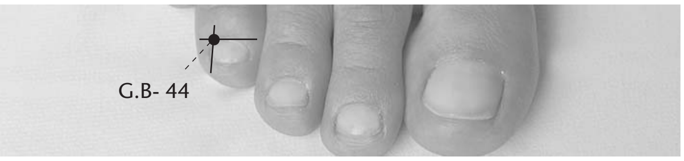
LIV-2 (*xingjian*) 'Moving Between' Between the 1st and 2nd toe, proximal to the margin of the interdigital web



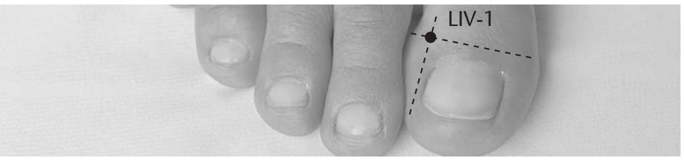
SP-2 (*dadu*) 'Great Metropolis' On the medial aspect of the big toe, in the depression distal to the first metatarsophalangeal joint, on the border of the red and white skin



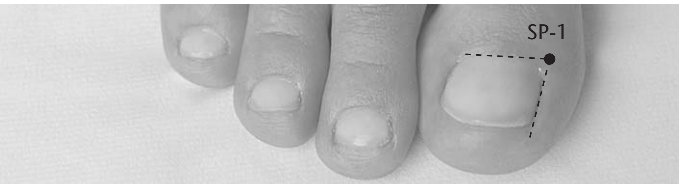
ST-44 (*neiting*) 'Inner Court' Between the 2nd and the 3rd toe, proximal to the interdigital fold



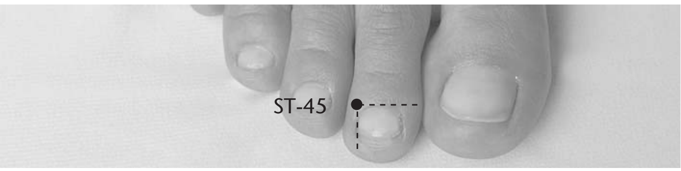
G.B.-44 (*zuqiaoyin*) 'Yin Portals of the Foot' On the 4th toe, 0.1 cun from the lateral corner of the nail



LIV-1 (*dadun*) 'Big Mound' On the lateral aspect of the big toe, 0.1 cun proximal and lateral to the corner of the nail

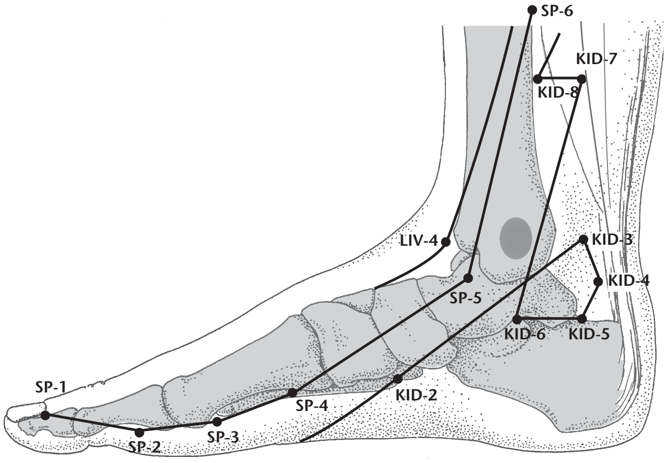


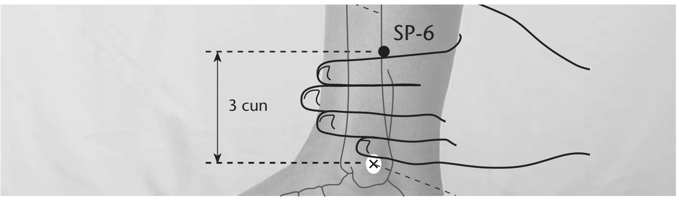
SP-1 (*yinbai*) 'Hidden White' On the big toe, 0.1 cun from the medial corner of the nail



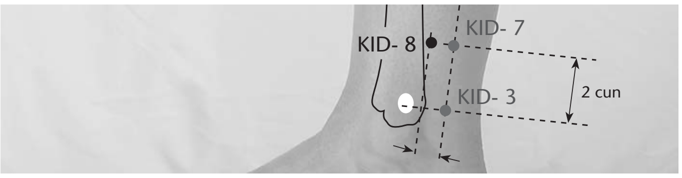
ST-45 (*lidui*) 'Strict Exchange' On the 2nd toe, 0.1 cun from the lateral corner of the nail

7.14 Medial Foot

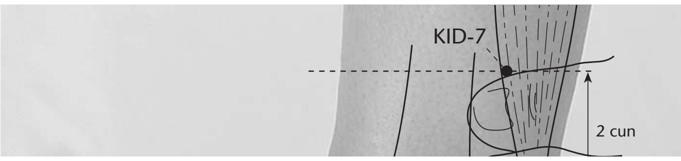

SP-6
KID-7
KID-8
LIV-4
KID-3
KID-4
SP-5
KID-6
KID-5
SP-1
SP-4
KID-2
SP-3
SP-2



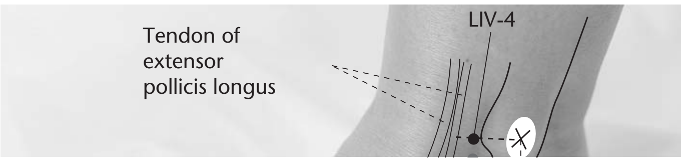
SP-6 (*sanyinjiao*) 'Three Yin Intersection' 3 cun proximal to the highest prominence of the medial malleolus, on the posterior border of the medial crest of the tibia


KID- 8
KID- 7
KID- 3
2 cun

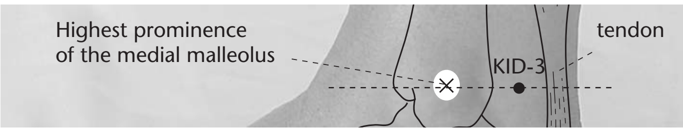
KID-8 (*jiaoxin*) 'Exchange Belief' 2 cun proximal to the highest prominence of the medial malleolus, posterior to the medial border of the tibia.



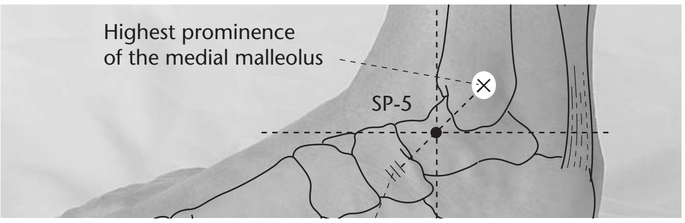
KID-7 (*fuliu*) 'Returning Current' 2 cun proximal to **KID-3**, in a depression on the anterior border of the Achilles tendon


Tendon of
extensor
pollicis longus
LIV-4

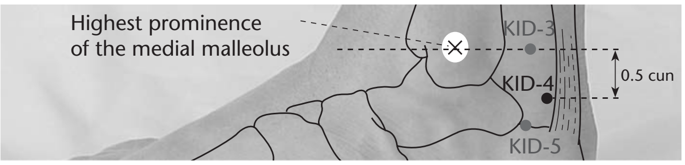
LIV-4 (*zhongfeng*) 'Middle Seal' 1 cun anterior to the prominence of the medial malleolus, medial to the tendon of tibialis anterior


Highest prominence
of the medial malleolus
tendon
KID-3

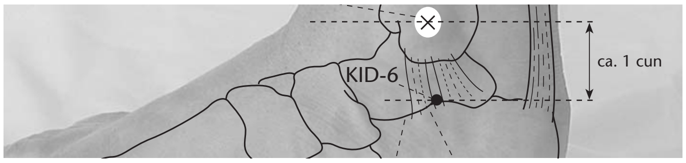
KID-3 (*taixi*) 'Supreme Stream' In the depression between the highest prominence of the medial malleolus and the Achilles tendon


Highest prominence
of the medial malleolus
SP-5

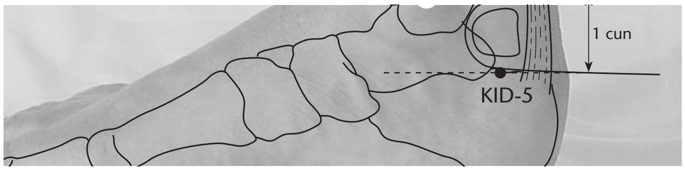
SP-5 (*shangqiu*) 'Shang Mound' In the depression at the junction of a vertical line along the anterior border and a horizontal line along the lower border of the medial malleolus. Or: in the depression halfway between the highest prominence of the medial malleolus and the navicular tuberosity


Highest prominence
of the medial malleolus
KID-3
KID-4
KID-5
0.5 cun

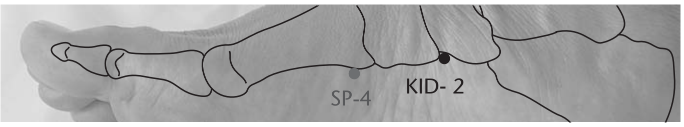
KID-4 (*dazhong*) 'Great Bell' Anterior to the medial border of the Achilles tendon, superior to its insertion at the calcaneus


KID-6
ca. 1 cun

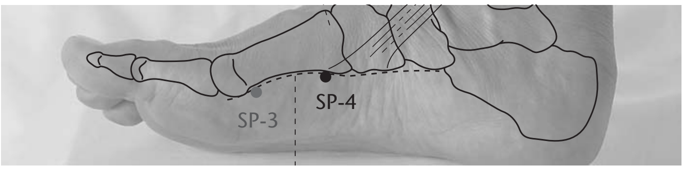
KID-6 (*zhaohai*) 'Shining Sea' In the depression inferior to the highest prominence of the medial malleolus, over the joint space between the talus and the calcaneus



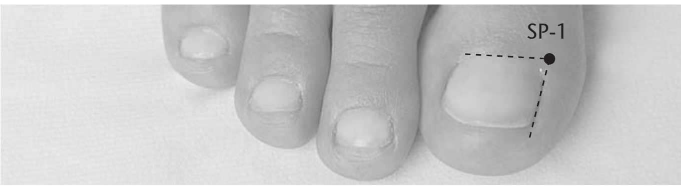
KID-5 (*shuiquan*) ‘Water Spring’ 1 cun distal to **KID-3**, in a depression over the joint space between the talus and calcaneus



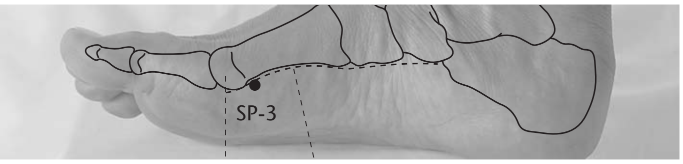
KID-2 (*rangu*) ‘Blazing Valley’ In a depression at the anterior inferior border of the navicular bone, at the border of the red and white skin



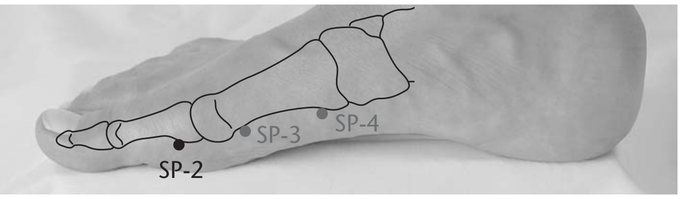
SP-4 (*gongsun*) ‘Grandfather Grandson’ In a depression distal and inferior to the base of the 1st metatarsal bone, at the border of the red and white skin



SP-1 (*yinbai*) ‘Hidden White’ On the big toe, 0.1 cun from the medial corner of the nail

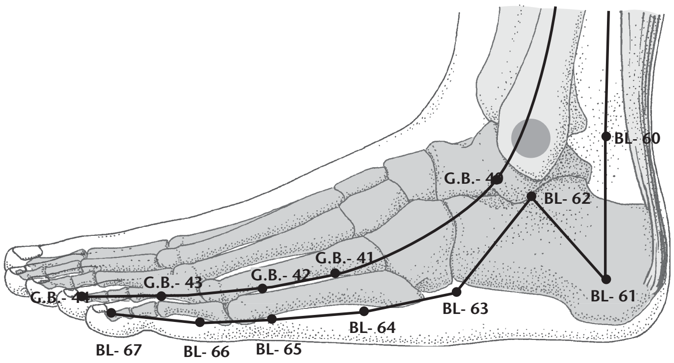


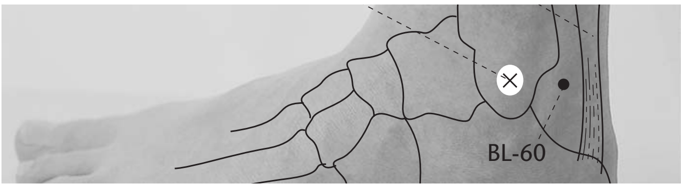
SP-3 (*taibai*) ‘Supreme White’ In the depression proximal to the head of the 1st metatarsal bone, at the border of the red and white skin



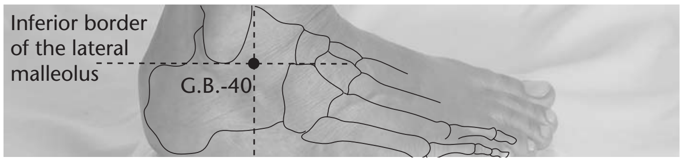
SP-2 (*dadu*) ‘Great Metropolis’ On the medial aspect of the big toe, in the depression distal to the first metatarsophalangeal joint, on the border of the red and white skin

7.15 Lateral Foot

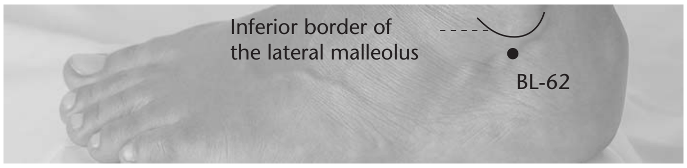

BL- 60
G.B.- 40
BL- 62
G.B.- 41
G.B.- 42
G.B.- 43
G.B.- 44
BL- 61
BL- 63
BL- 64
BL- 67
BL- 66
BL- 65



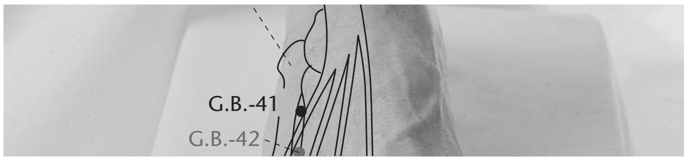
BL-60 (*kunlun*) 'Kunlun Mountains' In the depression between the Achilles tendon and the highest prominence of the lateral malleolus


Inferior border of the lateral malleolus
G.B.-40

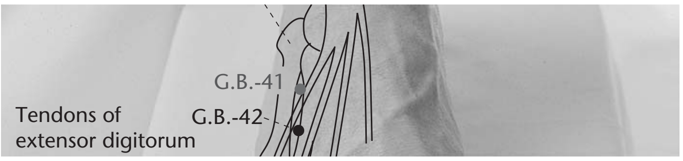
G.B.-40 (*qiuxu*) 'Large Mound' In the depression anterior and inferior to the medial malleolus, lateral to the tendons of extensor digitorum longus muscle.


Inferior border of the lateral malleolus
BL-62

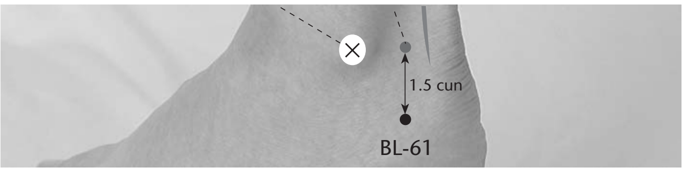
BL-62 (*shenmai*) 'Extending Vessel' In a depression directly inferior to the highest prominence of the lateral malleolus, over the joint space between the talus and calcaneus



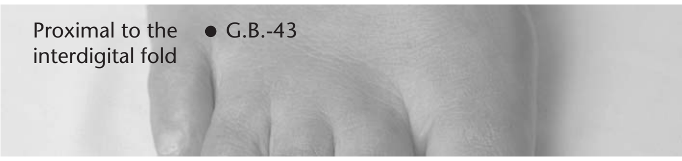
G.B.-41 (*zulinqi*) 'Foot Governor of Tears' In the depression at the junction of the shafts and the bases of the 4th and 5th metatarsal bones, lateral to the branch of the extensor digitorum longus tendon running to the little toe


G.B.-41
Tendons of extensor digitorum
G.B.-42

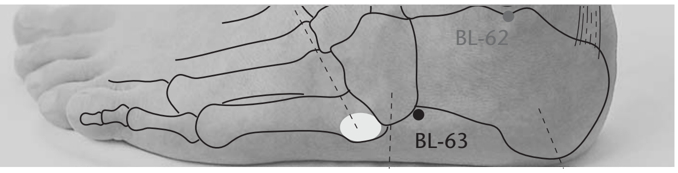
G.B.-42 (*diwuhui*) 'Earth Five Meetings' Between the 4th and 5th metatarsal bones, proximal to the metatarsophalangeal joints and medial to the tendon of extensor digitorum longus



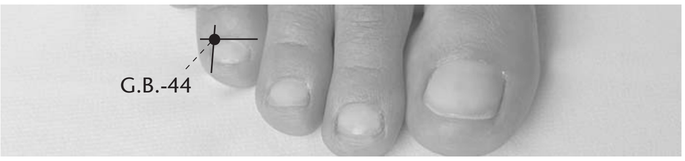
BL-61 (*pucan*) 'Servant's Respect' In a depression on the calcaneus, approximately 1.5 cun inferior to **BL-60**


Proximal to the interdigital fold
G.B.-43

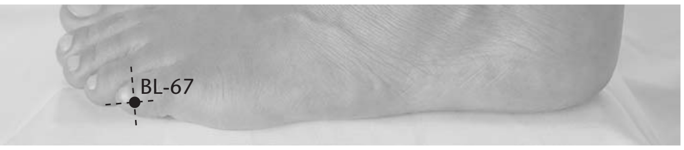
G.B.-43 (*xiaxi*) 'Clamped Stream' Between the 4th and the 5th toes, proximal to the margin of the interdigital web



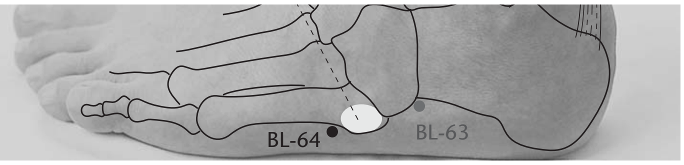
BL-63 (*jinmen*) 'Golden Gate' On the lateral aspect of the foot, proximal to the tuberosity of the 5th metatarsal bone, in a depression anterior and inferior to **BL-62** between the calcaneus and the cuboid bone



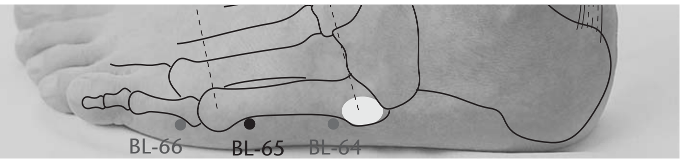
G.B.-44 (*zuqiaoyin*) 'Yin Portals of the Foot' On the 4th toe, 0.1 cun from the lateral corner of the nail



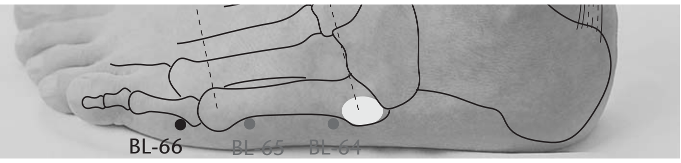
BL-67 (*zhiyin*) 'Reaching Yin' On the little toe, 0.1 cun from the lateral corner of the nail



BL-64 (*jinggu*) 'Capital Bone' Distal to the tuberosity of the 5th metatarsal bone, at the border of the red and white skin



BL-65 (*shugu*) 'Restraining Bone' In the depression proximal to the head of the 5th metatarsal bone, at the border of the red and white skin



BL-66 (*zutonggu*) 'Foot Connecting Valley' In a depression distal to the metatarsophalangeal joint of the little toe

8 Point Categories and Point Selection

Claudia Focks

There are a total of 361 acupuncture points located on the channels (→ Chapter 1). Translated literally from the Chinese language, the meaning of the word for 'point' is rather 'opening' or 'hole'. Stimulation of the points can be achieved through massage (in acupressure) or through the insertion of needles (in acupuncture). Besides the regular acupuncture points, there exist a wide variety of so-called extra points, located outside the pathways of the channels. The most commonly used of these extra points are described in Chapter 6, as classified by the WHO.

The acupuncture points are effective

- **locally** (for example, points on the elbow treat disorders of the elbow)
- **regionally** (the channel pathway – for example, points on the arm treat disorders of the upper extremity)
- some points have an effect on their **pertaining *zangfu*-**Organ
- some points have **additional actions** such as calming the *shen* or eliminating Heat.

The following table provides an overview for the general indications of the channel points (modified after Ellis and Wiseman 1991)

Indications of the channel points

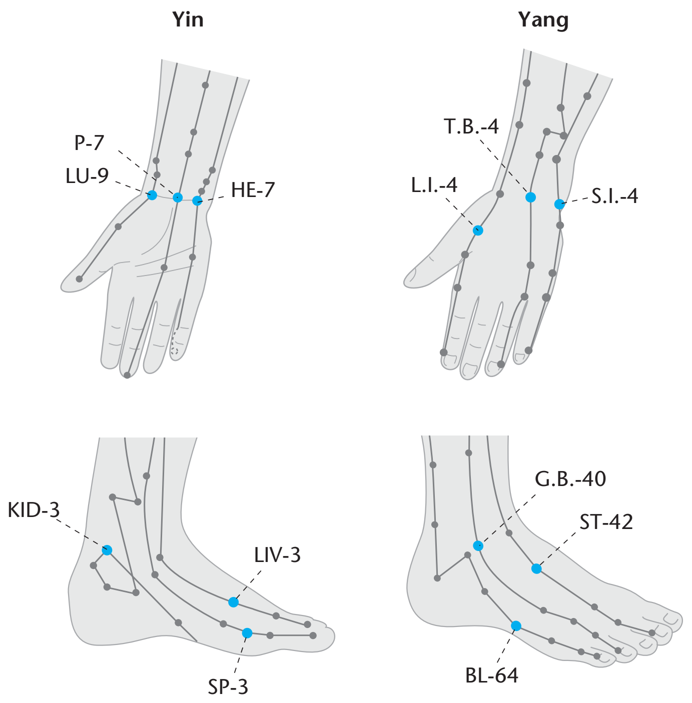
Channel	Indications		
Hand-Yin channels			
LU	Lungs, throat		Disorders of the thoracic region
P	Heart, Stomach	Spirit (*shen*) disorders	
HE	Heart		
Hand-Yang channels			
L.I.	Face, mouth, occiput, teeth, nose		Eyes, disorders of the throat, febrile diseases
T.B.	Head/lateral costal region	Disorders of the ears	
S.I.	Occipital region, shoulder, scapula, *shen* disorders		
Foot-Yin channels			
SP	Spleen, Stomach, intestines		Urogenital disorders, menstrual disorders, vaginal discharge, spirit (*shen*) disorders
LIV	Liver, genitalia		
KID	Kidneys, Lungs, throat		
Foot-Yang channels			
ST	Frontal aspect of the head, face, mouth, teeth, throat, Stomach, intestines		Psychoemotional disorders (*shen* disorders), febrile colds
G.B.	Lateral aspect of the head, ears, lateral costal region	Disorders of the eyes	
BL	Posterior aspect of the head, lower back		

8.1 Point Categories

Certain acupuncture points or groups of points are categorised according to their actions or location on their respective channels. (For an overview of these points and point groups → inside back cover.)

8.1.1 *Yuan*-Source Points

At the *yuan*-source points, the Original *Qi* (*yuan qi* → 1.1.4) of the respective Organ system emerges to the surface of the body. **Location:** near the hand or ankle.



Points

Yuan-source points of the Yin channels

LU-9 (*taiyuan*) **SP-3** (*taibai*) **HE-7** (*shenmen*)
KID-3 (*taixi*) **P-7** (*daling*) **LIV-3** (*taichong*)

- On the Yin channels the *yuan*-source point is always the **3rd point** from the distal end of the channel
- They are identical with the *shu*-stream points and the Earth point of the channel

Function

- They tonify deficiency or weakness of their pertaining *zang*-Organ
- They regulate the Yin/Yang balance, restoring homeostasis
- As Earth points they have a 'grounding' effect on the body, the emotions and the mind.

Yuan-source points of the Yang channels

L.I.-4 (*hegu*) **ST-42** (*chongyang*) **S.I.-4** (*wangu*)
BL-64 (*jinggu*) **T.B.-4** (*yangchi*) **G.B.-40** (*qiuxu*)

- On the Yang channels the *yuan*-source point is always the **4th point** from the distal end of the channel, except for the G.B. channel (5th point)
- Regarding the energetics of the channel, they are all located between the *shu*-stream point and the *jing*-river point.

Function

- Their main function is to expel pathogenic factors in excess syndromes
- They tonify their pertaining *fu*-Organ.

Clinical application

Diagnosis

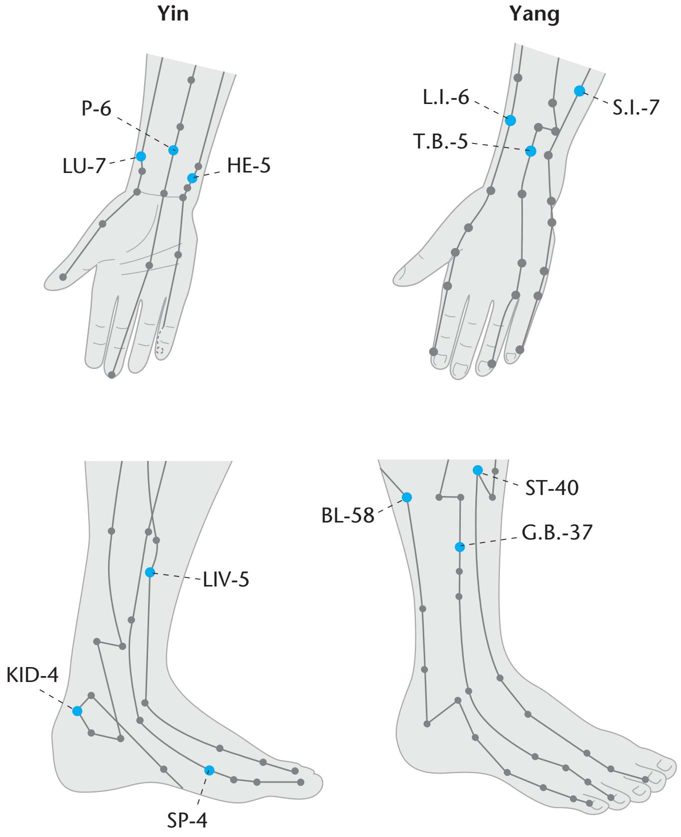
Disorders of a particular channel or its pertaining *zangfu*-Organ will often manifest themselves with tenderness, skin changes such as discolorations, swellings, redness, etc. in the area of the respective *yuan*-source point.

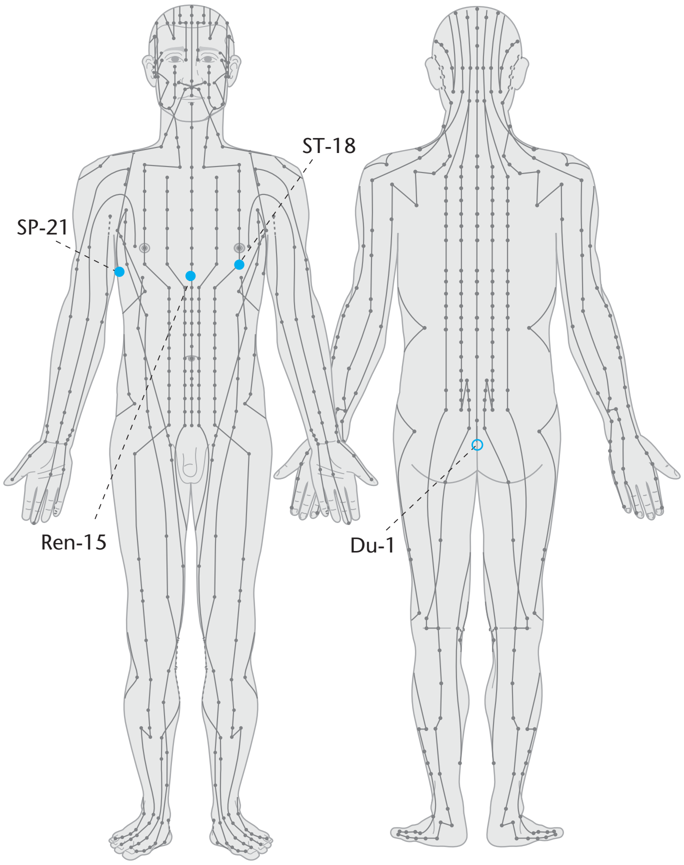
Therapy

- For deficiency of the relevant channel or Organ, use tonifying needling techniques; for excess, use reducing techniques
- Combine with the *luo*-connecting point of its Interiorly–Exteriorly paired channel (➞ 1.2.2) in order to increase the therapeutic effect and to balance Yin and Yang (➞ 8.3.3)
- Combine with the respective Back-*shu* point (➞ 8.1.4) for disorders of the *zangfu*-Organs

8.1.2 *Luo*-Connecting Points

The *luo*-connecting points are located in those regions of the body where the *luo*-network vessels (➞ 1.5) branch out, connecting the Interiorly–Exteriorly paired Yin and Yang channels (➞ 1.2.2).





Points

The 12 *luo*-connecting points of the primary channels are located between the fingers and the elbow on the upper extremity and between the toes and the knee on the lower extremity.

- *Luo*-connecting points of the primary Yin channels
  - hand Yin channels: **LU-7** (*lieque*), **P-6** (*neiguan*), **HE-5** (*tongli*)
  - foot Yin channels: **SP-4** (*gongsun*), **LIV-5** (*ligou*), **KID-4** (*dazhong*)
- *Luo*-connecting points of the primary Yang channels
  - hand Yang channels: **L.I.-6** (*pianli*), **T.B.-5** (*waiguan*), **S.I.-7** (*zhizheng*)
  - foot Yang channels: **ST-40** (*fenglong*), **G.B.-37** (*guangming*), **BL-58** (*feiyang*)
- *Luo*-connecting points of the *ren mai:* **Ren-15** (*jiuwei*); action: regulates the *luo*-connecting vessels of the Yin channels; indication: abdominal diseases and disorders
- *Luo*-connecting points of the *du mai:* **Du-1** (*changqiang*); action: regulates the *luo*-connecting vessels of the Yang channels; indication: disorders of the back
- Great *luo*-connecting point of the Spleen: **SP-21** (*dabao*); action: connects with all *luo*-vessels and governs all *luo* and Blood vessels of the body; indication: disorders of the joint, general weakness and pain
- Great *luo*-connecting point of the Stomach: ***xu li****, near the left **ST-18**; moxibustion is contraindicated, only superficial needling is recommended. Indication: breathing and heart disorders such as asthma, dyspnoea, emphysema and bradycardia, also for shortness of breath due to anxiety attacks.

Clinical application

Diagnosis

- In excess syndromes the *luo* vessels often become visible near the *luo*-connecting points, for example skin discolorations and swellings may occur. With pain due to Cold the predominant colour may be bluish to greenish, with Heat syndromes reddish, with chronic stagnation and stasis dark to dark purple.
- In deficiency syndromes there are often no colour changes. However, in severe chronic cases (for example severe Qi deficiency) there will more likely be distinct muscular flaccidity, presenting as a dip or depression in the area of the point.

Therapy

- For disorders of the pertaining *zangfu*-Organ or channel
- For diseases of the Interiorly–Exteriorly paired Organ or channel
- For disorders due to the accumulation of pathogenic factors or substances, for example Qi stagnation, Blood stasis, retention of Dampness or Phlegm
- For psychoemotional problems, especially *luo*-connecting points of the Yin channels, for example classically **P-6** (*neiguan*) and **HE-5** (*tongli*)
- Bloodletting (three-edged needle, lancet or plum-blossom needle) on the *luo*-connecting point of the affected channel: this is particularly indicated for excess syndromes with Qi stagnation and Blood stasis. For more details on point selection ➞ 8.3.3

8.1.3 *Xi*-Cleft Points

Synonyms: Accumulation points (Maciocia)
The *xi*-cleft points are all located between the fingers and the elbow on the upper extremity and between the toes and the knee on the lower extremity. Only **ST-34** is located more proximally on the thigh.

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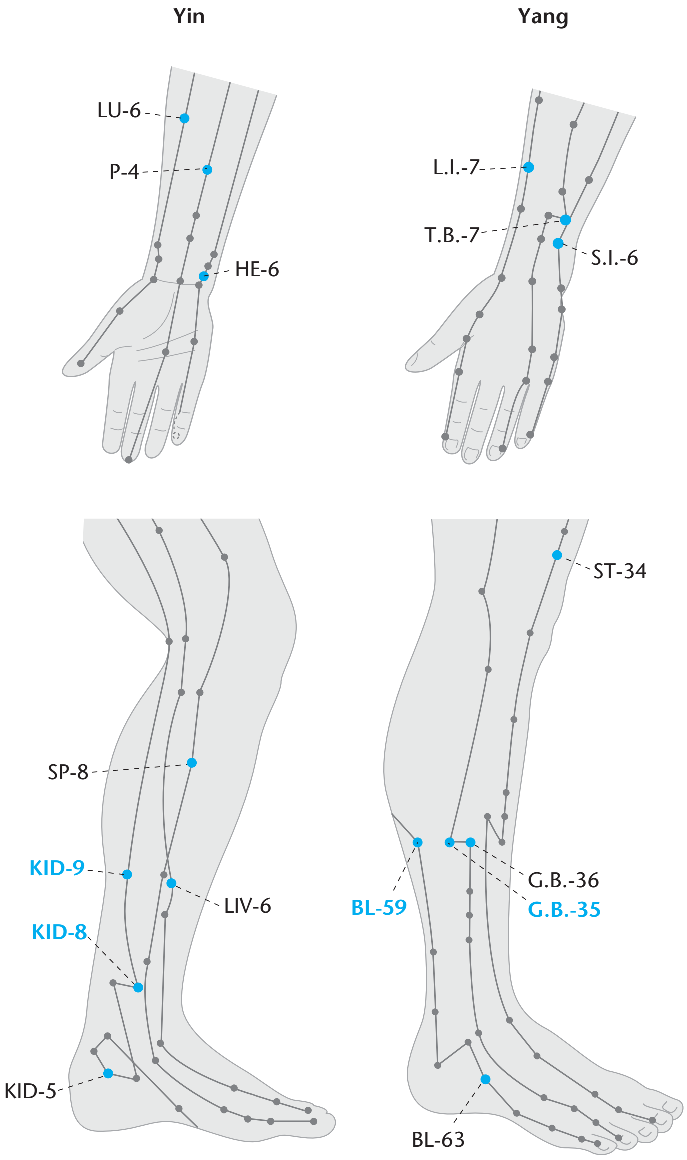
* *Xu li* is only rarely mentioned in Western literature. The location and significance of this point is based on *Su Wen*, chapter 18: 'The geat *luo* vessel of the Stomach is called *xu li* and emerges at **ST-18** under the left breast, passes through the diaphragm and ascends to connect with the Lung. One can feel its pulsation with the hand. It is the place where the *zong qi* (➞ 1.1.4) of the channels resides.' (Ngyen Van Nghi, 1989). *Xu li* is the only *luo*-connecting vessel to directly emerge from a *fu*-Organ. It plays an important role in Korean acupuncture.


Yin
Yang
LU-6
P-4
HE-6
L.I.-7
T.B.-7
S.I.-6
ST-34
SP-8
KID-9
LIV-6
KID-8
KID-5
BL-59
G.B.-36
G.B.-35
BL-63

Points

Xi-cleft points of the primary Yin channels

Hand Yin channels

LU-6 (*kongzui*)	**HE-6** (*yinxi*)	**P-4** (*ximen*)

Foot Yin channels

SP-8 (*diji*)	**KID-5** (*shuiquan*)	**LIV-6** (*zhongdu*)

Xi-cleft points of the primary Yang channels

Hand Yang channels

L.I.-7 (*wenliu*)	**S.I.-6** (*yanglao*)	**T.B.-7** (*huizhong*)

Foot Yang channels

ST-34 (*liangqiu*)	**BL-63** (*jinmen*)	**G.B.-36** (*waiqiu*)

Xi-cleft points of the extraordinary vessels (point names printed in blue)

- *Xi*-cleft point of the *yang qiao mai*: **BL-59** (*fuyang*)
- *Xi*-cleft point of the *yin qiao mai*: **KID-8** (*jiaoxin*)
- *Xi*-cleft point of the *yang wei mai*: **G.B.-35** (*yangjiao*)
- *Xi*-cleft point of the *yin wei mai*: **KID-9** (*zhubin*)

Clinical application

Diagnosis

- They provide information about disorders affecting their pertaining channel or *zangfu*-Organ
  – Excess: acute, intense pain upon pressure or redness and swelling in the area of the point
  – Deficiency: dull, mild pain upon pressure or presence of a depression in the area of the point

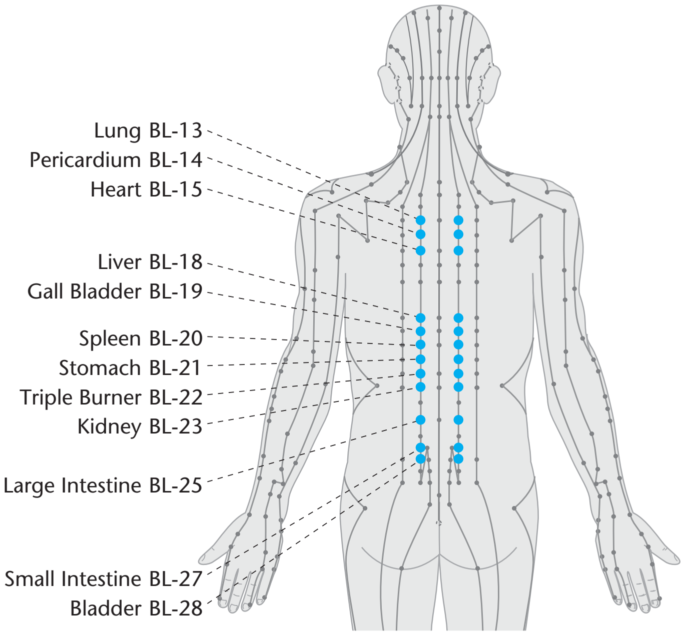
Therapy

- Mainly used for acute and/or therapy-resistant disorders, especially for excess conditions and pain of the affected channel and/or pertaining *zangfu*-Organ. In patients with a robust constitution use reducing needling techniques.
- Add the *xi*-cleft points of the Yin channels for disorders of the Blood.
- In order to increase the therapeutic effect, the *xi*-cleft point may be combined with a relevant *hui*-meeting point (➞ 8.1.7).

8.1.4 Back-*Shu* Points

Synonym: Back-transporting points

The Back-*shu* points are located on the inner branch of the BL channel at the level of their pertaining *zangfu*-Organ. They are mostly at the same level as the corresponding Front-*mu* point (➞ 8.1.5).


Lung BL-13
Pericardium BL-14
Heart BL-15
Liver BL-18
Gall Bladder BL-19
Spleen BL-20
Stomach BL-21
Triple Burner BL-22
Kidney BL-23
Large Intestine BL-25
Small Intestine BL-27
Bladder BL-28

Points

Organ	Back-*shu* point
Lung	**BL-13** (*feishu*)
Large Intestine	**BL-25** (*dachangshu*)
Stomach	**BL-21** (*weishu*)
Spleen	**BL-20** (*pishu*)
Heart	**BL-15** (*xinshu*)
Small Intestine	**BL-27** (*xiaochangshu*)
Bladder	**BL-28** (*pangguangshu*)
Kidney	**BL-23** (*shenshu*)
Pericardium	**BL-14** (*jueyinshu*)
Triple Burner	**BL-22** (*sanjiaoshu*)
Gall Bladder	**BL-19** (*danshu*)
Liver	**BL-18** (*ganshu*)

Clinical application

Diagnosis

- Often spontaneously tender and/or sensitive upon pressure in disorders of the pertaining *zangfu*-Organ

Therapy

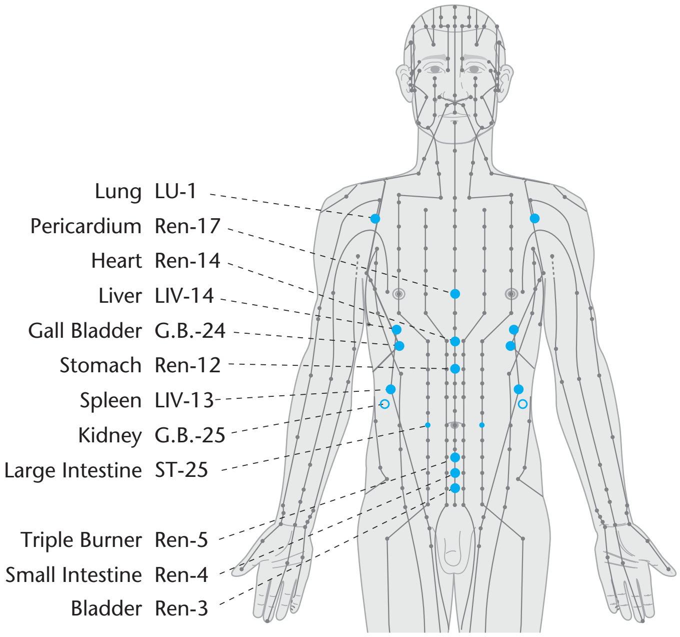
- Mainly used for disorders of the corresponding *zangfu*-Organ. These points have a tonifying effect for chronic disorders and deficiency syndromes, but can also be used for acute disorders of their pertaining *zangfu*-Organ.
- For disorders of the sensory organs, use the Back-*shu* point of the pertaining *zangfu*-Organ.
  Example: for disorders of the eyes, needle the Back-*shu* point of the Liver **BL-18** (*ganshu*).

For excess syndromes, the Back-*shu* points can be needled with reducing needling techniques; for deficiency syndromes, tonifying needling techniques should be applied. When Cold signs are present, moxibustion can also be used. The needles should not be retained longer than 10 minutes – longer needle retention can have a sedating effect and lead to tiredness.

8.1.5 Front-*Mu* Points

Synonym: Alarm points

The Front-*mu* points are located on the thorax and abdomen in the area of their pertaining *zangfu*-Organs.



Points

Organ	Back-*shu* point
Lung	**LU-1** (*zhongfu*)
Large Intestine	**ST-25** (*tianshu*)
Stomach	**Ren-12** (*zhongwan*)
Spleen	**LIV-13** (*zhangmen*)
Heart	**Ren-14** (*juque*)
Small Intestine	**Ren-4** (*guanyuan*)
Bladder	**Ren-3** (*zhongji*)
Kidney	**G.B.-25** (*jingmen*)
Pericardium	**Ren-17** (*danzhong*)
Triple Burner	**Ren-5** (*shimen*)
Gall Bladder	**G.B.-24** (*riyue*)
Liver	**LIV-14** (*qimen*)

Clinical application

Diagnosis

- Often spontaneously tender or sensitive upon pressure in disorders of the pertaining *zangfu*-Organ

Therapy

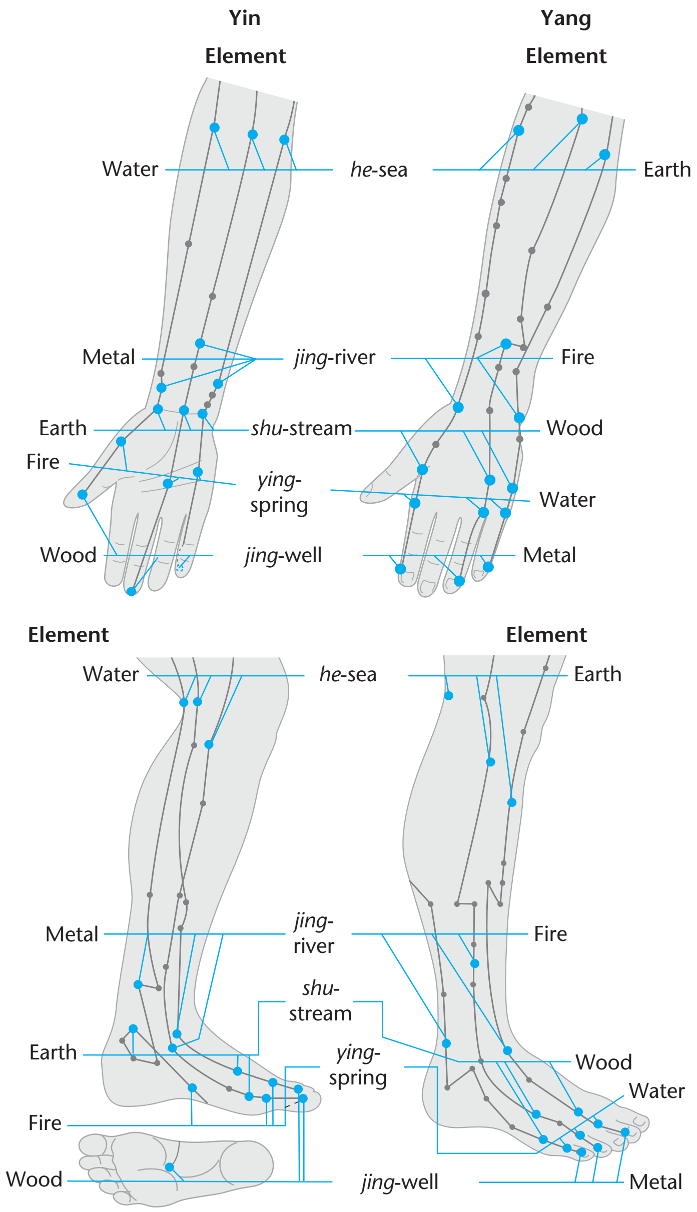
- Used to regulate the pertaining *zangfu*-Organ. For excess syndromes use reducing needling techniques; for deficiency syndromes use tonifying methods.
- Commonly used point combinations:
  – *Shu–mu* method (→ 8.3.2)
  – For disorders of the *fu*-Organs: simultaneous needling of the lower *he*-sea point (→ 8.1.9) and the Front-*mu* point of the affected *fu*-Organ.

8.1.6 The Five *Shu*-Transporting Points

The five *shu-t*ransporting points are located **between the fingers and the elbow on the upper extremity, between the toes and the knee on the lower extremity**. The classification and application of these points is based on two theories: on the one hand they are applied according to the Qi flow in the channel from distal to proximal, on the other hand they are used according to the Five Phases (➞ 8.2.5).

While the location of the five *shu-t*ransporting points is identical to the Five Phase points, their dynamics and range of application based on the Qi flow in the channels differs from or is even contrary to their actions as Five Phase points. The theoretical foundations of the Qi flow in the channels as applied in the instance of the *shu*-transporting point are based on a rather earlier circulatory concept (➞ 1.1.1).

The therapeutic application of the Five Phase points will be explained in more detail in ➞ 8.2.5, while the clinical application according to channel flow is described below.



Theoretical background of the Qi circulation in the channels

According to the more original centripetal model (➞ 1.1.1), the Qi flows from the peripheral parts of the body to the elbows and knees, similar to a river coursing from its spring to its estuary and finally into the sea:

- The Qi flow begins at the anastomosis at the *jing*-well point. Here the water surfaces, it is dynamic and unstable (change of polarity from Yin to Yang)
- The water course then changes to a spring (*ying*) and a stream (*shu*) – both are at this point still quite dynamic features, the water flowing rapidly and superficially.
- The water then becomes increasingly deeper and slower, taking on the characteristics of a river (*jing*).
- Eventually it flows as a big river into the sea (*he*).

This image of a river system is often used to explain disorders caused by pathogenic factors (*xie qi*). Due to the superficial position of these points on the extremities, pathogens can here easily penetrate the body. By the same token, they can be removed again with relatively little effort. Barbara Kirschbaum (course material 1999) provides a useful visual image: she suggests imagining a ship carrying a cargo of pathogens that begins its journey at the tips of the extremities. The further a point is located peripherally in the body, the easier it is for the ship to get rid of its dangerous cargo (or to expel the pathogen according to the dynamics of the Qi flow). However, once the ship has reached the *he*-sea point, the ship and its cargo will disappear in the big, wide sea, having the potential to injure the internal *zangfu*-Organ. Thus it is the therapeutic goal to eliminate pathogens from the body as soon as possible.

Overview: *shu*-transporting points

***Shu*-transporting points of the Yin channels**

Phase/ channel	Wood point	Fire point	Earth point	Metal point	Water point
LU	LU-11	LU-10	LU-9 +	LU-8	LU-5 −
SP	SP-1	SP-2 +	SP-3	SP-5 −	SP-9
HE	HE-9 +	HE-8	HE-7 −	HE-4	HE-3
KID	KID-1 −	KID-2	KID-3	KID-7 +	KID-10
P	P-9 +	P-8	P-7 −	P-5	P-3
LIV	LIV-1	LIV-2 −	LIV-3	LIV-4	LIV-8 +
Channel Qi flow	*Jing*-well point	*Ying*-spring point	*Shu*-stream point	*Jing*-river point	*He*-sea point

***Shu*-transporting points of the Yang channels**

Phase/ channel	Metal point	Water point	Wood point	Fire point	Earth point
L.I.	L.I.-1	L.I.-2 −	L.I.-3	L.I.-5	L.I.-11 +
ST	ST-45 −	ST-44	ST-43	ST-41+	ST-36
S.I.	S.I.-1	S.I.-2	S.I.-3 +	S.I.-5	S.I.-8 −
BL	BL-67 +	BL-66	BL-65 −	BL-60	BL-40
T.B.	T.B.-1	T.B.-2	T.B.-3 +	T.B.-6	T.B.-10 −
G.B.	G.B.-44	G.B.-43+	G.B.-41	G.B.-38 −	G.B.-34
Channel Qi flow	*Jing*-well point	*Ying*-spring point	*Shu*-stream point	*Jing*-river point	*He*-sea point

+, tonification point; − , sedation point

Clinical application of the *shu*-transporting points

Jing-well points (*jing xue*)

***Shu*-transporting Points of the Yin channels**

Phase/ channel	Wood point	Fire point	Earth point	Metal point	Water point
LU	LU-11	LU-10	LU-9 +	LU-8	LU-5 −
SP	SP-1	SP-2 +	SP-3	SP-5 −	SP-9
HE	HE-9 +	HE-8	HE-7 −	HE-4	HE-3
KID	KID-1 −	KID-2	KID-3	KID-7 +	KID-10
P	P-9 +	P-8	P-7 −	P-5	P-3
LIV	LIV-1	LIV-2 −	LIV-3	LIV-4	LIV-8 +
Channel Qi flow	*Jing*-well point	*Ying*-spring point	*Shu*-stream point	*Jing*-river point	*He*-sea point

***Shu*-transporting points of the Yang channels**

Phase/ channel	Metal point	Water point	Wood point	Fire point	Earth point
L.I.	L.I.-1	L.I.-2 −	L.I.-3	L.I.-5	L.I.-11 +
ST	ST-45 −	ST-44	ST-43	ST-41 +	ST-36
S.I.	S.I.-1	S.I.-2	S.I.-3 +	S.I.-5	S.I.-8 −
BL	BL-67 +	BL-66	BL-65 −	BL-60	BL-40
T.B.	T.B.-1	T.B.-2	T.B.-3 +	T.B.-6	T.B.-10 −
G.B.	G.B.-44	G.B.-43+	G.B.-41	G.B.-38 −	G.B.-34
Channel Qi flow	*Jing*-well point	*Ying*-spring point	*Shu*-stream point	*Jing*-river point	*He*-sea point

+, tonification point; − , sedation point

According to the Five Phases (→ 8.2.5) the *jing*-well points of the **Yin channels** correspond to the **Wood points**, while those of the **Yang channels** correspond to the **Metal points**.

Location: as the **last or first point of each channel**, they are located on the **tips of the fingers or the toes** (exception: **KID-1** of the sole of the foot). The course of the channel is here at its **most superficial**. It is also here that a change of polarity is taking place in the energy: from Yin to Yang or vice versa. **Caution**: needling these points can be quite intense and painful, presenting a strong stimulus to the body.

Actions

- Clear Heat, restore consciousness, eliminate Heat and excess from the upper end of the channel: commonly pricked to bleed.
- Treat fullness and Cold below the Heart
- Treat disorders of the spirit (*shen*) for psychological disorders

Indications

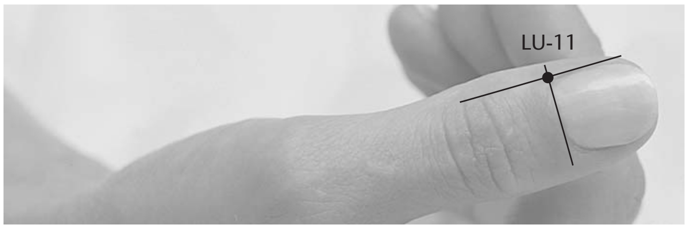
- For acute conditions and emergencies: the *jing*-well points can quickly expel Exterior pathogenic factors (*xie qi*), especially Heat. They have a strong effect on the psyche, for example for coma, collapse and shock as well as for severe irritability and restlessness.
- The points on the Yin channels also have an effect on their pertaining *zang*-Organs and can eliminate internal Wind.

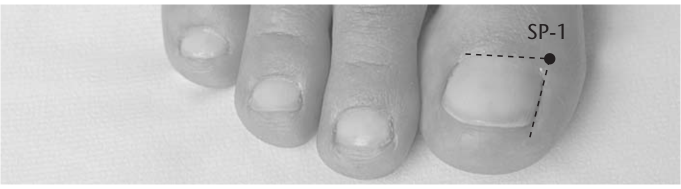
Examples

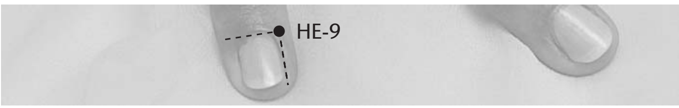
- **LU-11**: prick to bleed for acute sore throat
- **KID-1**: for spasms and unconsciousness
- **HE-9**: for collapse
- **SP-1**: for uterine bleeding

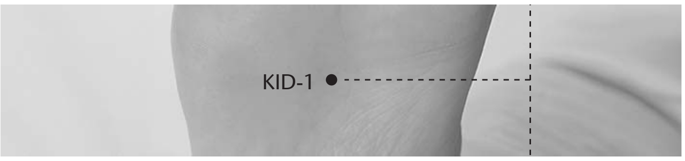
For psychological disorders:

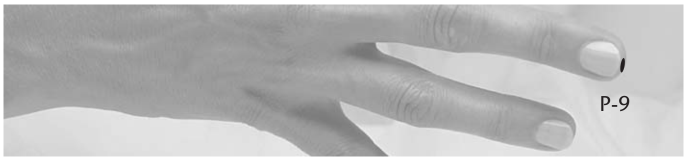
- **KID-1**: for severe restlessness
- **P-9** and **HE-9**: for extreme restlessness and insomnia

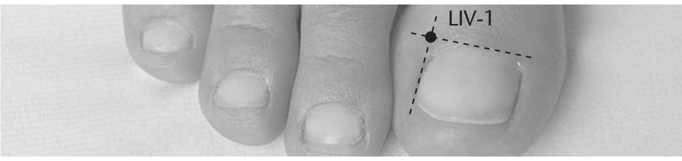


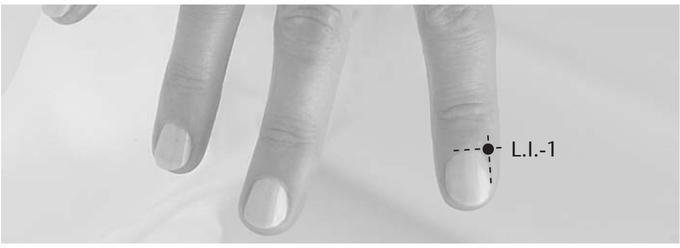


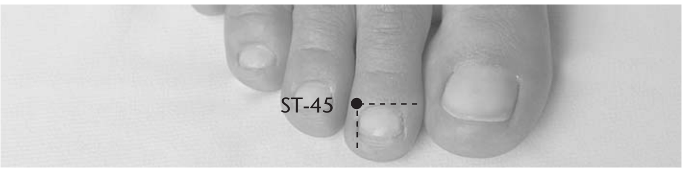


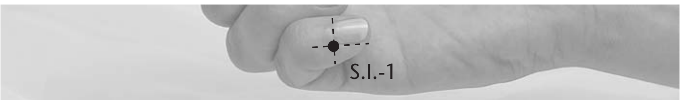


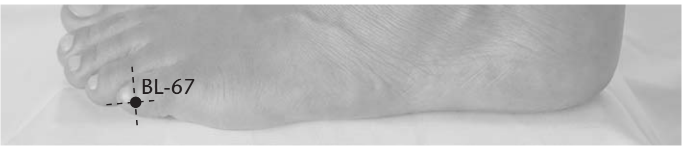


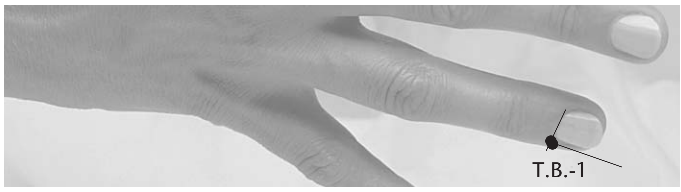


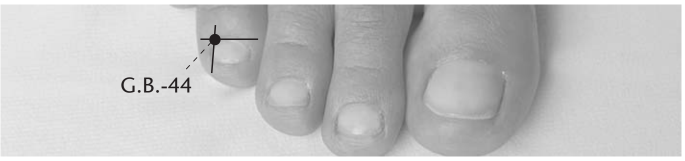












Ying-spring points (*ying xue*)

***Shu*-transporting points of the Yin channels**					
Phase/ channel	Wood point	Fire point	Earth point	Metal point	Water point
LU	LU-11	LU-10	LU-9 +	LU-8	LU-5 −
SP	SP-1	SP-2 +	SP-3	SP-5 −	SP-9
HE	HE-9 +	HE-8	HE-7 −	HE-4	HE-3
KID	KID-1 −	KID-2	KID-3	KID-7 +	KID-10
P	P-9 +	P-8	P-7 −	P-5	P-3
LIV	LIV-1	LIV-2 −	LIV-3	LIV-4	LIV-8 +
Channel Qi flow	*Jing*-well point	*Ying*-spring point	*Shu*-stream point	*Jing*-river point	*He*-sea point
***Shu*-transporting points of the Yang channels**					
Phase/ channel	Metal point	Water point	Wood point	Fire point	Earth point
L.I.	L.I.-1	L.I.-2 −	L.I.-3	L.I.-5	L.I.-11 +
ST	ST-45 −	ST-44	ST-43	ST-41 +	ST-36
S.I.	S.I.-1	S.I.-2	S.I.-3 +	S.I.-5	S.I.-8 −
BL	BL-67 +	BL-66	BL-65 −	BL-60	BL-40
T.B.	T.B.-1	T.B.-2	T.B.-3 +	T.B.-6	T.B.-10 −
G.B.	G.B.-44	G.B.-43 +	G.B.-41	G.B.-38 −	G.B.-34
Channel Qi flow	*Jing*-well point	*Ying*-spring point	*Shu*-stream point	*Jing*-river point	*He*-sea point

+, tonification point; − , sedation point

According to the Five Phases (→ 8.2.5) the *ying*-spring points of the Yin channels correspond to the Fire points, while those on the Yang channels correspond to the Water points. **Caution**: needling some of these points can be painful, for example **LU-10, P-8, HE-8**.

Location: as the second most distal point of each channel, they are located on the upper extremity between the phalanges and metacarpal bones and on the lower extremity between the phalanges with the exception of KID-2.

Actions

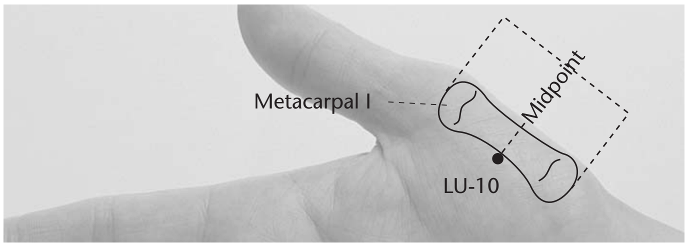
- They are very dynamic points that eliminate both external and internal pathogenic factors.
- They clear Heat from their pertaining *zangfu*-Organ and channel, especially in the upper half of the body.

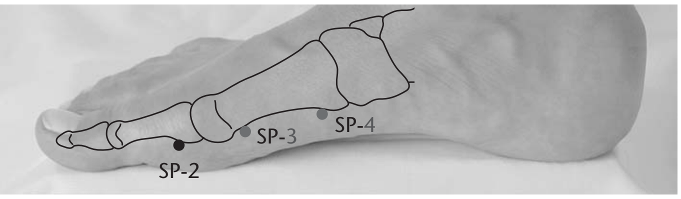
Indications

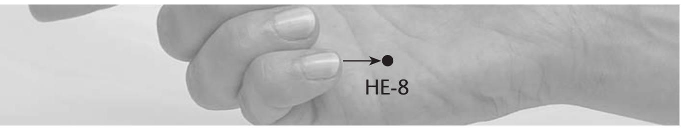
- For example for febrile diseases: Exterior Heat syndromes are mainly treated using points on the Yang channels while Interior Heat or deficient Heat syndromes are treated with points on the Yin channels.

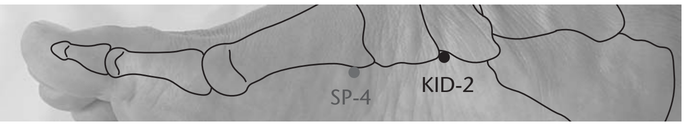
Examples

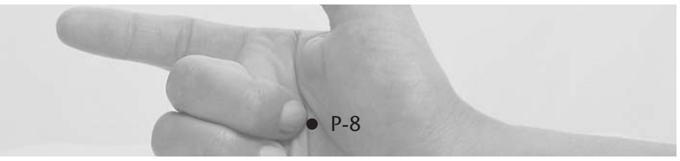
- **LU-10:** for acute inflammations of the throat
- **ST-44:** for acute frontal headaches or acute inflammations affecting the face
- **LIV-2:** for severe temporal headaches, for example due to blazing Liver Fire

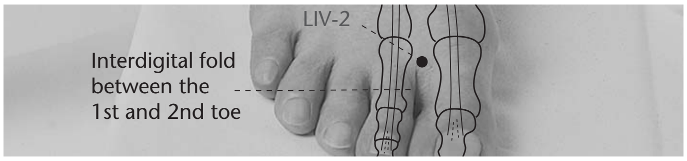


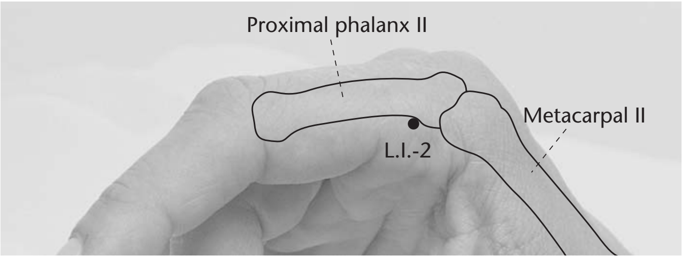


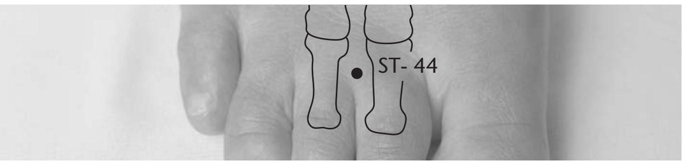


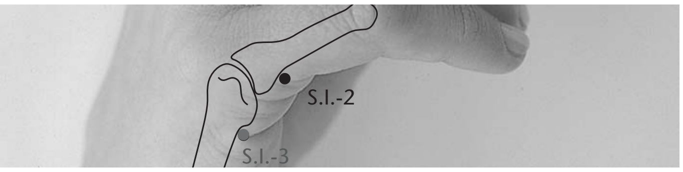


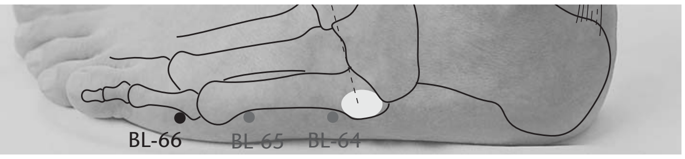


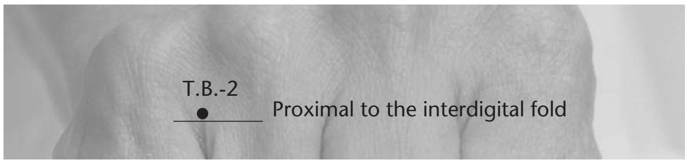


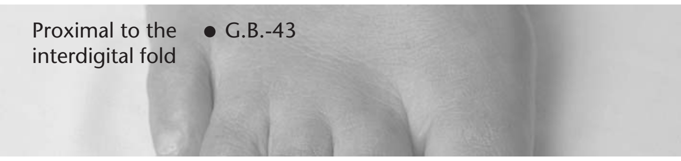







BL-66
BL-65
BL-64


T.B.-2
Proximal to the interdigital fold


Proximal to the interdigital fold
G.B.-43

Shu-stream points (*shu xue*)

***Shu*-transporting points of the Yin channels**					
Phase/ channel	Wood point	Fire point	Earth point	Metal point	Water point
LU	LU-11	LU-10	LU-9 +	LU-8	LU-5 −
SP	SP-1	SP-2 +	SP-3	SP-5 −	SP-9
HE	HE-9 +	HE-8	HE-7 −	HE-4	HE-3
KID	KID-1 −	KID-2	KID-3	KID-7 +	KID-10
P	P-9 +	P-8	P-7 −	P-5	P-3
LIV	LIV-1	LIV-2−	LIV-3	LIV-4	LIV-8 +
Channel Qi flow	*Jing*-well point	*Ying*-spring point	*Shu*-stream point	*Jing*-river point	*He*-sea point
***Shu*-transporting points of the Yang channels**					
Phase/ channel	Metal point	Water point	Wood point	Fire point	Earth point
L.I.	L.I.-1	L.I.-2 −	L.I.-3	L.I.-5	L.I.-11+
ST	ST-45 −	ST-44	ST-43	ST-41+	ST-36
S.I.	S.I.-1	S.I.-2	S.I.-3 +	S.I.-5	S.I.-8 −
BL	BL-67 +	BL-66	BL-65 −	BL-60	BL-40
T.B.	T.B.-1	T.B.-2	T.B.-3 +	T.B.-6	T.B.-10 −
G.B.	G.B.-44	G.B.-43+	G.B.-41	G.B.-38−	G.B.-34
Channel Qi flow	*Jing*-well point	*Ying*-spring point	*Shu*-stream point	*Jing*-river point	*He*-sea point

+, tonification point; − , sedation point

According to the Five Phases (→ 8.2.5) the *shu*-stream points of the **Yin channels** correspond to the **Earth points** and ***yuan*-Source points** (→ 8.1.1), while those on the **Yang channels** correspond to the **Wood points**.

Location: counting from the periphery, they are the **third point of each channel**, the only exception being the G.B. channel (4th point on the channel). They are located proximal to the metacarpophalangeal or metatarsophalangeal joints, except for **KID-3** (posterior to the medial malleolus), **LIV-3** and **SP-3** (both located at the distal ends of the metatarsal bones) as well as **LU-9, HE-7** and **P-7** (all located on the wrist joint space).

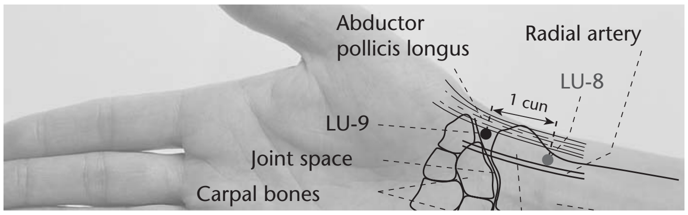
Actions

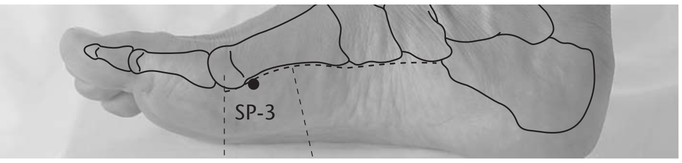
They are considered to be the entry points for pathogenic factors; needling these points can strengthen the Defensive Qi (*wei qi*) (→ 1.1.4) and eliminate pathogenic factors from the respective channel. At the *shu-s*tream points, the Qi flow is already somewhat deeper: the bed of the river is widening and deepening.

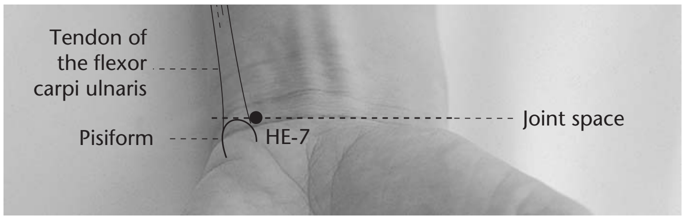
Indications

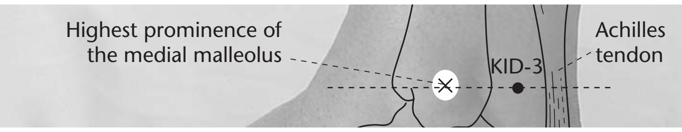
For *bi*-syndromes of the joints, especially due to Damp or pathogenic Wind. They are generally used for heaviness of the body as well as for *shaoyang* syndrome with intermittent symptoms.

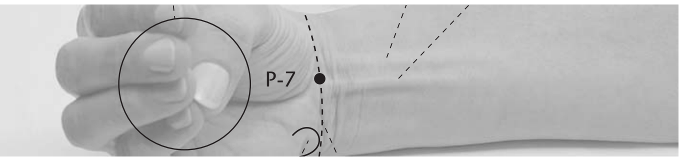
- Points on the Yang channels are predominantly used for Exterior syndromes: they have a specific action on their respective channel.
- Points on the Yin channels are more commonly used for Interior syndromes; they strengthen and harmonise their respective *zang*-Organs (this is in part due to these points also being the *yuan*-source points).

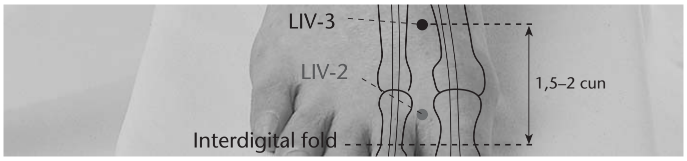

Abductor pollicis longus
Radial artery
LU-8
1 cun
LU-9
Joint space
Carpal bones

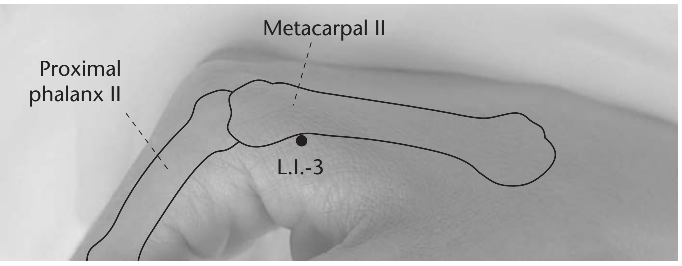


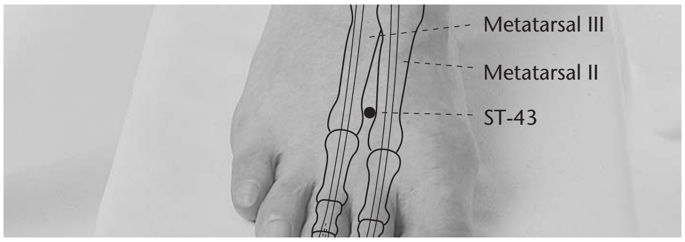

Tendon of the flexor carpi ulnaris
Joint space
Pisiform
HE-7

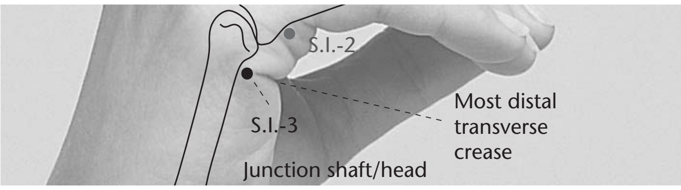

Highest prominence of the medial malleolus
Achilles tendon
KID-3

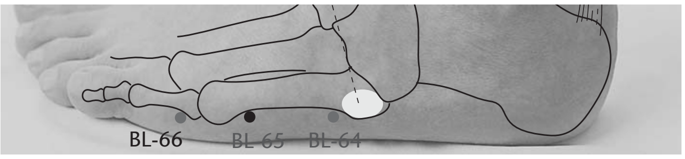


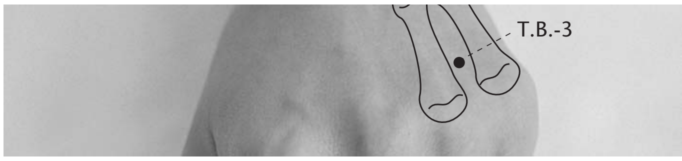

LIV-3
LIV-2
1,5–2 cun
Interdigital fold

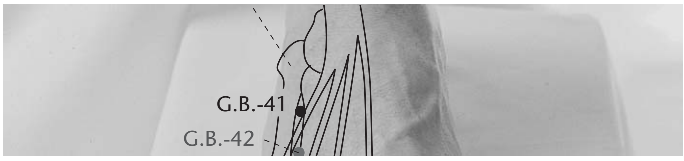












Jing-river points (*jing xue*)

***Shu*-transporting points of the Yin channels**					
Phase/ channel	Wood point	Fire point	Earth point	Metal point	Water point
LU	LU-11	LU-10	LU-9 +	LU-8	LU-5 −
SP	SP-1	SP-2 +	SP-3	SP-5 −	SP-9
HE	HE-9 +	HE-8	HE-7 −	HE-4	HE-3
KID	KID-1 −	KID-2	KID-3	KID-7 +	KID-10
P	P-9 +	P-8	P-7−	P-5	P-3
LIV	LIV-1	LIV-2 −	LIV-3	LIV-4	LIV-8 +
Channel Qi flow	*Jing*-well point	*Ying*-spring point	*Shu*-stream point	*Jing*-river point	*He*-sea point
***Shu*-transporting points of the Yang channels**					
Phase/ channel	Metal point	Water point	Wood point	Fire point	Earth point
L.I.	L.I.-1	L.I.-2 −	L.I.-3	L.I.-5	L.I.-11 +
ST	ST-45 −	ST-44	ST-43	ST-41 +	ST-36
S.I.	S.I.-1	S.I.-2	S.I.-3 +	S.I.-5	S.I.-8 −
BL	BL-67 +	BL-66	BL-65 −	BL-60	BL-40
T.B.	T.B.-1	T.B.-2	T.B.-3 +	T.B.-6	T.B.-10 −
G.B.	G.B.-44	G.B.-43+	G.B.-41	G.B.-38 −	G.B.-34
Channel Qi flow	*Jing*-well point	*Ying*-spring point	*Shu*-stream point	*Jing*-river point	*He*-sea point

+, tonification point; − , sedation point

According to the Five Phases (➞ 8.2.5), the *jing*-river points of the **Yin channels** correspond to the **Metal points**, while those on the **Yang channels** correspond to the **Fire points**.

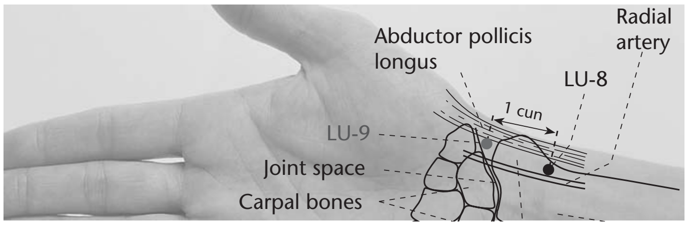
Location: they are located **between** the ***shu*-stream points** and the ***he*-sea points**. On the upper extremity, they are located either at, or distal or proximal to the wrist, while on the lower extremity they are located either at, or distal or proximal to the ankle (see figure on p. 676).

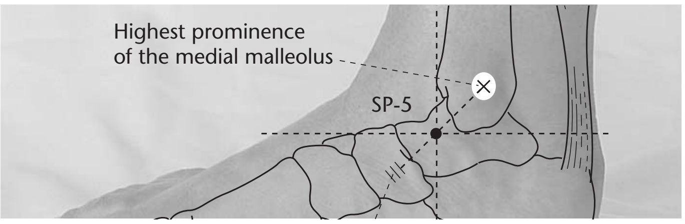
Actions

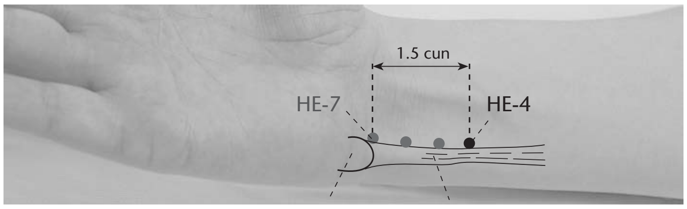
They divert external pathogenic factors away from joints, bones and tendons towards the Exterior. At the *jing*-river points the Qi flow becomes increasingly wider, slower, deeper and larger – thus the actions of these points are also less dynamic compared to the first three, more peripheral, *shu*-transporting points. At the *jing*-river points external pathogens have already penetrated deeper into the body, especially into the joints, bones and tendons.

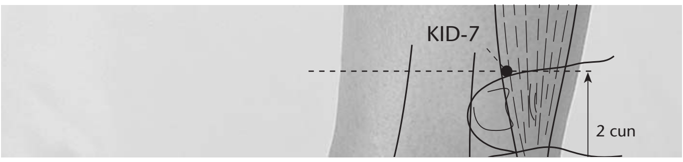
Indications

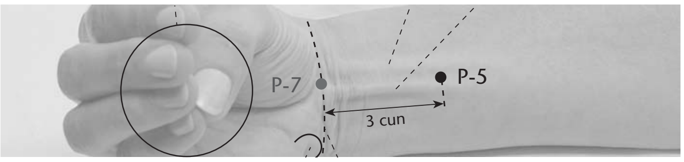
- Dyspnoea, disorders of the throat such as inflammations, cough, disorders manifesting in the voice.
- Alternating fever and chills (especially points on the Yin channels)
- Also for *bi*-syndromes such as painful joint and tendon disorders.

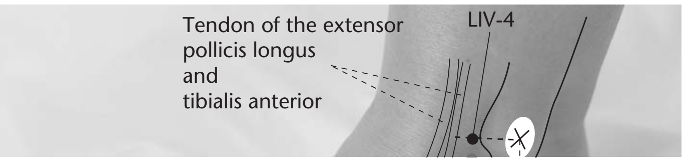

Abductor pollicis longus
Radial artery
LU-8
1 cun
LU-9
Joint space
Carpal bones

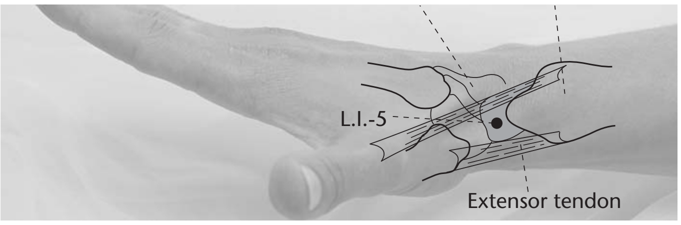

Highest prominence of the medial malleolus
SP-5

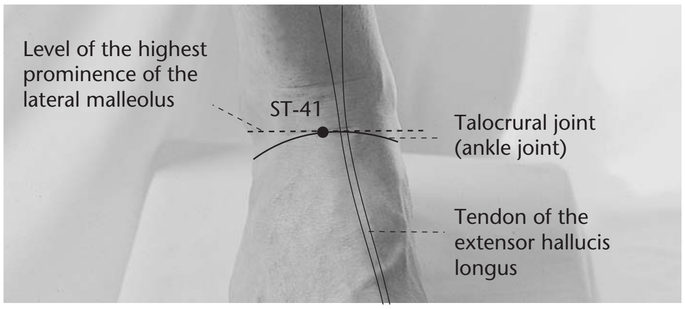

1.5 cun
HE-7
HE-4

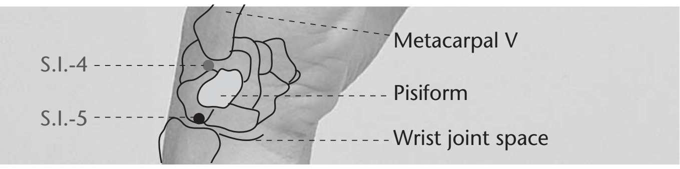


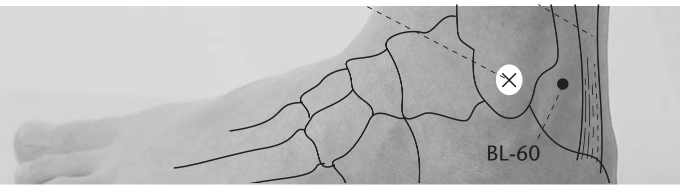


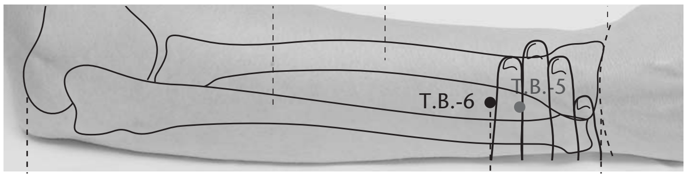

Tendon of the extensor pollicis longus and tibialis anterior
LIV-4

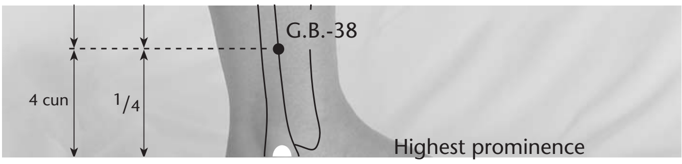

L.I.-5
Extensor tendon


Level of the highest prominence of the lateral malleolus
ST-41
Talocrural joint (ankle joint)
Tendon of the extensor hallucis longus


S.I.-4
S.I.-5
Metacarpal V
Pisiform
Wrist joint space






G.B.-38
4 cun
1/4
Highest prominence

He-sea points (*he xue*)

***Shu*-transporting points of the Yin channels**					
Phase/ channel	Wood point	Fire point	Earth point	Metal point	Water point
LU	LU-11	LU-10	LU-9 +	LU-8	LU-5 –
SP	SP-1	SP-2 +	SP-3	SP-5 –	SP-9
HE	HE-9 +	HE-8	HE-7–	HE-4	HE-3
KID	KID-1 –	KID-2	KID-3	KID-7 +	KID-10
P	P-9+	P-8	P-7–	P-5	P-3
LIV	LIV-1	LIV-2 –	LIV-3	LIV-4	LIV-8 +
Channel Qi flow	*Jing*-well point	*Ying*-spring point	*Shu*-stream point	*Jing*-river point	*He*-sea point
***Shu*-transporting points of the Yang channels**					
Phase/ Channel	Metal point	Water point	Wood point	Fire point	Earth point
L.I.	L.I.-1	L.I.-2 –	L.I.-3	L.I.-5	L.I.-11 +
ST	ST-45 –	ST-44	ST-43	ST-41 +	ST-36
S.I.	S.I.-1	S.I.-2	S.I.-3 +	S.I.-5	S.I.-8 –
BL	BL-67 +	BL-66	BL-65 –	BL-60	BL-40
T.B.	T.B.-1	T.B.-2	T.B.-3 +	T.B.-6	T.B.-10 –
G.B.	G.B.-44	G.B.-43+	G.B.-41	G.B.-38–	G.B.-34
Channel Qi flow	*Jing*-well point	*Ying*-spring point	*Shu*-stream point	*Jing*-river point	*He*-sea point

+, tonification point; – , sedation point

According to the Five Phases (➞ 8.2.5) the *he*-sea points of the **Yin channels** correspond to the **Water points**, while those on the **Yang channels** correspond to the **Earth points**.

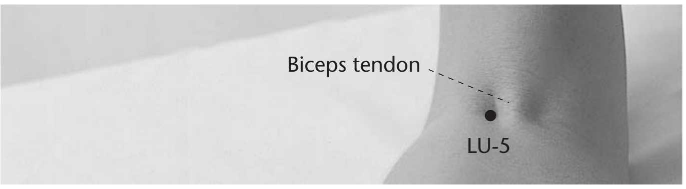
Location: on the upper extremity these points are located near the **elbow**, on the lower extremity near the **knee**.

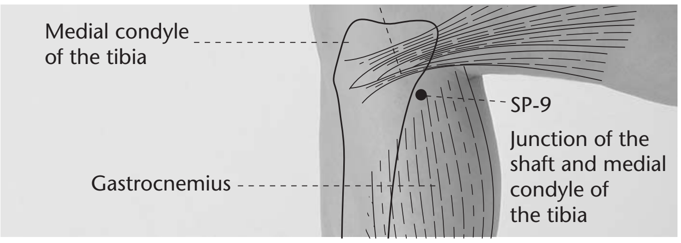
Actions

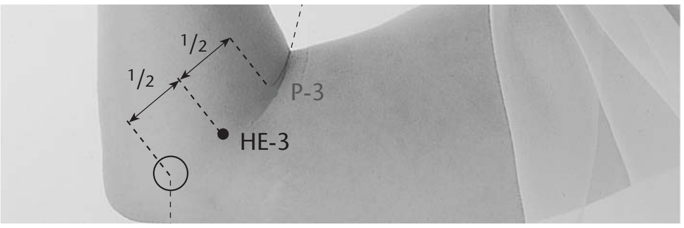
- They descend counterflow Qi and stop diarrhoea. At the *he*-sea points the Qi flow is very wide, deep and slow, ‘terminating in the deep sea’ where the ‘toxic cargo’ can ‘disappear’ into the body unless treated adequately. External pathogens (*xie qi*) which have not been eliminated from the channel beforehand can here penetrate the Interior of the body and injure the *zangfu*-Organs.
- Diseases of the *fu*-Organs (here especially points on the lower extremities are indicated).

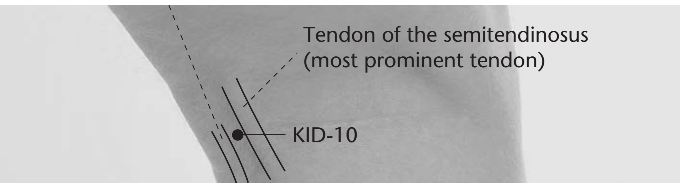
Indications

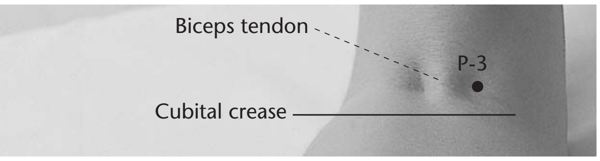
- Disorders of the *fu*-Organs, especially gastro-intestinal disorders with symptoms such as vomiting and diarrhoea
- Some *he*-sea points are also indicated for skin diseases, for example **LI-11, BL-40**.

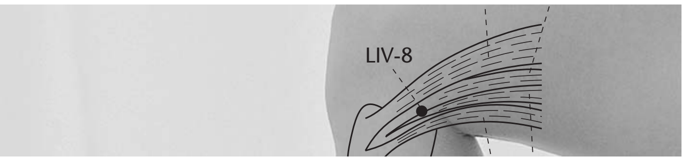

Biceps tendon
LU-5

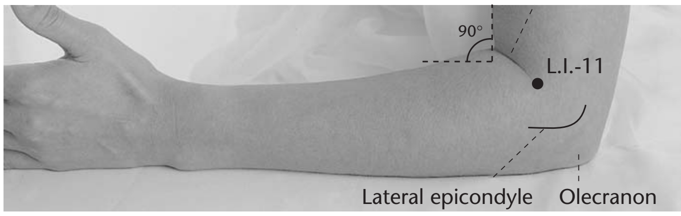

Medial condyle of the tibia
SP-9
Junction of the shaft and medial condyle of the tibia
Gastrocnemius

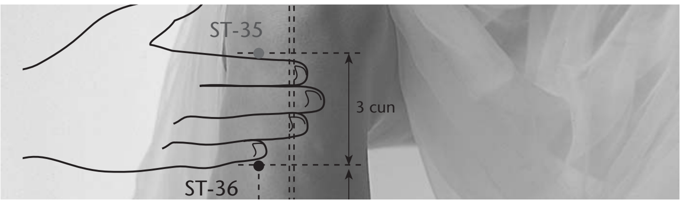


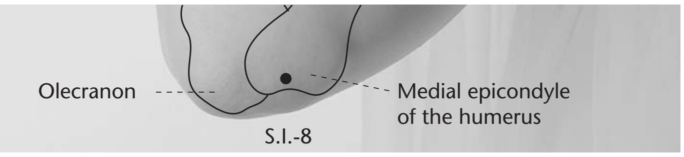

Tendon of the semitendinosus (most prominent tendon)
KID-10

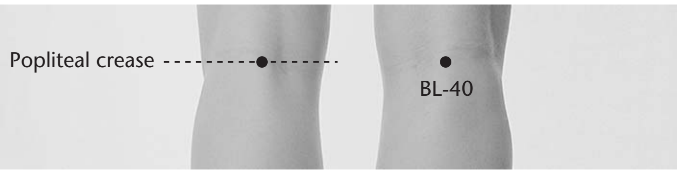

Biceps tendon
P-3
Cubital crease

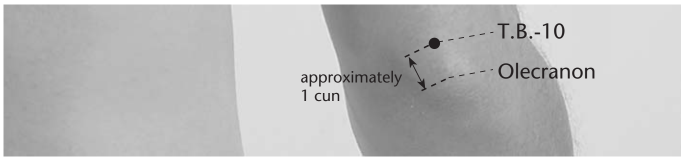


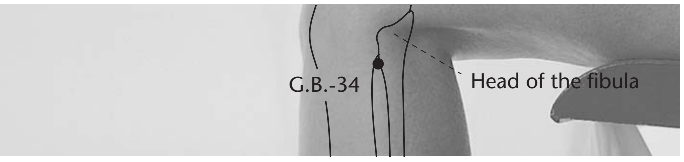

90°
L.I.-11
Lateral epicondyle
Olecranon


ST-35
3 cun
ST-36


Olecranon
Medial epicondyle of the humerus
S.I.-8


Popliteal crease
BL-40

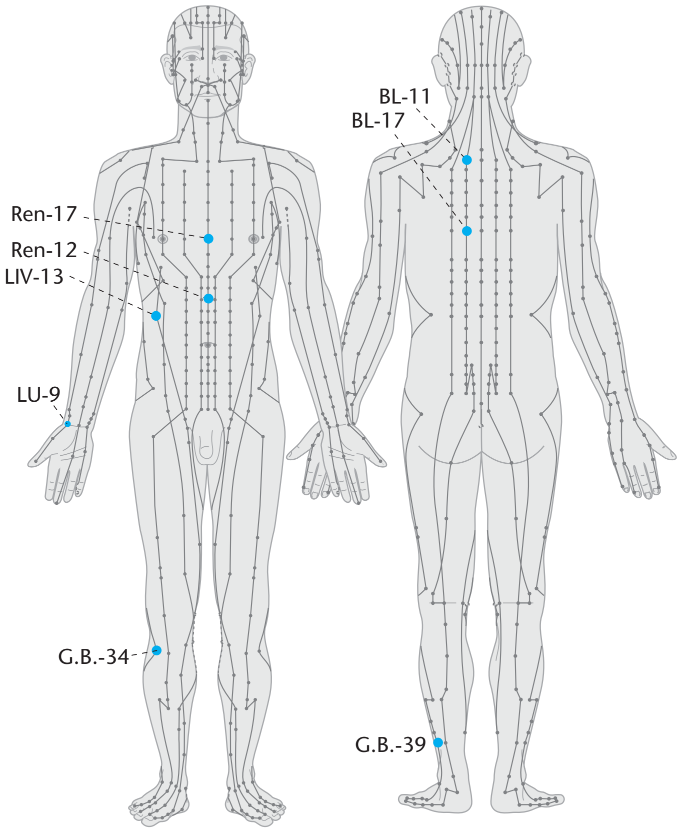

T.B.-10
approximately 1 cun
Olecranon


G.B.-34
Head of the fibula

8.1.7 The Eight *Hui*-Meeting Points

Synonym: Gathering Points (Maciocia)
The Qi of a particular tissue, Organ system or substance gathers at the *hui*-meeting points and can be influenced through these points.

Points and clinical application

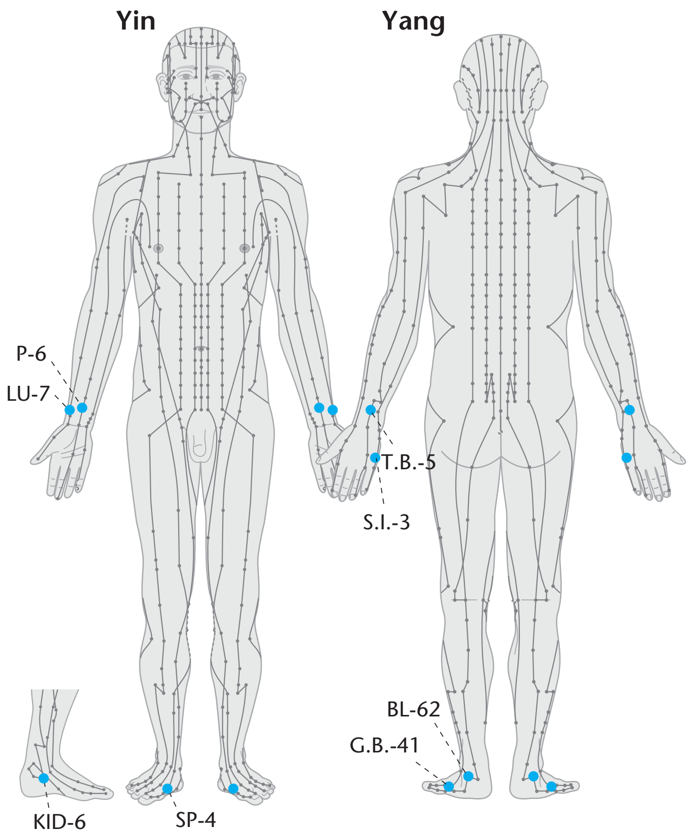

BL-11
BL-17
Ren-17
Ren-12
LIV-13
LU-9
G.B.-34
G.B.-39

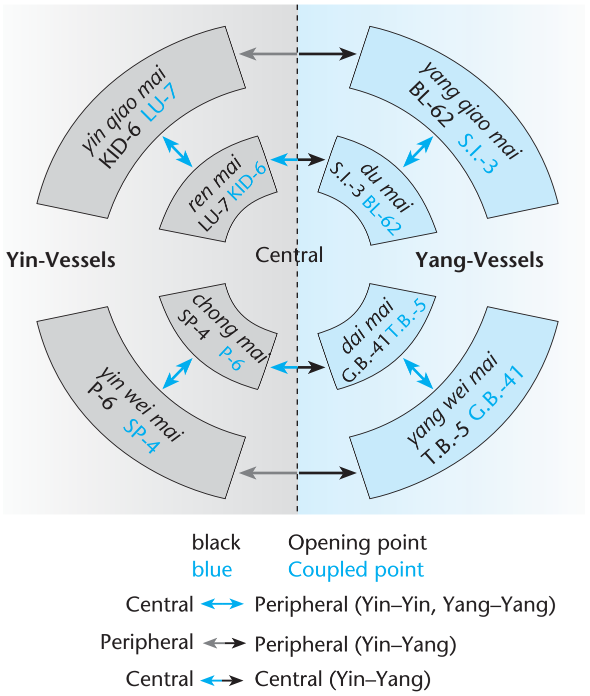
The Eight *hui*-Meeting Points

Point	Tissue/organ system/substance	Indications
LIV-13 (*zhangmen*)	*zang*-Organs	Disorders of the *zang*-Organs (tonifies the Spleen and indirectly all *zang*-Organs)
Ren-12 (*zhongwan*)	*fu*-Organs	Disorders of the *fu*-Organs, for example of the gastro-intestinal tract
Ren-17 (*danzhong or shanzhong*)	Qi, has a strong effect on the *zong qi*	Respiratory diseases and disorders of the Qi flow such as hiccups; controls the *zong qi* and therefore functioning of the Lungs and Heart
BL-17 (*geshu*)	Blood (*xue*)	Disorders of the Blood such as anaemia, Blood stasis, haemorrhagia and gynaecological disorders
G.B.-34 (*yangling-quan*)	Sinews	Disorders of the joints, sinews and muscles
LU-9 (*taiyuan*)	Blood vessels	Stimulates the peripheral Blood circulation for disorders of the blood vessels such as vasculitis and arteriosclerosis
BL-11 (*dazhu*)	Bones	Disorders of the Bones such as shoulder and spine problems, joint and bone pain
G.B.-39 (*xuanzhong*)	Marrow	Disorders of the Bones, the Marrow and Brain (nerves)

8.1.8 Opening Points of the Eight Extraordinary Vessels

Synonyms: Confluent points (Deadman et al 1998), Master points (Pirog 1996)
The table below shows the opening points of the eight extraordinary vessels. For more detail on their origin and pathways → 1.7, Chapter 5.


Yin
Yang
P-6
LU-7
T.B.-5
S.I.-3
BL-62
G.B.-41
KID-6
SP-4


yin qiao mai
KID-6 LU-7
ren mai
LU-7 KID-6
du mai
S.I.-3 BL-62
yang qiao mai
BL-62 S.I.-3
Yin-Vessels
Central
Yang-Vessels
chong mai
SP-4 P-6
dai mai
G.B.-41 T.B.-5
yin wei mai
P-6 SP-4
yang wei mai
T.B.-5 G.B.-41
black Opening point
blue Coupled point
Central ↔ Peripheral (Yin–Yin, Yang–Yang)
Peripheral ↔ Peripheral (Yin–Yang)
Central ↔ Central (Yin–Yang)

Points

Pairs	Extraordinary Vessel	Opening point	Coupled point (opening point of the paired vessel)	Supported body regions
Pair 1	*chong mai*	**SP-4** (*gongsun*)	**P-6** (*neiguan*)	Heart, chest, Stomach
	yin wei mai	**P-6** (*neiguan*)	**SP-4** (*gongsun*)	
Pair 2	*du mai*	**S.I.-3** (*houxi*)	**BL-62** (*shenmai*)	Occiput, shoulder, back
	yang qiao mai	**BL-62** (*shenmai*)	**S.I.-3** (*houxi*)	
Pair 3	*dai mai*	**G.B.-41** (*zulinqi*)	**T.B.-5** (*waiguan*)	Temples, ears, lateral aspects of the body
	yang wei mai	**T.B.-5** (*waiguan*)	**G.B.-41** (*zulinqi*)	
Pair 4	*ren mai*	**LU-7** (*lieque*)	**KID-6** (*zhaohai*)	Face, throat, chest, Lungs, abdomen
	yin qiao mai	**KID-6** (*zhaohai*)	**LU-7** (*lieque*)	

Clinical application

Various approaches exist for needling the opening/coupled points of the extraordinary vessels. The following method **for 'opening' or regulating the extraordinary vessels** has been used with good therapeutic results in clinical practice:

- Needle the **opening point** of the relevant channel first, then needle the **contralateral coupled point** (opening point of the paired extraordinary vessel). This will mobilise and regulate the Qi of the extraordinary vessel, making it more dynamic.
- During a subsequent session, needle **either the *xi*-cleft point** of the previously treated extraordinary vessel (➞ 8.1.3) or add **other channel points of the vessel** (see channel pathways, chapter 5) during the same or subsequent session. This will further support the dynamics of the Qi flow in the vessel.

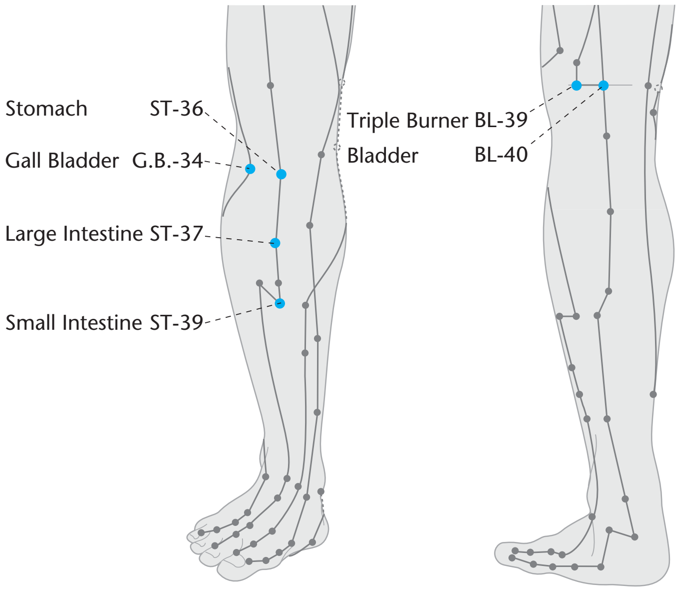
In addition Maciocia (1989) and Kirschbaum (1995) suggest the following procedure for 'opening' the extraordinary vessels:

- **In women:** First needle the opening point on the *right* side with even method, then the coupled point on the *left* side with even method. Afterwards other points on the respective vessel may be added.
- **In men:** First needle the opening point on the *left* side with even method, then the coupled point on the *right* side with even method. Afterwards other points on the respective vessel may be added.
- **Needle retention:** the needles should be retained for 20–25 minutes and should be removed in the opposite order.

8.1.9 Lower *He*-Sea Points

The lower *he*-sea points are used as the main points for disorders of their pertaining *fu*-Organ.

Points and clinical application



- **ST-36** (*zusanli*): Lower *he*-sea point of the Stomach; indication: loss of appetite, epigastric pain and fullness, acid reflux, abdominal pain, constipation, diarrhoea
- **ST-37** (*shangjuxu*): Lower *he*-sea point of the Large Intestine; indication: appendicitis, diarrhoea
- **ST-39** (*xiajuxu*): Lower *he*-sea point of the Small Intestine; indication: diarrhoea, abdominal pain
- **G.B.-34** (*yanglingquan*): Lower *he*-sea point of the Gall Bladder; indication: cholecystitis, vomiting
- **BL-40** (*weizhong*): Lower *he*-sea point of the Bladder; indication: urinary incontinence, urinary retention
- **BL-39** (*weiyang*): Lower *he*-sea point of the Triple Burner; indication: urinary incontinence, urinary retention

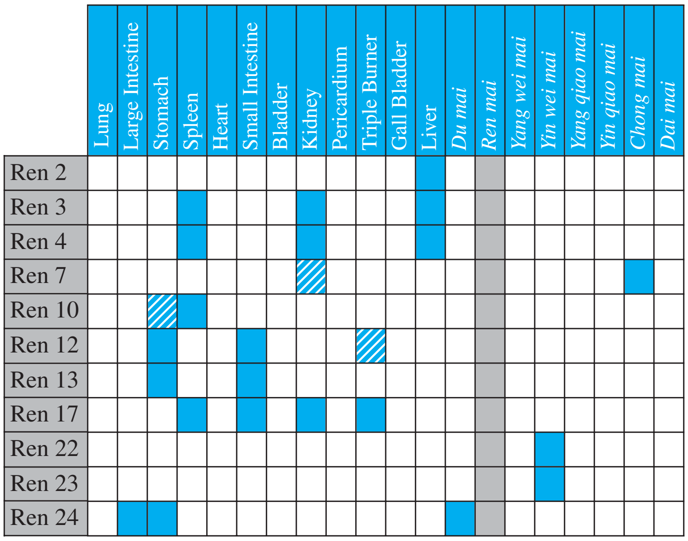
8.1.10 Meeting Points (*Jiaohui* Points)

Synonym: Intersecting points (Practical Dictionary)

Meeting points (*jiaohui* points) represent intersections between channels and vessels. Needling them allows more than one channel to be influenced and widens the range of actions of a given point. By the same token, the number of needles may be reduced while maintaining a good therapeutic effect.

	Lung	Large Intestine	Stomach	Spleen	Heart	Small Intestine	Bladder	Kidney	Pericardium	Triple Burner	Gall Bladder	Liver	*Du mai*	*Ren mai*	*Yang wei mai*	*Yin wei mai*	*Yang qiao mai*	*Yin qiao mai*	*Chong mai*	*Dai mai*
LU 1	▒			■																
L.I. 14		▣				▨	▨								▨					
L.I. 15		▣															■			
L.I. 16		▣															■			
L.I. 20		▣	■																	
ST 1			▣										▨	■			■			
ST 2			▣														▨			
ST 3			▣														■			
ST 4		■	▣										▨	▨			■			
ST 5			▣								▨									
ST 6			▣								▨									
ST 7			▣								■									
ST 8			▣								■				■					
ST 9			▣								■									
ST 12		■	▣			■				■	■									
ST 30			▣								▨								■	
SP 6				▒				■				■						▨		
SP 12				▒						▨		■				■				
SP 13				▒								■				■				
SP 15				▒												■				
SP 16				▒												■				
S.I. 10						▣	■								■		■			
S.I. 12		■				▣				■	■									
S.I. 18						▣				■										
S.I. 19						▣				■	■									
BL 1			■			■	▣			▨	▨		■				■	■		
BL 11						■	▣			▨	▨		▨							
BL 12							▣						■							
BL 23							▣						▨							
BL 31							▣				■									
BL 32							▣				■									
BL 33							▣				■									
BL 34							▣				■									
BL 41						■	▣													
BL 59							▣										▨			
BL 61							▣										■			
BL 62							▣										▨			
BL 63							▣								■					
KID 2								▒										▨		
KID 6								▒										▨		
KID 8								▒										▨		
KID 9								▒								■				
KID 11								▒											■	
KID 12								▒											■	
KID 13								▒											■	
KID 14								▒											■	
KID 15								▒											■	
KID 16								▒											■	
KID 17								▒											■	
KID 18								▒											■	

	Lung	Large Intestine	Stomach	Spleen	Heart	Small Intestine	Bladder	Kidney	Pericardium	Triple Burner	Gall Bladder	Liver	*Du mai*	*Ren mai*	*Yang wei mai*	*Yin wei mai*	*Yang qiao mai*	*Yin qiao mai*	*Chong mai*	*Dai mai*
KID 19								▒											■	
KID 20								▒											■	
KID 21								▒											■	
P 1									▒	▨	■	■								
T.B. 13										▣					▨					
T.B. 15										▣	■				■					
T.B. 17										▣	■									
T.B. 20						▨				▣	■									
T.B. 22						■				▣	■									
G.B. 1						■				■	▣									
G.B. 3			■							■	▣									
G.B. 4			■							■	▣									
G.B. 5		■	■							■	▣									
G.B. 6		■	■							■	▣									
G.B. 7							■				▣									
G.B. 8							■				▣									
G.B. 9							■				▣									
G.B. 10							■				▣									
G.B. 11						▨	■			▨	▣									
G.B. 12							■				▣									
G.B. 13											▣				■					
G.B. 14		▨	▨							▨	▣				■					
G.B. 15							■				▣				■					
G.B. 16											▣				■					
G.B. 17											▣				■					
G.B. 18											▣				■					
G.B. 19											▣				■					
G.B. 20										▨	▣				■		■			
G.B. 21			▨							■	▣				■					
G.B. 23							▨				▣									
G.B. 24				■							▣				▨					
G.B. 26											▣									■
G.B. 27											▣									■
G.B. 28											▣									■
G.B. 29											▣						■			▨
G.B. 30							■				▣									
G.B. 35											▣						▨			
LIV 13											■	▒								▨
LIV 14				■								▒				■				
Du 1								■			■		▣	■						
Du 13							■						▣							
Du 14		■	■			■	■			■	■		▣							
Du 15													▣		■					
Du 16													▣		■		▨			
Du 17							■						▣							
Du 20							■			■	■	■	▣							
Du 24			■				■						▣							
Du 26		■	■										▣							
Du 28			▨										▣	■						
Ren 1													■	▒					■	



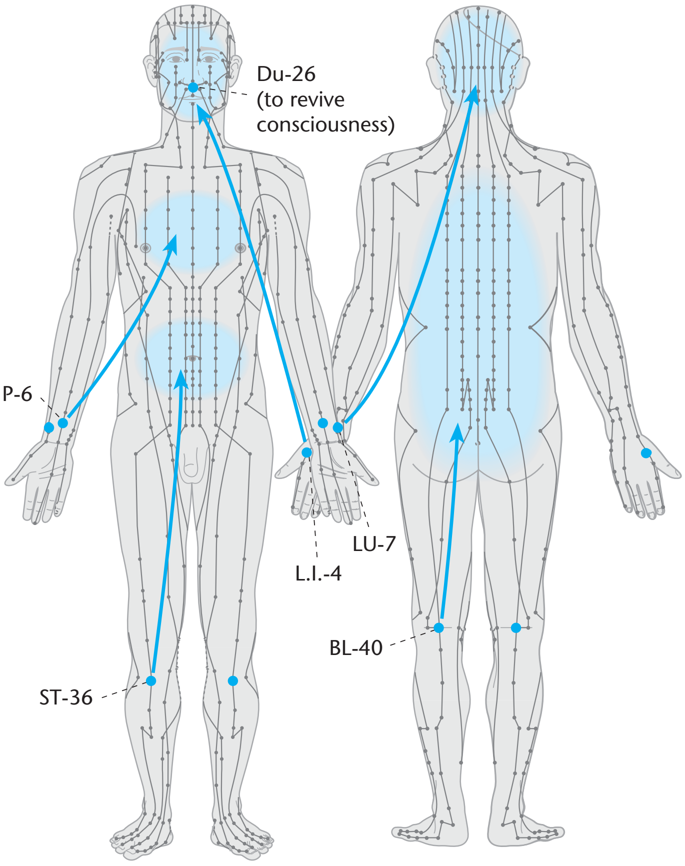
	Lung	Large Intestine	Stomach	Spleen	Heart	Small Intestine	Bladder	Kidney	Pericardium	Triple Burner	Gall Bladder	Liver	*Du mai*	*Ren mai*	*Yang wei mai*	*Yin wei mai*	*Yang qiao mai*	*Yin qiao mai*	*Chong mai*	*Dai mai*
Ren 2												■		░						
Ren 3				■				■				■		░						
Ren 4				■				■				■		░						
Ren 7								▨						░					■	
Ren 10			▨	■										░						
Ren 12			■			■				▨				░						
Ren 13			■			■								░						
Ren 17				■		■		■		■				░						
Ren 22														░		■				
Ren 23														░		■				
Ren 24		■	■										■	░						

▨ only mentioned by some authors

8.1.11 The Gao Wu Command Points

Synonym: none known

These points have the ability to affect certain regions of the body. By combining these points with local and other specific points they can increase the therapeutic effect in a particular area of the body.



Points and clinical application

- **ST-36** (*zusanli*): for all disorders of the abdomen
- **L.I.-4** (*hegu*): for disorders of the face and mouth
- **LU-7** (*lieque*): for disorders of the occiput
- **BL-40** (*weizhong*): for disorders of the back and lumbar region
- **P-6** (*neiguan*): for disorders of the thorax
- **Du-26** (*renzhong*): for restoring consciousness (The last two points were added later, ➞ Deadman et al 1998)

8.1.12 The Window of Heaven Points

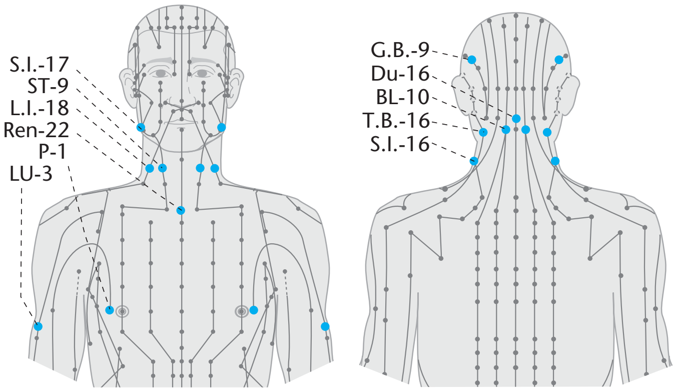
In Chinese classical literature there are only a few references to these points. In modern times, both Ross (1995) and Deadman et al (1998) mention this group of points.

Points

LU-3 (*tianfu*)	**L.I.-18** (*futu*)	**P-1** (*tianchi*)
T.B.-16 (*tianyou*)	**S.I.-16** (*tianchuang*)	**S.I.-17** (*tianrong*)
ST-9 (*renying*)	**BL-10** (*tianzhu*)	**Ren-22** (*tiantu*)
Du-16 (*fengfu*)		

Location: Eight of the Window of Heaven points are located in the neck region (exceptions are **LU-3** on the upper arm and **P-1** on the thorax). This might provide a clue about the action of these points in regulating the Qi flow between the head and the body.

Comment: According to Deadman, the Ming dynasty physician Ma Shi remarked that **S.I.-17** should be replaced by **G.B.-9** (*tianchong*). If that was the case all six Yang channels running to the head would be represented by a Window of Heaven point.



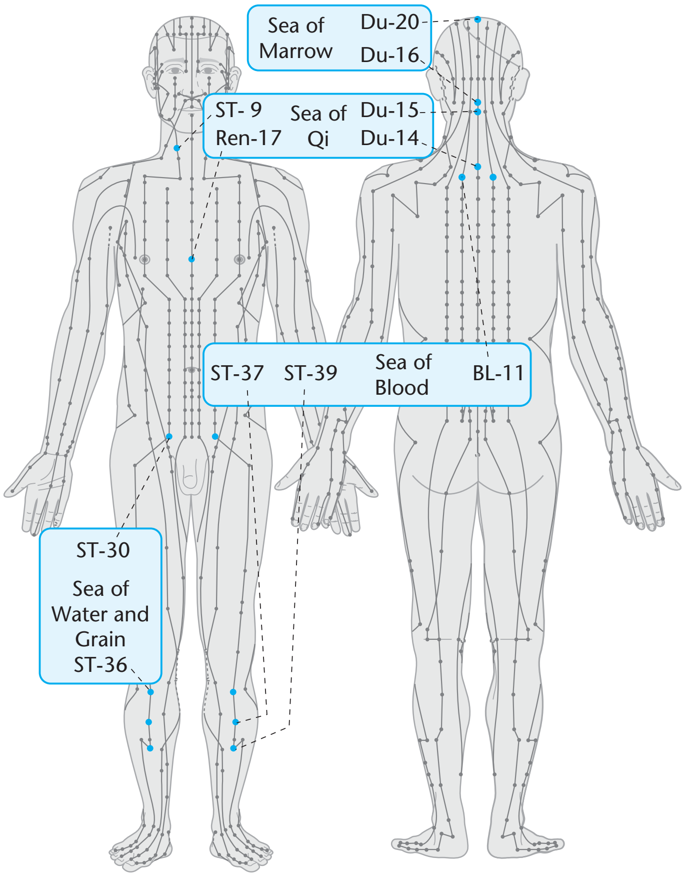
Clinical application

- For disorders of the Qi flow:
  - **LU-3, L.I.-18, Ren-22** for counterflow Qi causing cough, wheezing, etc.
  - **P-1** for counterflow Lung Qi with copious Phlegm
  - **ST-9** for counterflow Lung and Stomach Qi
  - **BL-10** treats dizziness, headaches and stiffness of the occiput, etc.
  - **Du-16** for internal Liver Wind

- For goitre, swellings, pain and Qi stagnation in the occiput and neck: especially indicated if these occur locally
- For disorders with an acute onset, for example
  - **L.I.-18** for acute aphonia
  - **ST-9** for acute diarrhoea
  - **S.I.-16** for acute aphonia, for example following a stroke
  - **BL-10** for epilepsy
  - **T.B.-16** for acute hearing loss
  - **Ren-22** for acute dyspnoea
  - **Du-16** for acute aphasia following a stroke
- For psychological disorders:
  - **LU-3** for somnolence, grief, disorientation, forgetfulness, insomnia
  - **S.I.-16** for manic agitation and bipolar disorder
  - **BL-10** for mania, hallucinations, epilepsy, childhood convulsions
  - **T.B.-16** for vivid dreaming
  - **Du-16** for mania, grief, anxiety with anxiety-induced palpitations
- For disorders of the sensory organs:
  - **LU-3** for nose bleeding, blurry vision, myopia
  - **ST-9** for blurry vision
  - **S.I.-16** for deafness, tinnitus, ear pain
  - **S.I.-17** for tinnitus and deafness
  - **BL-10** for eye pain, blurry vision, excessive tearing, speech disorders, blocked nasal passages, loss of sense of smell
  - **T.B.-16** for hearing disorders, visual disorders, eye pain, excessive tearing, loss of sense of smell, blocked nasal passages
  - **Du-16** for speech disorders (for example following a stroke), blurry vision, nosebleeds
  - **Ren-22** for speech disorders

8.1.13 Points of the Four Seas

These points have a particular, supportive effect on their respective 'Sea'.



<table>
<tr><td>Sea of Qi</td><td>ST-9 (<i>renying</i>), Ren-17 (<i>danzhong or shanzhong</i>), Du-15 (<i>yamen</i>), Du-14 (<i>dazhui</i>)</td></tr>
<tr><td colspan="2"><i>Ling Shu</i>*: 'When the Sea of Qi is in excess there is fullness in the chest, urgent breathing and a red complexion. When the Sea of Qi is insufficient, there is scanty energy, insufficient for speech.'</td></tr>
<tr><td>Sea of Blood</td><td>BL-11 (<i>dazhu</i>), ST-37 (<i>shangjuxu</i>), ST-39 (<i>xiajuxu</i>)</td></tr>
<tr><td colspan="2"><i>Ling Shu</i>*: 'The Penetrating vessel is the sea of the twelve channels. In the upper it is conveyed to BL-11 (<i>dazhu</i>), and in the lower it emerges at both the ST-37 (<i>shangjuxu</i>) and ST-39 (<i>xiajuxu</i>) …When the Sea of Blood is in excess, then one has a sensation of the body being big; one feels disquiet, but does not know what the illness is; when the Sea of Blood is insufficient, one has the sensation of one's body being small; one feels reduced but does not know what the illness is.'</td></tr>
<tr><td>Sea of Water and Grain</td><td>ST-30 (<i>qichong</i>) as upper point, ST-36 (<i>zusanli</i>) as lower point</td></tr>
<tr><td colspan="2"><i>Ling Shu</i>*: 'When the Sea of Water and Grain is in excess, there is abdominal fullness, and when it is deficient, there is hunger with inability to eat.'.</td></tr>
<tr><td>Sea of Marrow</td><td>Du-20 (<i>baihui</i>), Du-16 (<i>fengfu</i>)</td></tr>
<tr><td colspan="2"><i>Ling Shu</i>*: 'When the Sea of Marrow is in excess, there is lightness of the body and much strength, and a person's feeling of 'self' exceeds the normal level; when the Sea of Marrow is insufficient there is a whirling sensation of the brain, dizziness, tinnitus, pain of the lower legs, impairment of vision, indolence and desire to sleep.'</td></tr>
</table>

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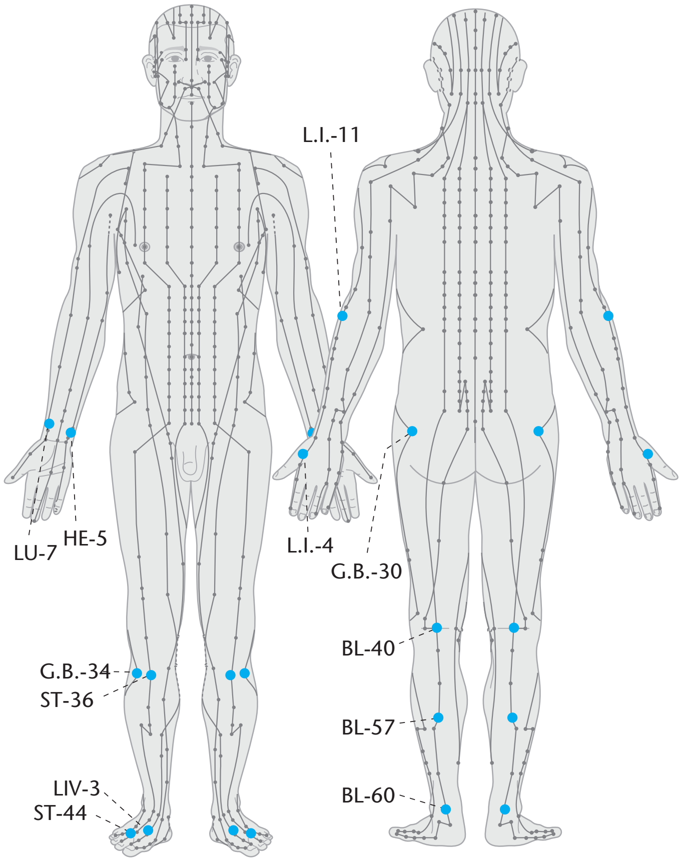
* Quotes from the *Ling Shu* according to Deadman et al. (1998).

8.1.14 The 12 Heavenly Star Points of Ma Dan Yang

Ma Dan Yang, a famous physician of the Jin dynasty, considered these initial 11 points as the most important acupuncture points. It was the physician Xu Feng who later added **LIV-3** as the 12th point.

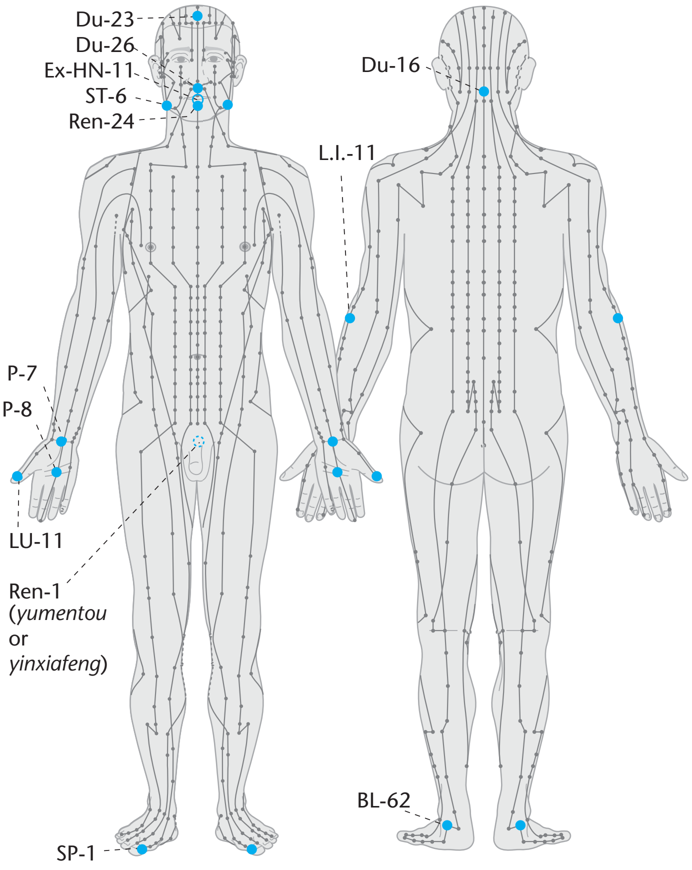


LU-7 (*lieque*)
ST-36 (*zusanli*)
BL-40 (*weizhong*)
G.B.-30 (*huantiao*)
L.I.-4 (*hegu*)
ST-44 (*neiting*)
BL-57 (*chengshan*)
G.B.-34 (*yanglingquan*)
L.I.-11 (*quchi*)
HE-5 (*tongli*)
BL-60 (*kunlun*)
LIV-3 (*taichong*)

8.1.15 The 13 Ghost Points of Sun Si Miao

Sun Si Miao, a famous physician of the Tang Dynasty, applied these 13 points (also called demon points) for treating disorders that today would be considered severe, manic, psychological disorders and/or epilepsy. Each *Sun Si Miao* Ghost point has an alternative Chinese name containing the component 'demon' or 'ghost' (see list according to Deadman et al. 2000). According to Deadman et al., some authors assumed that *guixin* is **LU-9** (*taiyuan*) rather than **P-7** (*daling*), while *guilu* is believed to be **P-5** (*jianshi*) or **P-8** (*laogong*) rather than **BL-62** (*shenmai*). There also exist different versions of this list of points; for example the physician Gao Wu omitted **BL-62, Du-23, Ren-1*** (in the original text of *Sun Si Miao: yumentou/yinxiafeng*) and **L.I.-11**, adding **Du-24, ST-17, LIV-2 and G.B.-34** instead.

	Name	Alternative name	Translation
Du-26	*renzhong*	*guigong*	Ghost Palace
Du-16	*fengfu*	*guizhen*	Ghost Pillow
Du-23	*shangxing*	*guitang*	Ghost Hall
Ren-24	*chengjiang*	*guishi*	Ghost Market
LU-11	*shaoshang*	*guixin*	Ghost Faith
L.I.-11	*quchi*	*guitui*	Ghost Leg
ST-6	*jiache*	*guichuang*	Ghost's Bed
SP-1	*yinbai*	*guilei*	Ghost Fortress
P-7	*daling*	*guixin*	Ghost Heart
P-8	*laogong*	*guicu*	Ghost Cave
BL-62	*shenmai*	*guilu*	Ghost Path
Ex-HN-11	*haiquan*	*guifeng*	Ghost Seal
Ren-1*	*huiyin*	*guicang*	Ghost Store



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* *Yumentou* (in women) and *yinxiafeng* (in men): these two extra points approximately correspond to Ren-1 (*huiyin*/*guicang*) (Ghost Store).

8.1.16 Entry/Exit Points

While in modern Chinese literature entry/exit points are not mentioned as a separate point category, they are listed as such in some Western literature (for example Jarrett 2003, Hicks et al. 2004, Pirog 1996). However, Hicks et al. (→ 2004, p. 250) postulate that original Chinese sources exist for these points. The concept of entry/exit points is based on a continuous flow of Qi from one channel to the next, the sequence corresponding to the Organ clock (→ 1.1.4). Shunts are suggested in order to facilitate the flow of Qi from the end of one channel to the beginning of the next. At an entry point the Qi therefore flows from the preceding channel into the following one, while at the exit points it leaves the current channel in order to enter the next one.

However, it should be noted that the entry/exit points do not always correspond to the first or last point on a channel. In the following table these points are marked by grey shading.

Channel (sequence according to Organ clock)	**Time of maximum Qi flow**		**Entry/exit points in sequential order**		
LU (LU-1–LU-11)	3–5am	↱	LU-1 (*zhongfu*)	➡	▨ LU-7 (*lieque*)
					⬇
L.I. (L.I.-1–L.I.-20)	5–7am		L.I.-20 (*yingxiang*)	⬅	▨ L.I.-4 (*hegxu*)
			⬇		
ST (ST-1–ST-45)	7–9am		ST-1 (*chengqi*)	➡	▨ ST-42 (*chongyang*)
					⬇
SP (SP-1–SP-21)	9–11am		SP-21 (*dabao*)	⬅	SP-1 (*yinbai*)
			⬇		
HE (HE-1–HE-9)	11am–1pm		HE-1 (*jiquan*)	➡	HE-9 (*shaochong*)
					⬇
S.I. (S.I.-1–S.I.-19)	1–3pm		S.I.-19 (*tinggong*)	⬅	S.I.-1 (*shaoze*)
			⬇		
BL (BL-1–BL-67)	3–5pm		BL-1 (*jingming*)	➡	BL-67 (*zhiyin*)
					⬇
KID (KID-1–KID-27)	5–7pm		▨ KID-22 (*bulang*)	⬅	KID-1 (*yongquan*)
			⬇		
P (P-1–P-9)	7–9pm		P-1 (*tianchi*)*	➡	▨ P-8 (*laogong*)*
					⬇
T.B. (T.B.-1–T.B.-23)	9–11pm		▨ T.B.-22 (*erheliao*)	⬅	T.B.-1 (*guanchong*)
			⬇		
G.B. (G.B.-1–G.B.-44)	11pm–1am		G.B.-1 (*tongziliao*)	➡	▨ G.B.-41 (*zulinqi*)
					⬇
LIV (LIV-1–LIV-14)	1–3am	↑	LIV-14 (*qimen*)	⬅	LIV-1 (*dadun*)

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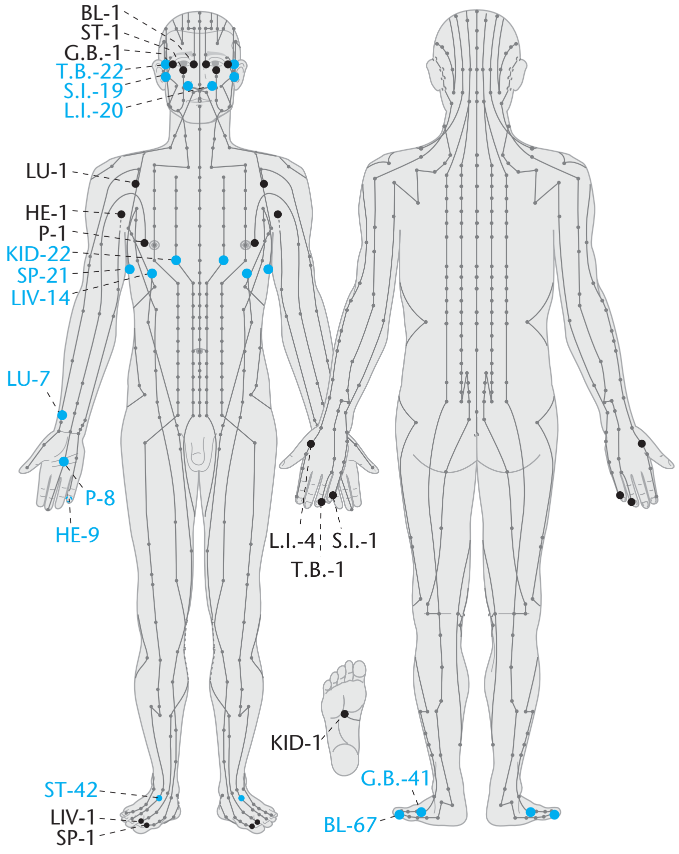
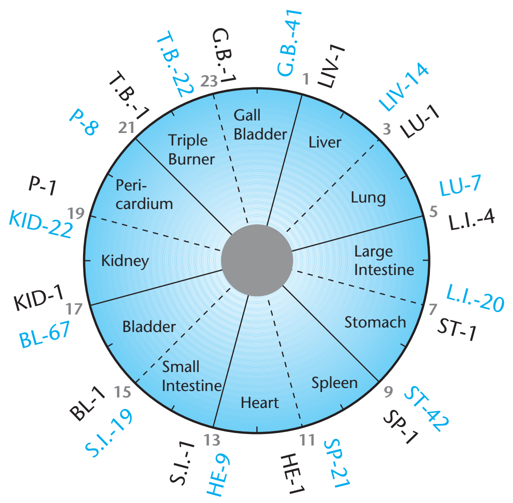
* In women P-2 is often substituted for P-1 due to its anatomical location close to the breast.


BL-1
ST-1
G.B.-1
T.B.-22
S.I.-19
L.I.-20
LU-1
HE-1
P-1
KID-22
SP-21
LIV-14
LU-7
P-8
HE-9
L.I.-4
S.I.-1
T.B.-1
KID-1
G.B.-41
BL-67
ST-42
LIV-1
SP-1


G.B.-1
G.B.-41
23
1
LIV-1
T.B.-22
T.B.-1
LIV-14
LU-1
3
21
P-8
Gall Bladder
Triple Burner
Liver
P-1
Peri-cardium
Lung
LU-7
19
5
L.I.-4
KID-22
Kidney
Large Intestine
KID-1
17
L.I.-20
7
ST-1
BL-67
Bladder
Stomach
BL-1
15
Small Intestine
Spleen
9
ST-42
SP-1
S.I.-19
Heart
13
11
S.I.-1
HE-9
HE-1
SP-21

Entry/exit block and therapy

Pulse diagnosis can reveal the partial or complete block between entry and exit points. An entry/exit block will inhibit the Qi flow from one channel to the next. In order to restore the blocked flow, the exit point of the blocked channel and the entry point of the following channel are needled at the same time. According to Hicks et al. (2004), further exit and entry points preceding or following the affected channel can be added in order to regulate the Qi flow over a greater distance. Needling should always be **bilateral**, even if the disorder occurs only on one side of the body. If it is not only the shunt between two channels, but the circulation in a channel as a whole that is affected, the flow in the whole channel can be strengthened and stimulated by simultaneous needling of both its entry point and its exit point.

Pirog (1996) compares the entry/exit points to input and output valves regulating the flow in a series of pipes (the channels) by 'opening' or 'closing' them.

- Tonifying needling techniques at the entry point (opening the input valve) will increase the flow into the channel. For example: tonifying **LU-1** opens the input valve. This will increase Qi flow in the LU channel for deficiency in this channel.
- Tonifying needling techniques at the exit point (opening the output valve) will decrease the flow in the channel. For example: Tonifying **LIV-14** opens the output valve: excess in the LIV channel will be drained.
- Reducing needling techniques at the entry point (closing the input valve) will reduce the flow into the channel. For example: Reducing **LU-1** closes the input valve and reduces the flow from the LIV channel into the LU channel, for example if there is pre-existing excess in the LU channel.
- Reducing needling techniques at the exit point (closing the output valve) will strengthen the flow in the channel. For example: Reducing **LIV-14** closes the output valve and prevents a further loss of Qi if there is a pre-existing deficiency in the LIV channel.

8.2 Strategies for Point Selection

8.2.1 Local, Adjacent and Distal Points

Local points

Local points are located in the immediate vicinity of the affected region. Each point that is tender with pressure (*ashi* point) can be considered to be a local point.

Adjacent points

Adjacent points are located near the affected or painful region.

Distal points

Distal points, despite being located at a distance from the affected area, still have a therapeutic effect, either directly or by being connected to the affected area by a channel (→ 1, also → 8.2.2, selection of distal points). The most effective and dynamic distal points are located distal to the knee (for the leg) or the elbow (for the arm). Generally the distal points of the foot channels tend to be more dynamic and effective than those on the arm channels.

Needling technique: In acute conditions or with severe pain the distal points should be needled with a reducing technique in order to activate the Qi flow more strongly in the blocked channels.

Stimulation of distal points: For a limited range of motion accompanied by pain the relevant distal point is strongly stimulated with a reducing technique while the patient moves the affected joint.

Enhancing the therapeutic effect: The therapeutic effect can be enhanced by combining distal points on the hand channels with those on the foot channels or by combining distal points with relevant local and adjacent points (➞ 8.3.1).

8.2.2 Point Selection According to Affected Channel

Here the method of selecting points is based on the channel system (➞ 1):

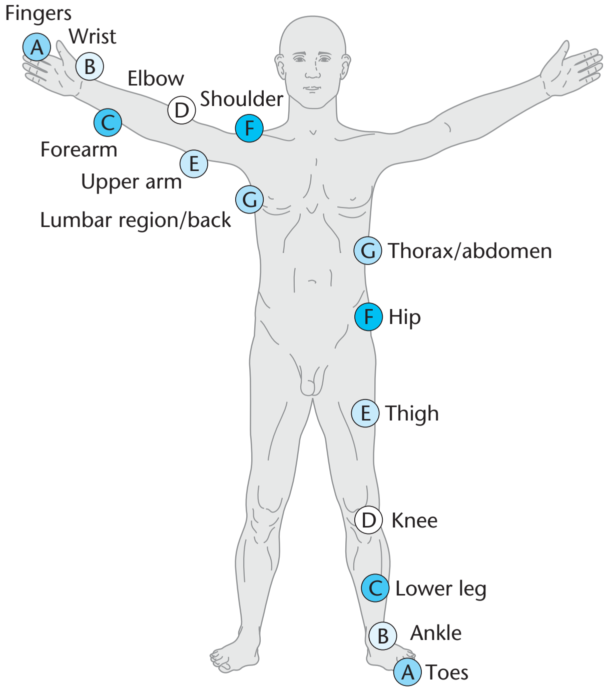
- Selecting points on the channel which **traverses the affected area**
- Selecting points on the channel that is **Interiorly–Exteriorly pertaining** (➞ 1.2) to the affected channel
- Selecting points from the channel which is connected to the affected channel by **hand–foot pairing** (for example, *taiyang* axis, etc. ➞ 1.2.3)

Differential selection of distal points

The following possibilities for selecting distal points are, among others, based on course material about the 'one point therapy' by R. Thambirajah (1990, 1991), R. Tan (2003) and my own clinical experience.

Selection of distal points according to corresponding areas

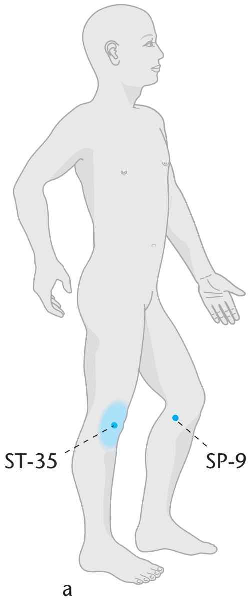
The distal points can be selected according to corresponding areas. The affected area is carefully examined, then the corresponding area is needled contralaterally (➞ Fig.).



Selection of distal points according to Interiorly–Exteriorly connected channels

Here points are selected on the Interiorly–Exteriorly connected channel (Yin/Yang). The affected area is carefully located, then the corresponding point (mirror point) is needled with reducing technique on the contralateral side on the Interiorly–Exteriorly pertaining channel. Another specific example for this method of point selection is the *yuan–luo* combination (➞ 8.3.3).

Example: For a disorder affecting the ST channel (foot *yangming*) select a point on the Interiorly–Exteriorly pertaining SP channel (foot *taiyin*). For example, for knee pain at **ST-35**, needle **SP-9** contralaterally (➞ Fig.).

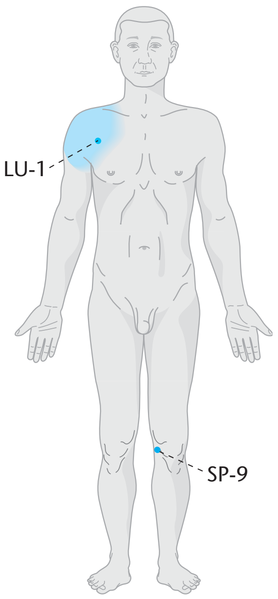


a

Selection of distal points according to the six great channels (*liu jing,* hand–foot pairing, → 1.2.3)

The point selection with this method is based on the six great channels (hand–foot pairing: *taiyin, taiyang*, etc., → 1.2.3). Disorders affecting the area of the hand channel are therefore treated with points on the corresponding foot channel and vice versa.

Example: Disorders in the area of the hand *taiyin* channel (LU channel) can be balanced by contralateral needling of points on the foot *taiyin* channel (SP channel). For example, shoulder pain with limited range of motion and maximum pain near **LU-1** (*zhongfu*) can be improved by contralateral needling of **SP-9** (*yinlingquan*) with reducing technique.

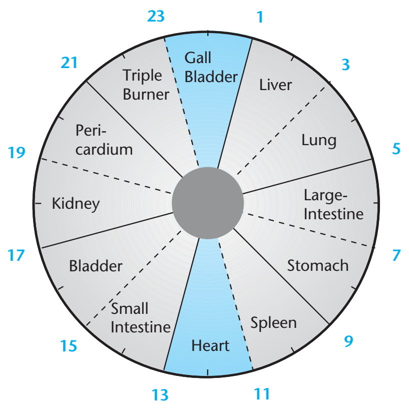


b

Selection of distal points according to the Organ clock (→ 1.4)

Distal points are selected on the channel that lies chronologically opposite to the affected channel on the Organ clock (→ 1.4). With this method, hand channels will treat disorders affecting the foot channels and vice versa.

Example: For a disorder affecting the G.B. channel (foot *shaoyang*), needle a point on the HE channel (hand *shaoyin*) located opposite the G.B. channel on the Organ clock. Needling can be contralateral or ipsilateral.



c

8.2.3 Point Selection Based on Symptoms

Points can also be selected based on traditional or empirical therapeutic experiences. While this method cannot replace a root treatment based on a differential diagnosis, it can be very helpful in situations where quick action is required.

Examples:

- **Du-14** or **L.I.-11** for fever
- **ST-36, Ren-12** for acute gastrointestinal disorders

8.2.4 Point Selection Based on the Qi Flow of the Organs

Descend counterflow Qi:

- Stomach: **Ren-10, Ren-13, ST-34, ST-44, ST-45, L.I.-4**
- Lung: **LU-1, LU-5, LU-7**
- Heart: **HE-5, HE-8, Ren-15**
- Kidney: **KID-1, KID-7, Ren-4**
- Liver: **LIV-2, LIV-3, LIV-1, LIV-14**

Raise Qi:

Spleen: **Ren-6, Ren-12, Du-20, BL-20**

8.2.5 Point Selection According to the Five Phases (Elements)

While the Five Phase points are identical to the *shu*-transporting points in location, their function and application differ from the latter (for more detail → 8.1.6). There exist various very specific methods regarding diagnosis, point selection and therapy based on the Five Phases, which are practised by several different schools of thought. Within the framework of this Atlas, only a simplified overview of the possible clinical applications is listed below.

***Shu*-transporting points of the Yin channels**

Phase/ channel	Wood point	Fire point	Earth point	Metal point	Water point
LU	LU-11	LU-10	LU-9 +	LU-8	LU-5 −
SP	SP-1	SP-2 +	SP-3	SP-5 −	SP-9
HE	HE-9 +	HE-8	HE-7 −	HE-4	HE-3
KID	KID-1 −	KID-2	KID-3	KID-7 +	KID-10
P	P-9 +	P-8	P-7 −	P-5	P-3
LIV	LIV-1	LIV-2 −	LIV-3	LIV-4	LIV-8 +
Channel Qi flow	*Jing*-well point	*Ying*-spring point	*Shu*-stream point	*Jing*-river point	*He*-sea point

***Shu*-transporting points of the Yang channels**

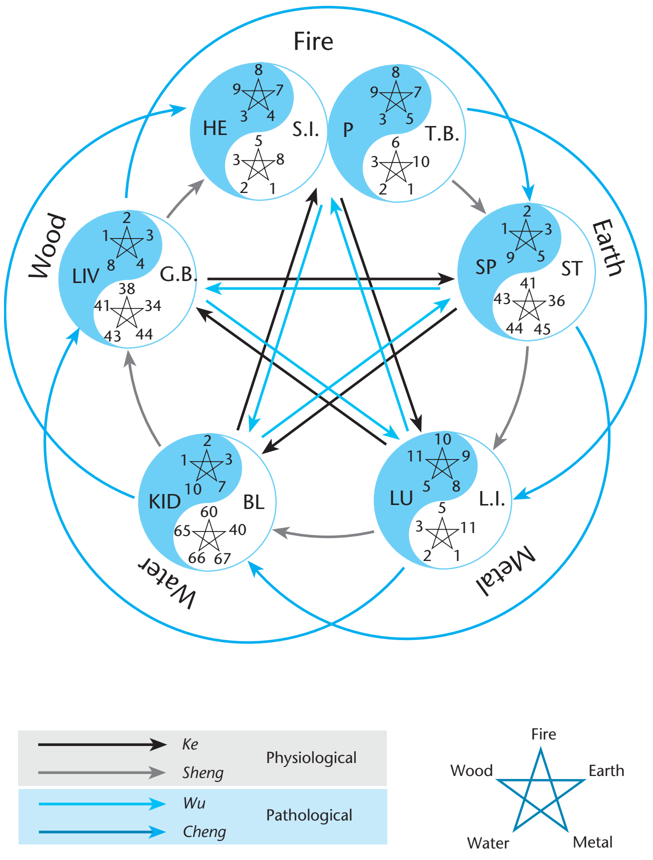
Phase/ channel	Metal point	Water point	Wood point	Fire point	Earth point
L.I.	L.I.-1	L.I.-2 −	L.I.-3	L.I.-5	L.I.-11 +
ST	ST-45 −	ST-44	ST-43	ST-41 +	ST-36
S.I.	S.I.-1	S.I.-2	S.I.-3 +	S.I.-5	S.I.-8 −
BL	BL-67 +	BL-66	BL-65 −	BL-60	BL-40
T.B.	T.B.-1	T.B.-2	T.B.-3 +	T.B.-6	T.B.-10 −
G.B.	G.B.-44	G.B.-43 +	G.B.-41	G.B.-38 −	G.B.-34
Channel Qi flow	*Jing*-well point	*Ying*-spring point	*Shu*-stream point	*Jing*-river point	*He*-sea point

+, tonification point; − , sedation point

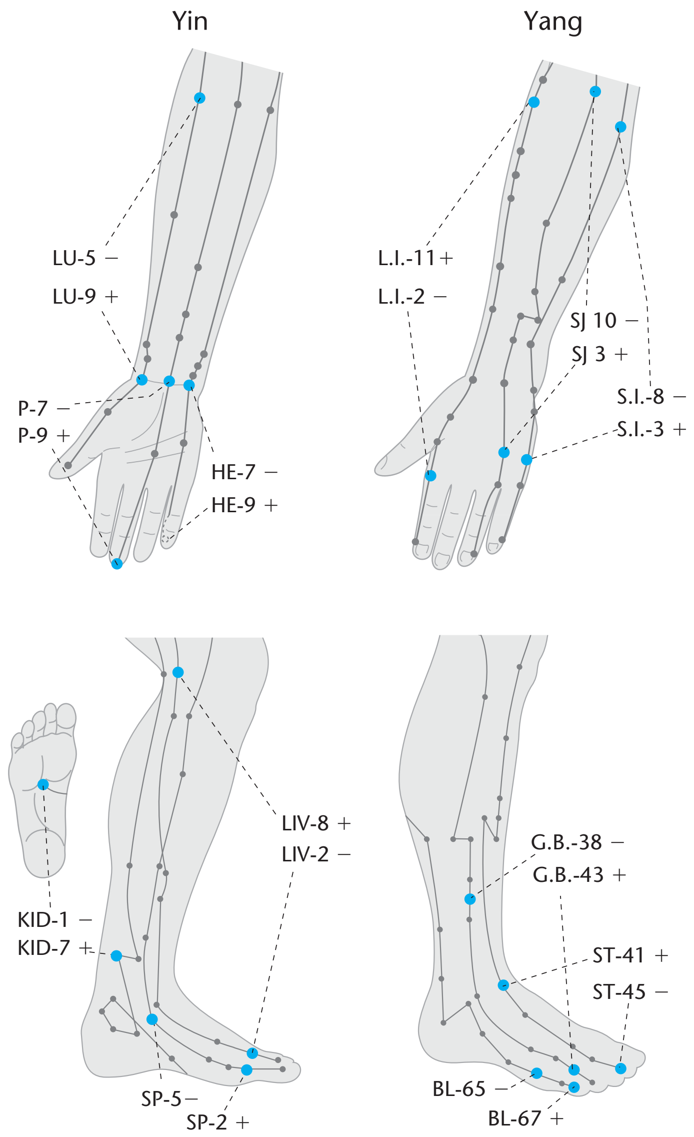
Cycles

The Five Phases influence each other both physiologically (*sheng* and *ke* cycle) as well as pathologically (*cheng*, *wu* and to some extent also *sheng* cycle). If the balance between the Five Phases is disturbed, pathological syndromes will appear.

- *Sheng* cycle (generating cycle, mother–son cycle): a phase generates and nourishes the following phase. Each phase nourishes (as mother) and is nourished (as son) at the same time. Fire nourishes Earth, Earth nourishes Metal, Metal nourishes Water, Water nourishes Wood, and Wood nourishes Fire. In a pathological condition either the mother is too weak to nourish the son sufficiently or the son is too strong, draining his mother and weakening her.
- *Ke* cycle (controlling cycle): one phase controls another and is itself controlled by yet another phase.
- *Cheng* cycle (overacting cycle): The controlled phase is pathologically suppressed or weakened.
- *Wu* cycle (insulting cycle): A phase is pathologically stronger than its controlling phase.



Simple point selection according to the *sheng* cycle


Yin
Yang
LU-5 –
LU-9 +
P-7 –
P-9 +
HE-7 –
HE-9 +
L.I.-11 +
L.I.-2 –
SJ 10 –
SJ 3 +
S.I.-8 –
S.I.-3 +
LIV-8 +
LIV-2 –
KID-1 –
KID-7 +
SP-5 –
SP-2 +
G.B.-38 –
G.B.-43 +
ST-41 +
ST-45 –
BL-65 –
BL-67 +

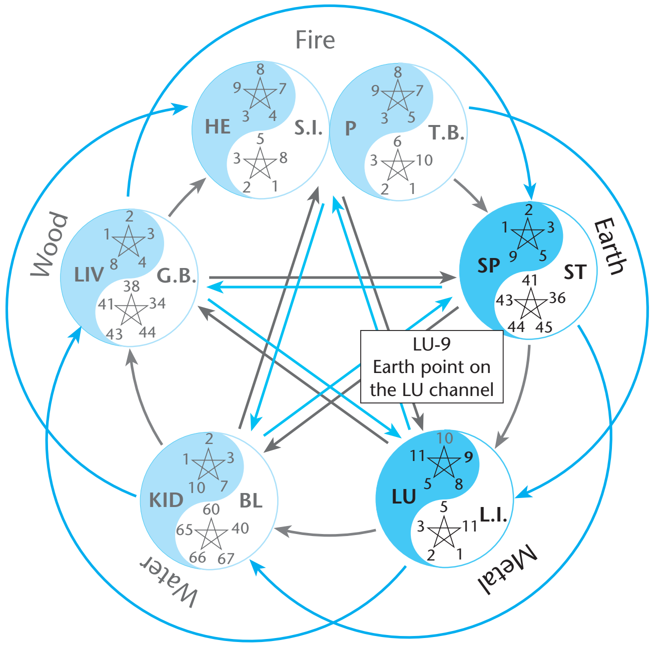
Treatment principle: For deficiency tonify the mother, for excess drain (sedate) the son. Mother–son points are identical to the tonification and sedation points of a channel. The correct needling technique is important in order to obtain the desired result:

- tonifying method for tonification points
- reducing method for sedation points

Example for the clinical application of the *sheng* cycle

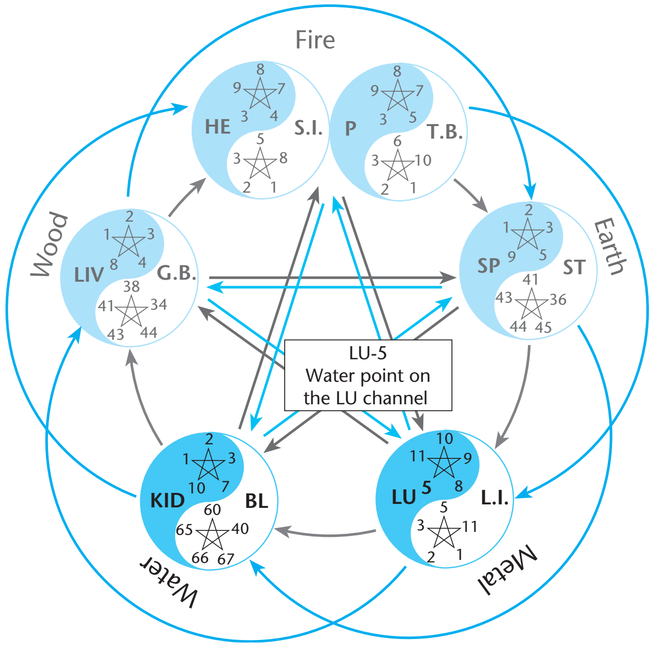
For deficiency: In cases of deficiency of a particular channel/Organ, tonify that point on the affected channel that corresponds to the phase of the mother.

Example: Earth is the mother of Metal. If the Lung (Metal) is deficient, needle the Earth point (**LU-9**) on the Lung channel with tonifying technique.


Fire
Earth
Metal
Water
Wood
HE
S.I.
P
T.B.
SP
ST
LU
L.I.
KID
BL
LIV
G.B.
LU-9
Earth point on
the LU channel

For excess: If there is excess in a particular channel/Organ, select that point on the channel which corresponds to the phase of the son and needle it with reducing technique.

Example: Water is the son of Metal. If the Lung (Metal) is in excess, needle the Water point (LU-5) on the Lung channel with reducing technique.


Fire
Earth
Metal
Water
Wood
HE
S.I.
P
T.B.
SP
ST
LU
L.I.
KID
BL
LIV
G.B.
LU-5
Water point on
the LU channel

***Addendum*:** The terms tonification/sedation points are somewhat controversial, since the properties of a point can often be overshadowed by its other features. For example, according to the Five Phase theory, **P-9** and **HE-9** are considered tonification points, since they correspond to the phase of the mother. However, in clinical practice they are much more frequently used as *jing*-well points for acute situations – thus they are considered from the point of view of the Qi flow in the channels, especially in order to drain Heat.

Application of the Five Phase points for the elimination of external pathogenic factors

A connection exists between the Five Phases and pathogenic factors (Maciocia 1994; according to Ross 1998, however, these points should only be used for internal disorders):

- Wood corresponds to Wind
- Fire corresponds to Heat
- Earth corresponds to Dampness
- Metal corresponds to Dryness. According to Maciocia this correlation presents an exception: the Metal point should not be needled to treat Dryness; a moistening treatment is here the preferred choice.
- Water corresponds to Cold.

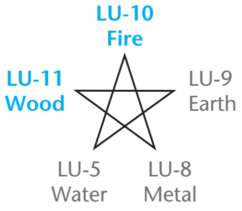
In accordance with these interrelations, Five Phase points can be applied to eliminate pathogenic factors.

Example: Acute sore throat with fever, redness and swelling of the throat due to Wind-Heat

Affected phases: Wood (Wind), Fire (Heat)

Affected Organ/channel: Lungs

Therapy: Needling of the Wood point on the LU channel (**LU-11**) and the Fire point on the LU channel (**LU-10**).



The application of the ***ke* cycle (controlling cycle)** allows a more differentiated approach in the therapy and elimination of pathogenic factors:

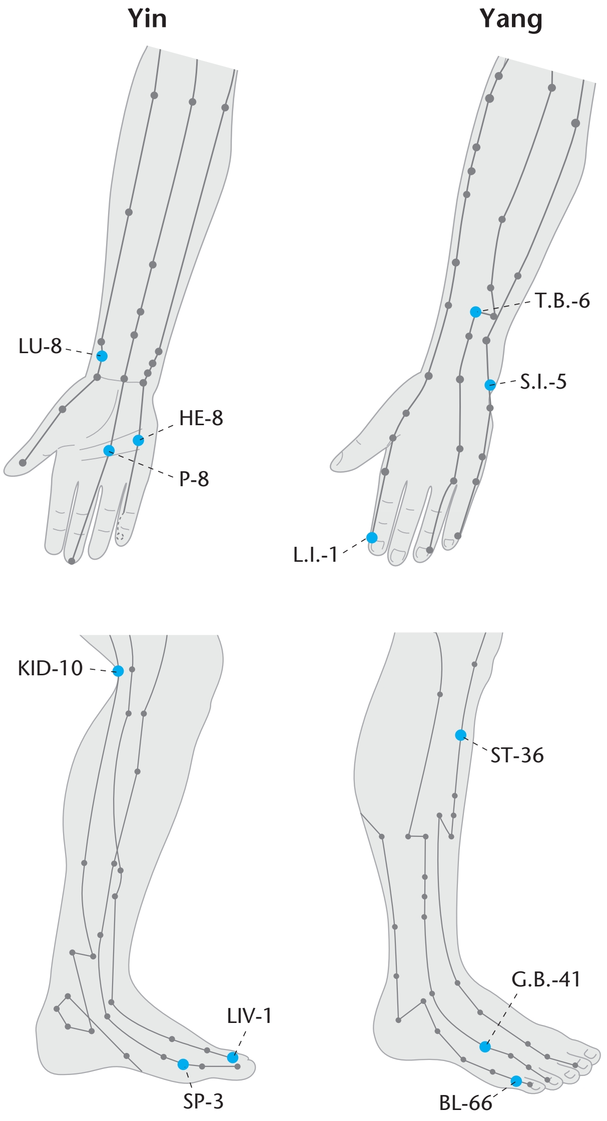
- On the Yin channel, needle the point corresponding to the pathogenic factor with reducing technique (for example, for Heat needle the Fire point)
- In addition, needle the point which corresponds to the controlling phase (according to the *ke* cycle/controlling cycle → 8.2.5) of the pathogenic factor on the paired Yang channel with tonifying technique.

Ben points

***Shu*-transporting points of the Yin channels**					
Phase/ channel	Wood point	Fire point	Earth point	Metal point	Water point
LU	LU-11	LU-10	LU-9 +	LU-8	LU-5 –
SP	SP-1	SP-2 +	SP-3	SP-5 –	SP-9
HE	HE-9 +	HE-8	HE-7 –	HE-4	HE-3
KID	KID-1 –	KID-2	KID-3	KID-7 +	KID-10
P	P-9+	P-8	P-7 –	P-5	P-3
LIV	LIV-1	LIV-2–	LIV-3	LIV-4	LIV-8 +
Channel Qi flow	*Jing*-well point	*Ying*-spring point	*Shu*-stream point	*Jing*-river point	*He*-sea point
***Shu*-transporting points of the Yang channels**					
Phase/ channel	Metal point	Water point	Wood point	Fire point	Earth point
L.I.	L.I.-1	L.I.-2 –	L.I.-3	L.I.-5	L.I.-11 +
ST	ST-45 –	ST-44	ST-43	ST-41 +	ST-36
S.I.	S.I.-1	S.I.-2	S.I.-3 +	S.I.-5	S.I.-8 –
BL	BL-67 +	BL-66	BL-65 –	BL-60	BL-40
T.B.	T.B.-1	T.B.-2	T.B.-3 +	T.B.-6	T.B.-10 –
G.B.	G.B.-44	G.B.-43+	G.B.-41	G.B.-38–	G.B.-34
Channel Qi flow	*Jing*-well point	*Ying*-spring point	*Shu*-stream point	*Jing*-river point	*He*-sea point

+, tonification point; – , sedation point

Ben points (root points, element points) represent the same phase as its pertaining channel. **Example:** The Spleen corresponds to Earth; thus the Earth point on the Spleen channel is its *ben* point.



Clinical application

- **For deficiency conditions:** needling the *ben* point with tonifying technique will tonify its corresponding Organ or channel
- **For excess conditions:** needling the *ben* point with reducing technique will drain the excess from its corresponding Organ or channel
- **Spiritual aspect:** the *ben* points on the Yin channels also affect the spiritual aspect of their corresponding phases. Thus the LU *ben* point **LU-8** allows the *po* (corporeal soul) to unfold its potential. Similarly the HE *ben* point **HE-8** will empower the *shen* (spirit), the SP *ben* point **SP-3** the *yi* (thinking), the LIV *ben* point **LIV-1** the *hun* (ethereal soul) and the KID *ben* point **KID-10** the *zhi* (will).

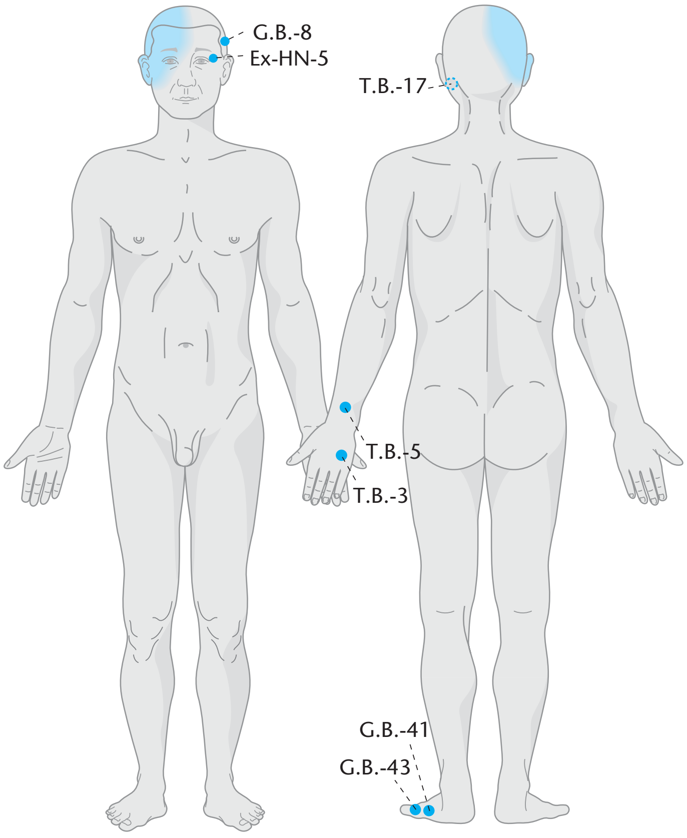
8.3 Point Combinations

8.3.1 Combining Local and Distal Points

Point selection and combination can be carried out according to affected areas and channels (→ 8.2.1, → 8.2.2).

For disorders affecting the channel: For example, for *bi*-syndromes affecting the sinews and joints, distal points can be stimulated first. Then local and adjacent points can be selected based on tenderness. These are needled and/or subsequently cupped.

For disorders of the *zangfu*-Organs: Generally, only distal points are applied in acute conditions. Once the condition (for example, acute pain) has improved, local points can be selected. In chronic conditions the combination of local and distal points – and especially Back-*shu* and Front-*mu* points as adjacent points (→ 8.3.2) – is commonly used. Another possibility is the combination of the opening point of an extraordinary vessel (→ 8.1.8) with local points in the affected area.



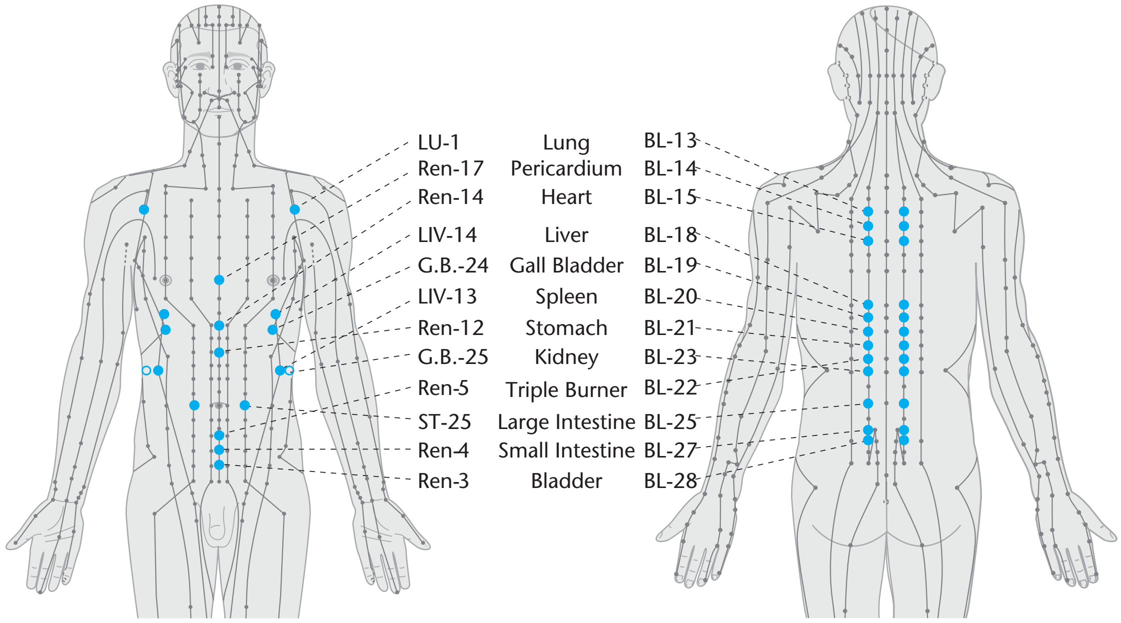
8.3.2 Combining Points on the Front and Back of the Body

Here, points on the anterior and posterior aspect of the body are combined:

- **Anterior points**: mainly located on the thorax and abdomen
- **Posterior points**: mainly located on the back and lumbar region

Back-*shu*/Front-*mu* method

The combination of the Back-*shu* point (→ 8.1.4) and the Front-*mu* point (→ 8.1.5) of the affected Organ is the most important way of combining points on the front and the back of the body. The Back-*shu*/Front-*mu* method enhances and extends the therapeutic effect, compared to using either of those points only. It has a strong Yin/Yang balancing effect and it is particularly beneficial for chronic disorders of the *zangfu*-Organs.

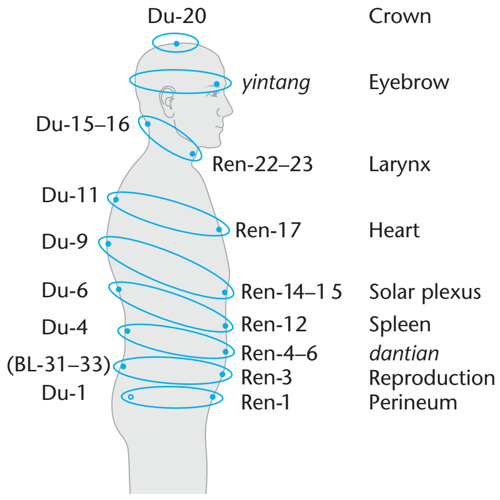

LU-1 Lung BL-13
Ren-17 Pericardium BL-14
Ren-14 Heart BL-15
LIV-14 Liver BL-18
G.B.-24 Gall Bladder BL-19
LIV-13 Spleen BL-20
Ren-12 Stomach BL-21
G.B.-25 Kidney BL-23
Ren-5 Triple Burner BL-22
ST-25 Large Intestine BL-25
Ren-4 Small Intestine BL-27
Ren-3 Bladder BL-28

Clinical application of the Back-*shu*/Front-*mu* method

- Needling of the Back-*shu* and Front-*mu* points during one session
- For repeated treatments within a short period of time, alternate needling of the Back-*shu* and Front-*mu* points (for example, during the first treatment select the relevant Back-*shu* point, in the next treatment select the corresponding Front-*mu* point, etc.)
- The Back-*shu*/Front-*mu* combination can also be applied to balance an incorrect treatment. For example, if the needles have been retained too long in the Back-*shu* points and the patient is tired, Front-mu points can be needled to restore balance.

Balancing the *du mai* and the *ren mai*

The points on the *ren mai* are located on the anterior aspect of the body, while those of the *du mai* are predominantly located on the posterior aspect. Combining points on the *ren mai* and *du mai* has a balancing affect on the Yin and Yang and can regulate the ascending and descending flow of Qi. This combination therefore not only balances the front and the back of the body, but also the Yin and the Yang. Furthermore, it has a strong effect on the psyche and, depending on the needling technique and point selection, will have a calming or stimulating effect (figure modified according to Ross 1998).



8.3.3 Yin–Yang Combination

Synonym: Interior/Exterior combination

The Yin–Yang combination balances the flow of Yin and Yang in the channels. It is based on the concepts of channel energetics (→ channel circuits, Fig. 1.12).

> Needling too many points on the Yang channels can make the patient nervous and restless. In this case, needling points on the Yin channels can restore balance and have a calming effect.
>
> Needling too many points on the Yin channels can lead to tiredness. In this case, needling points on the Yang channels has a balancing, stimulating effect.

Balancing Yin and Yang in paired channels

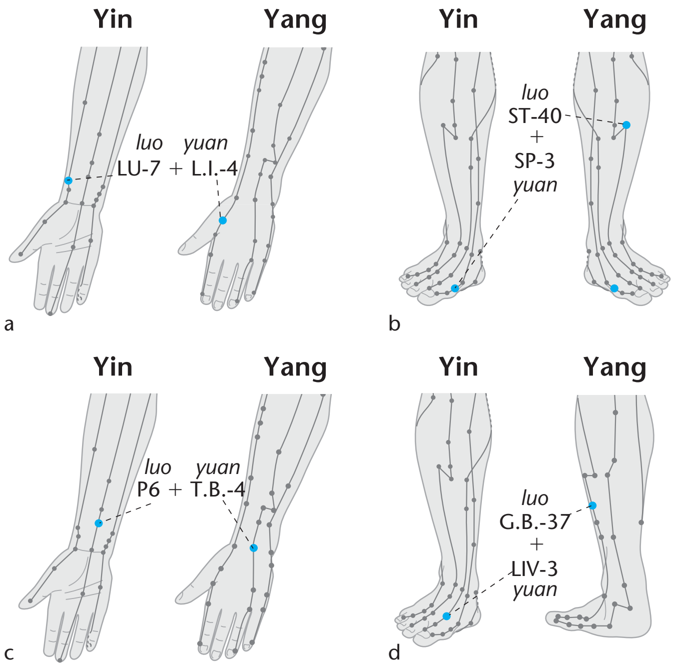
- Points on the Interiorly–Exteriorly paired channels are combined in order to balance Yin and Yang. For example the LU and L.I. channels are the Interiorly–Exteriorly paired channels of the hand, while the ST and SP channels are the Interiorly–Exteriorly paired channels of the foot of the first circuit.
- This method increases the therapeutic effect compared to using only Yin or only Yang points.

Yuan/luo combination

Most important Yin–Yang combination (Synonym: host–guest combination): The *yuan*-source point (host) of the primarily affected channel/Organ is combined with the *luo*-connecting point of the Interiorly–Exteriorly paired channel.

Important *yuan/luo* combinations

- **L.I.-4** (*hegu*) and **LU-7** (*lieque*) support the descending function of the Lung Qi, expel pathogenic factors, tonify the Defensive Qi (*wei qi*) and calm the *shen*
- **SP-3** (*taibai*) and **ST-40** (*fenglong*) tonify the Spleen and transform Phlegm
- **LIV-3** (*taichong*) and **G.B.-37** (*guangming*) benefit the eyes for Liver syndromes
- **T.B.-4** (*yangchi*) and **P-6** (*neiguan*) regulate the Triple Burner, move Liver Qi, calm the *shen*, relax the muscles in the occiput and shoulders.



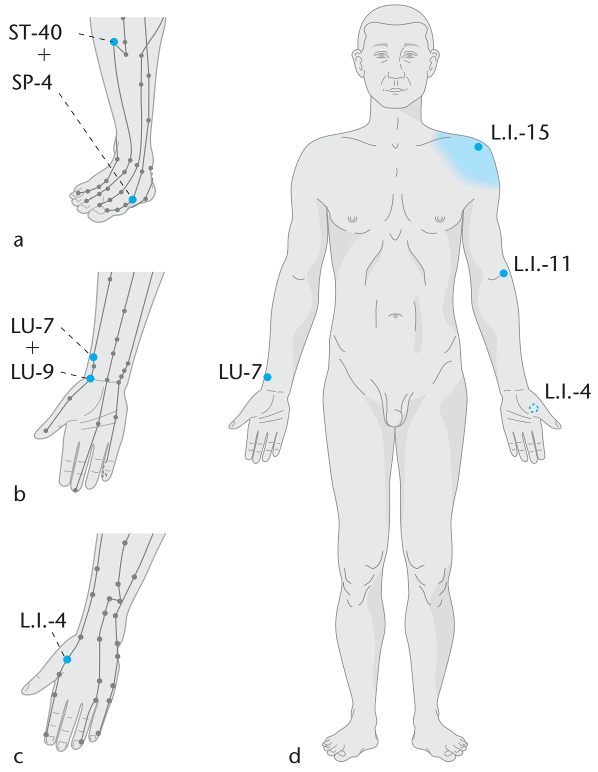
Further methods of combining points of Interiorly–Exteriorly paired channels and modified *yuan/luo* combinations

a Combining the *luo*-connecting points of Interiorly–Exteriorly paired channels tends to enhance the therapeutic effect; for example combine **ST-40** and **SP-4** for abdominal pain

b For chronic disorders, combine the *yuan*-source point and the *luo*-connecting point of the same Yin channel in order to increase the therapeutic effect; for example needle **LU-9** and **LU-7** for chronic cough.

c For disorders affecting a Yin channel, only needle the *yuan*-source point of the Interiorly–Exteriorly paired Yang channel. For example for an acute cold (a Lung syndrome), needle only **L.I.-4** (*yuan*-source point).

d For unilateral musculoskeletal disorders affecting a Yang channel: in addition to local and adjacent points on the affected channel, needle the contralateral *luo*-connecting point of the Interiorly–Exteriorly paired Yin channel. This method, which promotes balance between Yin and Yang, is mainly used for channel-pertaining disorders. For example: for unilateral arm or shoulder pain along the L.I. channel, needle points on the L.I. channel on the affected side as well as **LU-7** on the opposite side of the body.

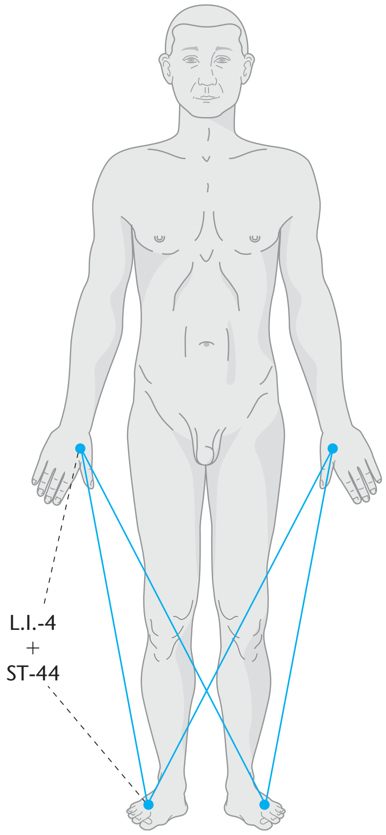


Yin–Yang balance for unpaired channels

Examples:

ST-36 + P-6	Harmonises the Middle Burner and descends counterflow Qi
L.I.-4 + LIV-3	Most important combination for regulating the Qi flow in the whole body

8.3.4 Combining Points from Above and Below



- A balance between the **upper and lower** half of the body is achieved by selecting points that are evenly distributed. For headaches, therefore, **L.I.-4** on the upper extremity is combined with **ST-44** on the lower extremity.
- Combining points above with points below **promotes the smooth flow of Qi**. For example: combining the opening point and coupled point of an extraordinary vessel (→ 8.1.8).

When points from above and below should not be combined

- for acute disorders of the joints and the back – here only distal points should be needled with the reducing method.
- if there is a pre-existing energetic disharmony between above and below. For example: for Heat sensations of the head (for example due to Kidney Yin deficiency with Empty Fire) needle **KID-1** in order to cause the Qi to descend. On the other hand, for a uterine prolapse use moxibustion **on Du-20** in order to raise the Qi.

8.3.5 Left–Right Combination

Often the balance between the right and left half of the body can be restored through bilateral needling of the relevant points. This will increase the therapeutic effect as opposed to unilateral needling.

Clinical application for Interiorly–Exteriorly paired channels (→ 1.2.3)

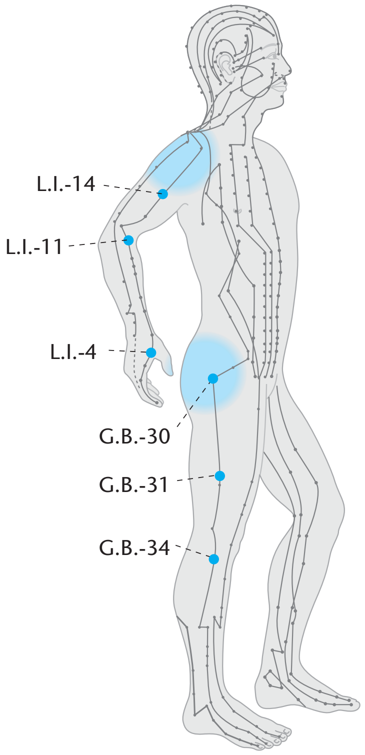
- For acute unilateral channel disorders caused by the invasion of pathogenic factors, combine **local points** on the affected side with the ***luo*-connecting point** on the contralateral side.
- For chronic unilateral channel disorders caused by the invasion of pathogenic factors, combine **local points** on the affected side with the *luo*-**connecting point** of the **Interiorly–Exteriorly paired channel** on the **contralateral** side (with tonifying technique).

Indications for unilateral and/or contralateral needling

- **For acute, painful disorders:** contralateral or diagonal needling (corresponding hand and foot channel, also see → 8.2.1 and → 8.2.2)
- **For chronic joint disorders:** ipsilateral needling of several points balanced by needling of contralateral points.
- **In paediatric acupuncture** (use fewer needles)
- **For ongoing treatment sessions:** occasional balancing contralateral needling of the healthy side of the body

8.3.6 Chain and Lock Point Association Method

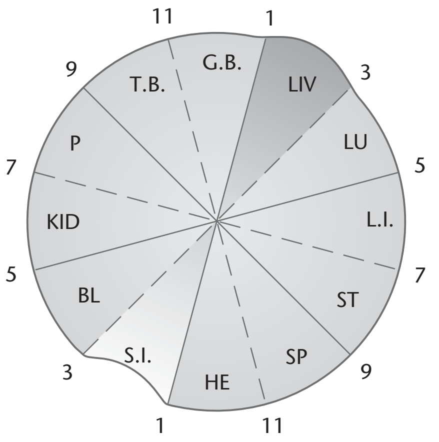
Two, three or more points on the same channel are selected and needled one after the other (in a row). This method is predominantly applied for disorders of the musculoskeletal system or the nervous system.

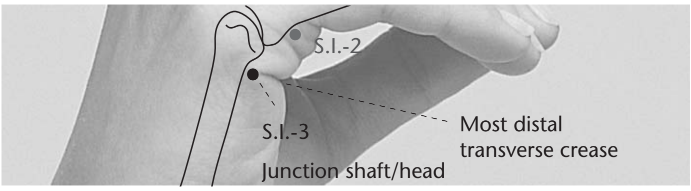


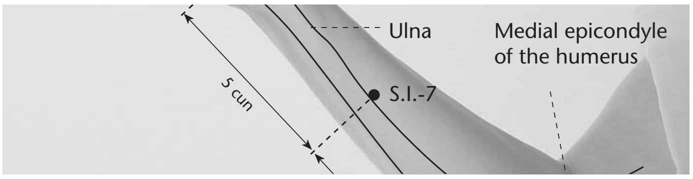
8.3.7 Point Selection According to the Organ Clock

Within a 24-hour cycle each channel experiences a two-hour period of maximum Qi flow (→ Fig. 1.17, Chinese Organ clock). Some modern (Western) schools extrapolate the circadian Qi flow to the Organs (internal channel pathways and divergent channels). If one Organ is at its maximum period, the Organ on the opposite side of the clock will be at its minimum period, in other words the Qi flow will at that time be at its lowest. Symptoms of a disorder occurring at a particular time may provide a hint about the Organ affected, which at that time will be during its **maximal period in excess syndromes** or during its **minimal period in deficiency syndromes**.

For example: Always waking up between 1 and 3 am can be a sign of a Liver syndrome. Thus the tonification point and/or *luo*-connecting point of the channel opposite to the Liver on the Organ clock could be selected, in this example **S.I.-3** (*houxi*, tonification point) or **S.I.-7** (*zhizheng*, *luo*-connecting point).



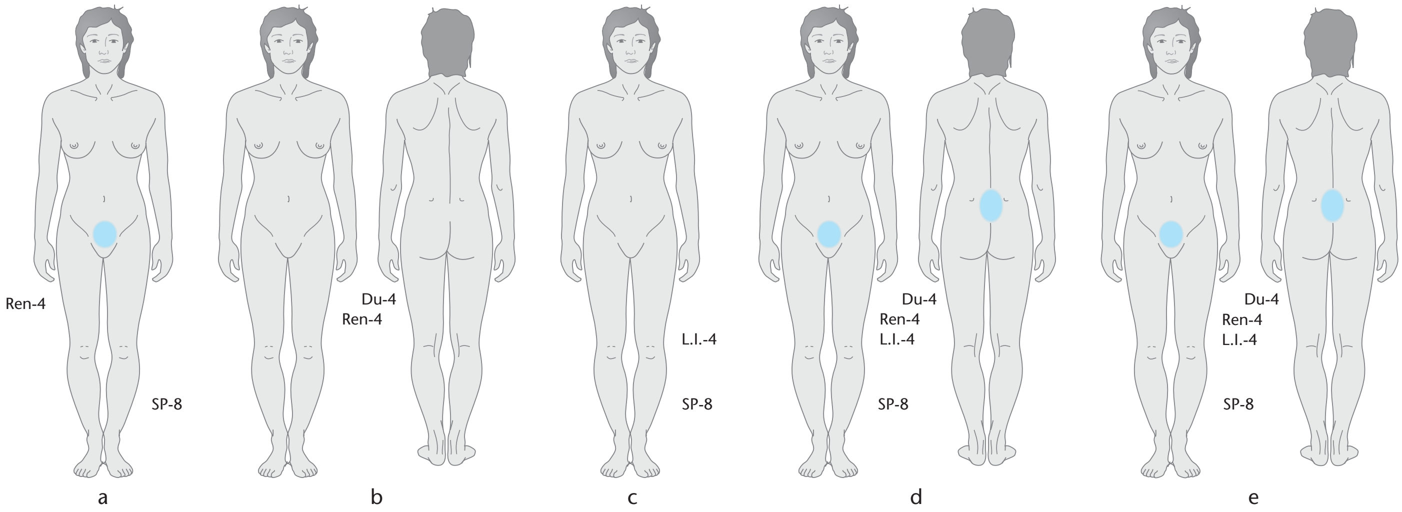




Addendum: There are some very specific methods for chrono-acupuncture, for exampel the *zi wu liu zhu* method and the *ling gui ba fa* method, where points are needled at specific times (→ Kubiena and Ramakers 2002).

8.3.8 Clinical Application

The following illustration shows the clinical application of several point selection methods (8.3.1 – 8.3.5) for the treatment of dysmenorrhoea.



Possible point combinations for the treatment of dysmenorrhoea:

a. combining local and distal points (➞ 8.3.1)
b. combining points on the front and the back of the body (➞ 8.3.2) and Yin–Yang (➞ 8.3.3)
c. Yin–Yang combination (➞ 8.3.3) and above–below (➞ 8.3.4)
d. Combination of all of the above methods (➞ 8.3.1–8.3.4)
e. Additionally combining points on the left and right side of the body (➞ 8.3.5)

9 Scientific Research

Ingolf Hosbach

9.1 Introduction

The aim of this chapter is to give a comprehensive overview about the scientifically proven or disproved effectiveness of certain points. It is not the aim of this chapter to prove the effectiveness of acupuncture as such. Based on the latest research, and 1000 recent human studies with mostly positive results, it is assumed that acupuncture is effective, despite criticism. If applied properly it is a well-established, low-risk method with minimal side effects.

Accordingly, the scope of acupuncture research has developed from simple questions, such as whether acupuncture works, to more specific questions such as which acupuncture points can be used for which conditions and with which stimulation methods. Furthermore, studies are increasingly designed for precise diagnoses and treatments based on the principles of Traditional Chinese Medicine. By the same token, the quality of the biomathematical methods used for the design and analysis of the studies is increasing. The number of randomised, controlled studies (RCTs) is also on the rise (Fig. 1).

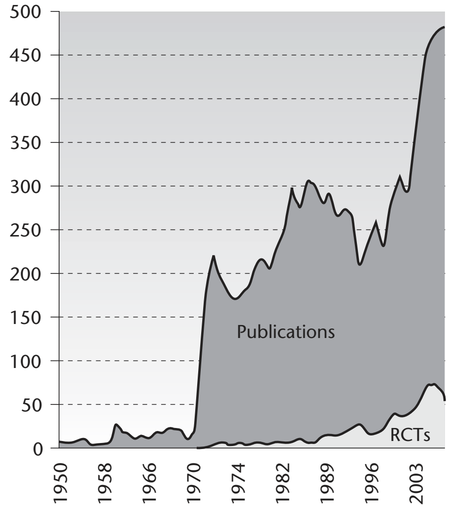


Fig. 1: Number of all publications and RCTs per year between 1954 and 2005. (Source: PubMed, US National Library of Medicine, Bethesda, Maryland)

The percentage of RCTs of all publications is nearly 7%, a figure that compares well with most conventional forms of therapy (for example: arthroscopy 5%, beta-blockers 7%, pain medication 7%, lowering cholesterol medication 8–11%).

Fundamental principles for scientific assessment

One of the prerequisites for including a study in this chapter was the mention of specific acupuncture points in the abstract. Out of 1092 studies listed in PubMed until May 2006 under the keyword ‘acupuncture’, 259 were therefore chosen for this chapter. In some exceptional cases, studies based on animal experiments were also considered. Regarding the presentation of the results, particular emphasis was placed on the role of biomathematical methods as a parameter for reliability. The terms which allow assessment of a study in terms of its biomathematical quality are explained below:

Case study: Usually a retrospective (=in hindsight) summary of results of a particular treatment method in patients with a particular disorder; no control group or control therapy. Most basic form of clinical trial.

Controlled study: Usually a prospective (=planned in advance) scientific comparison of a treatment method with a group of untreated patients or of patients treated with a placebo or conventional therapy.

Placebo: A form of ‘mock’ or sham therapy. This can take the form of a pill containing no active ingredient or a therapy without any authentic foundation. The administration of a placebo tries to eliminate the non-specific improvement of the researched disorder (such as the therapist’s care of the patient and expectations of the patient) compared to the study group receiving authentic treatment. While the possibilities for placebo-acupuncture are plentiful, none is free of disadvantages. The effectiveness of acupuncture as a holistic therapy can be seen as the sum of many psychological as well as non-specific and specific physiological effects. Depending on the choice of the acupuncture placebo, certain effects can be excluded. Based on the concept of the sinew channels, however, there is an ongoing debate whether non-acupuncture points exist at all. The highest level of placebo acupuncture is the so-called ‘sham acupuncture’ where actual deep needling takes place at non-acupuncture points. The value of a study increases considerably if it is controlled by a placebo therapy.

Randomisation: The random assignment of a patient to a treatment group, without any influence of either the patient or the therapist. Randomisation significantly increases the value of a study.

Waitlist: A control group formed by patients receiving no treatment as a form of control. While a patient is waiting for his/her treatment, all his/her data relevant to the treatment are collected and later compared to those data obtained during treatment. Since there is neither randomisation nor a placebo treatment, the value of a waitlist group as a control group is very low.

Cross-over study: A particular design of controlled study. Each patient will participate in two different courses of treatment (for example treatment 1: medication; treatment 2: acupuncture). The order in which the treatments are administered can differ from patient to patient and be random (=randomised cross-over study). However, any long-term effect of the first form of treatment poses a problem for the final result. Therefore so-called washout phases during which patients receive no treatments at all are implemented to eliminate these effects and prevent a distortion of the data to be collected during the second phase. Since the effects of some acupuncture treatments have been shown to last for up to a year, cross-over studies are not very suitable for acupuncture research and particularly non-significant results should be questioned.

The ‘n of 1’ study is another form of research: a patient will receive various different treatments in order to find out which form of treatment led to the best improvement for the relevant disorder. However, the same limitations as discussed above will affect this type of study.

Significance: In simple terms, the significance of a study indicates if the difference of a particular parameter which has been observed between two groups is caused by the treatment (and is therefore a true difference) or whether the difference is the result of random deviation. For example, if in a large number of treated patients the observed data differ ‘significantly’ from a group of untreated patients, it is **highly probable** that this difference is not due to a random deviation. This probability can be expressed mathematically. If, for example, the significance is expressed as $p = 0.03$ this means that, considering a random error of 3%, the difference noted between the two groups is statistically significant. The convention is to accept a random error of up to 5% as acceptable. The significance of a study is based on the number of patients treated and the extent of the difference in the treatment result (for example by assuming the same random error, the difference in treatment results has to be much larger in a group of 10 patients ($n = 10$) than if the same study was carried out with 100 patients ($n = 100$)). Only differences classified as ‘significant’ are accepted for research studies.

Power of the study: This refers to the ability of a study to be statistically significant. The higher the number of participants, the higher the power of the study. By international standards, 80% is an acceptable level of power. Depending on the difference between the two study groups, the number of patients required can therefore easily be in the 100s or 1000s.

Experimental studies: Through standardising and controlling conditions of the experiment strictly, every attempt is made to avoid random results, often leading to just a small number of participants. Generally these tend to be healthy volunteers, who are subjected to a clearly defined stimulus. In this case acupuncture as a form of therapy will achieve a high level of validity. More questionable are studies of healthy subjects without a well-defined stimulus, since in that case acupuncture as a balancing form of treatment is not used according to its principles (for example changes in peristalsis caused by acupuncture in healthy subjects).

Blinding: The gold standard of clinical trials are the so-called double blind studies in which both the patient and the therapist remain ignorant as to which treatment (for example the tablet with or without the active ingredient) is administered to the patient. However, blinding of an acupuncturist is not possible. Even in a single blind study (only the patient is ‘blinded’), his/her behaviour will distort the result of the trial. This effect can be counterbalanced to some extent by blinding the assessor of the treatment results (for example changes in the range of motion) so that he/she does not know which treatment (authentic or sham acupuncture) was received by the patient.

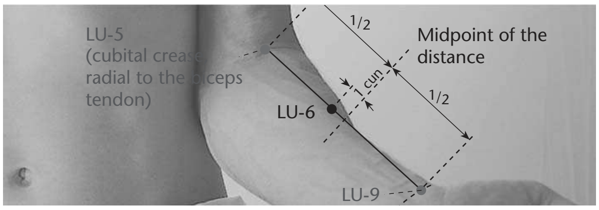
Standardisation: In pharmaceutical trials the amount of the active ingredient per tablet can easily be stated (for example standardisation of a 10 mg tablet). However, acupuncture cannot be standardised. The acupuncturist’s point selection will largely be influenced by experience, prior knowledge, specialisation and cultural background. Strictly speaking, acupuncture trials therefore do not investigate acupuncture per se but acupuncture as performed by an acupuncturist or a group of acupuncturists.

The fact that acupuncture is to a large extent centred on the therapist has in the past led to a paradoxical situation: experienced Chinese acupuncturists performing the ‘best’ acupuncture produced biomathematically ‘bad’ trials due to their lack of training, while ‘bad’ Western acupuncturists produced ‘good’ trials from a biomathematical point of view. ‘Importing’ Chinese acupuncturists into Western trials did not solve the problem either, since the Chinese clinicians were now treating Europeans with diseases not common in China and which reacted differently to acupuncture. Only as experience grows on both sides – which would have to be evaluated individually for each trial – will the value of acupuncture as a researched form of therapy increase accordingly.

9.2 Scientific Research According to Channels

Lung Channel

LU-5 → Ren-23; L.I.-10

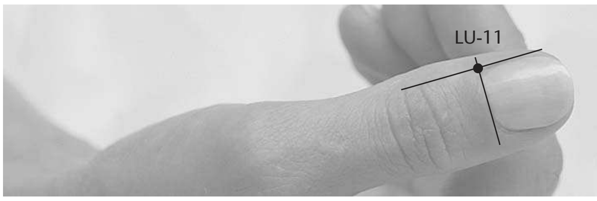


LU-6 192 patients with bronchial asthma were treated with **LU-6** and **LU-10**. 98.9% of the patients experienced an immediate improvement; the rate of clinical remission plus marked improvement was 76.5%. Best therapeutic results were achieved for allergic asthma according to Western medicine (asthma due to Cold according to TCM) and with longer needle retention (approximately 40 minutes). The lack of blinding and control groups reduce the value of this precise therapeutic case study. **Zang, J Tradit Chin Med 1990**

LU-7 → ST-8

LU-10 → LU-6

A Chinese prospective, randomised, controlled, non-blinded trial investigated the effect of bilateral bloodletting at **LU-10**, **P-8**, **HE-8**, **L.I.-2**, **T.B.-2** and **S.I.-3** on heart rate and consciousness in patients with **apoplexy** that had occurred within 3 days. Only patients with mild injuries showed improved consciousness while the heart rated increased independently of the size of injury. **Yi et al**, **J Tradit Chin Med 2005**



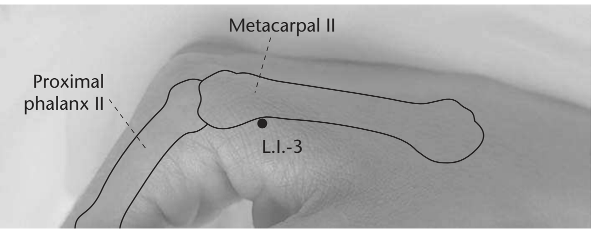
LU-11 Three Russian animal trials demonstrated the antipyretic action of **LU-11**. LU-11 can also strengthen the effect of hypothermic substances, suggesting a combination with antipyretic Chinese herbs. **Nezhenzev et al**, **Biull Eksp Bio Med 1992, and Fizion Zh SSSR Im I M Sechenova 1991**

A Taiwanese prospective, randomised, non-blinded, controlled trial ($n = 76$) investigated whether bloodletting at **LU-11** and **L.I.-1** can prevent or treat the occurrence of **laryngospasm** after tracheal extubation in children. The incidence of laryngospasm was significantly less in the bloodletting group (5% vs 24%). If laryngospasm developed, this could be relieved with the treatment of LU-11 or L.I.-1 within one minute in all patients. **Lee et al, Anaesthesia 1998**

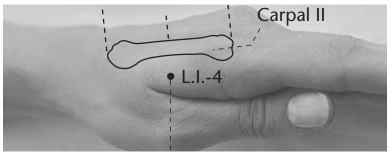
Large Intestine Channel

L.I.-1 → LU-11

L.I.-2 → LU-10



L.I.-3 A Chinese prospective, randomised, controlled study ($n = 210$) reports the significantly better effects of needling **L.I.-3** and ***lingxia*** in the treatment of **periarthritis of the humerus** compared to the control group treated with local points. Of interest is the application of *lingxia*, an unofficial extra point 2 cun inferior to G.B.-34. **Feng, J Tradit Chin Med 2003**



L.I.-4 → ST-36; P-5, P-6; ST-8; G.B.-43; Du-20; LIV-3; S.I.-18; SP-9; L.I.-11; ST-2

A Turkish prospective, controlled, non-blinded, group-comparison trial ($n = 55$) investigated the effect of electro-acupuncture (EA) at **L.I.-4**, **L.I.-11**, **ST-25**, **ST-36**, **ST-44** and **LIV-3** (combined with auricular points *shenmen* and *sanjiao*) on **obesity in women**. Treatments were given daily for 20 days. One control group received a 1425 kcal diet for 20 days while the other control group received no treatment. There was a 4.8% weight reduction in the EA group, whereas women on the restricted diet had a 2.5% weight loss. Both groups showed a significant reduction in total cholesterol and triglyceride levels. In the EA group only, LDL levels were also reduced significantly. **Cabioglu et Ergene**, **Am J Chin Med 2005**

A Chinese (Hong Kong) prospective, randomised, controlled, non-blinded study ($n = 29$) investigated the effect of **L.I.-4** and **P-6** on the heart rate variability (HRV) in normal subjects in **fatigue** and **non-fatigue states** respectively. Only fatigued subjects showed a significant change in HRV. The authors concluded that the effect of acupuncture depends not only on the points selected but also on the functional state of the subject, one of the principles of Chinese Medicine. **Li et al, Eur J Appl Physiol 2005**

An unusual veterinary case study investigated the effects of acupuncture on the **immune system**. According to the authors, immunostimulant points **include LI-4**, **LI-11**, **ST-36**, **GB-39**, **SP-6**, **GV-14**, **BL-11**, **BL-20**, **BL-23**, **BL-24**, **BL-25**, **BL-26**, **BL-27**, **BL-28,** and **Ren-12**. **BL-47** is considered to be immunosuppressive. Anti-febrile points include **ST-36** and **Du-14**. **Rogers et al, Probl Vet Med 1992**

A Chinese prospective, randomised, single-blinded, experimental trial ($n = 20$) compared the effect of transcutaneous electric nerve stimulation (TENS) at **L.I.-4** on the **heat pain threshold** and **vibration threshold** in humans with a placebo control point. In the study group, after TENS at **L.I.-4**, the pain threshold for heat was higher for up to half an hour compared to the control group. There was no effect on the threshold for feeling vibration. **Wang et al, Chin Med J (Engl) 2003**

A Korean prospective, randomised, placebo-controlled trial ($n = 35$) evaluated the efficacy of electro-acupuncture (EA) and moxibustion on **L.I.-4**, **L.I.-10**, **L.I.-11** and **T.B.-5** on **spasticity due to stroke**. The control group was treated with routine acupuncture. Only the EA group experienced a significant, immediate and lasting reduction in spasticity (using a modified Ashworth scale). **Moon et al, Am J Chin Med 2003**

A German prospective, randomised, controlled, non-blinded trial ($n = 29$) investigated if acupuncture at **L.I.-4**, **T.B.-5**, **ST-36**, **P-6**, **Du-20** and **Ex-UE-9** (*baxie*) had a vasospasmolytic effect on patients with **Raynaud's syndrome** during the winter season. There was no significant difference regarding the number and intensity of episodes, nor was there a significant effect on skin microcirculation between the acupuncture group and the placebo group before and after treatment. **Hahn et al, J Dtsch Dermatol Ges 2004**

A Japanese prospective, randomised, controlled study ($n = 21$) investigated the effect of **L.I.-4**, **ST-36 and SP-6** on objective and subjective parameters regarding **exhaustion** in elite female soccer players during a competition period. Only the subjects treated with acupuncture experienced a better rating for both subjective and objective parameters. **Akimoto et al, Med Sci Sports Exerc 2003**

A Chinese prospective, randomised, controlled trial ($n = 89$) researched the effect of **L.I.-4**, **ST-36**, **BL-18** and **BL-23** combined with CT positioning scalp circum-needling (SCN) and herbal therapy in patients with **poly-infarctional vascular dementia**. The control group received herbal treatment only. The treated group had a significantly better short-term result (96.5%) than the control group (75%) regarding changes of clinical symptoms, intelligence and haemorrheological characteristics. **Lun et al, Zhongguo Zhong Xi Yi Jie He Za Zhi 2003**

A Chinese prospective, randomised, controlled experimental trial ($n = 11$) investigated the changes in **brain activation patterns** evoked by stimulating **L.I.-4** manually versus stimulation with electro-acupuncture (EA). These were assessed by functional magnetic resonance imaging (fMRI). Results showed that EA mainly produced fMRI signal increases in precentral gyrus, postcentral gyrus/inferior parietal lobule and putamen/insula; in contrast, manual needle manipulation produced prominent decreases of fMRI signals in posterior cingulate, superior temporal gyrus, putamen/insula. These results suggest that different brain mechanisms may be recruited during manual and EA. **Kong et al, J Altern Complement Med 2002**

An American prospective, randomised, controlled, non-blinded experimental trial ($n = 13$) evaluated the effect of transcutaneous electric acupoint stimulation (TEAS) on **L.I.-4** and **P-6** on **tonic pain** induced with the cold-pressor test. While TEAS alone had a significant analgesic effect, this could be increased by combining TEAS analgesia with low-dose morphine. **Yuan et al, J Clin Pharmacol 2002**

A Taiwanese prospective, randomised, placebo-controlled experimental study ($n = 13$) investigated the effect of manual acupuncture as well as transcutaneous electrical nerve stimulation (TENS) with 2 Hz and 100 Hz respectively at **L.I.-4** on the spinal cord by measuring the **H-reflex**. While the application of TENS with both 2 Hz and 100 Hz changed the amplitude of the H-reflex, it was retained longer with the 100 Hz stimulation. These findings suggest that TENS enhances the excitability of the motoneuron pool in the spinal cord. **Chang et al, Acupunct Electrother Res 2001**

An Austrian prospective, randomised, controlled study ($n = 45$) evaluated whether acupuncture at **L.I.-4** and **SP-6** at term can influence cervical ripening, **induce labour** and thus reduce the need for postdate induction. Compared to the control group, the study group showed a significantly shorter time span (three days) between estimated date of confinement (EDC) and actual time of delivery. Medical induction of labour 10 days after EDC was also significantly lower in the acupuncture group (20%) than in the control group (35%). **Rabl et al, Wien Klin Wochenschr 2001**

An Israeli prospective, randomised, double-blinded controlled trial ($n = 25$) investigated the effect of acupuncture in the treatment of **irritable bowel syndrome**. True acupuncture was performed at **LI-4** and sham acupuncture at **BL-60** during a total of two sessions. There was no significant difference between the two groups. However, the choice of acupuncture points seems somewhat peculiar. While both points are Ma Dan Yang points (the 12 most important points), they have no specific action for intestinal disorders. Obviously the authors chose the points according to the channel (Large Intestine). Furthermore, only two treatments does not seem sufficient. **Fireman et al, Digestion 2000**

A British prospective experimental trial ($n = 14$) investigated the effect of acupuncture at **L.I.-4** on the **resting EEG** of healthy subjects. Acupuncture did not induce any changes in the resting EEG. **Rosted et al, Complement Ther Med 2001**

An Irish prospective, randomised, controlled trial ($n = 30$) applied transcutaneous electric nerve stimulation (TENS) either at **L.I.-4** or over the median nerve, in order to investigate **cutaneous blood flow**. The control group received no treatment. Only TENS over the median nerve showed a significant increase in cutaneous blood flow. **Cramp et al, Acupunct Electrother Res 2001**

A Japanese prospective, randomised, controlled, non-blinded trial ($n = 22$) investigated the effect of acupuncture at **L.I.-4**, **ST-6** and **ST-7** on pain after mandibular **wisdom tooth extraction**. Compared to the control group there was a significant reduction in pain in the treatment group. **Kitade et al, Acupunct Electrother Res 2000**

A Swedish prospective, randomised, controlled experimental trial ($n = 12$) investigated if acupuncture at **L.I.-4** induced **changes in the sympathetic and/or parasympathetic nervous system** in healthy subjects. For this purpose, regular and superficial needling of **L.I.-4** was compared. Changes were measured by using power spectral analysis and heart rate frequency analysis. Only deeper needling at L.I.-4 led to a significant activation of the sympathetic and parasympathetic nervous system during and after treatment as well as to a significant reduction of the heart rate frequency. **Haker et al, J Auton Nerv Syst 2000**

A US prospective, randomised, sham-controlled, single-blinded trial (*n* = 101) assessed the effect of varying intensities of transcutaneous electric acupoint stimulation (TEAS) at **L.I.-4** on the **postoperative patient-controlled analgesia** (PCA) requirement for **hydromorphine** (HM), the incidence of opioid-related side effects, and the recovery profile after lower abdominal surgery in women. In the sham-TEAS group HM-requirement was reduced by 23%, low-intensity TEAS produced a 34% decrease in the HM requirement while the high-intensity TEAS reduced requirement significantly by 65%, accompanied by a reduction in the occurrence of dizziness, nausea and pruritus. **Wang et al, Anesth Analg 1997**

A Chinese prospective, randomised, controlled trial (*n* = 110) investigated the effect of transcutaneous electric acupoint stimulation TEAS) at **L.I.-4**, **Ex-HN-4** ***(yuyao)*** and **G.B.-31** during enflurane anaesthesia in patients undergoing craniotomy. In comparison to the control group (anaesthesia maintained with enflurane only) the **minimum alveolar concentration** (MAC) of enflurane decreased in the TEAS-supplemented group by 38–47%. If anaesthesia was supplemented by TEAS plus scalp infiltration with procaine, there was an even higher reduction of 42–66%. The haemodynamic balance was also more stable during the operation, and postoperative recovery was faster. **Wang et al, Zhongguo Zhong Xi Yi Jie He Za Zhi 1994**

A German prospective, waitlist-controlled trial (*n* = 6) investigated the effect of electro-acupuncture at **L.I.-4**, **ST-25**, **LIV-3** and **BL-25** on stool frequency and colonic transit time in **chronic constipation**. There were no significant differences in all the parameters between the control group and the waitlist group. **Klauser et al, Z Gastroenterol 1993**

A Japanese experimental trial researched the influence of **L.I.-4 on vibration induced finger flexion reflex**. Unilateral acupuncture at L.I.-4 suppressed the reflex in both hands. **Takakura et al, Am J Chin Med 1992**

A Chinese prospective, randomised, matched controlled trial (*n* = 12) investigated the analgesic effect of aqueous acupuncture (injection of glucose solution) at **L.I.-4** and **G.B.-34** in **postoperative pain control**. In comparison to the control group, the intensity of postoperative pain as well as the requirement for analgesic medication were significantly lower in the study group. **Chen et al, Gaoxiong Yi Xue Ke Xue Za Zhi 1991**

A German prospective, non-randomised, sham-controlled trial (*n* = 36) investigated the **analgesic effect** of acupuncture at **L.I.-4**, **P-6**, **ST-36** and **SP-4** prior to a **colonoscopy**. The pain experienced by the acupuncture patients was significantly lower compared to the group receiving sham acupuncture. The analgesics and sedatives required were also significantly less. **Li et al, Dtsch Med Wochenschr 1991**

A prospective, randomised, single-blinded experimental study (*n* = 39) investigated the effect of acupuncture and laser acupuncture at **L.I.-4** and **Ex-UE** ***jianqian*** on the **pain threshold**. Compared to laser acupuncture, acupuncture significantly increased the pain threshold. **Brockhaus et al, Pain 1990**

A British prospective, controlled experimental cross-over study investigated the effectiveness of electro-acupuncture at **L.I.-4** on experimental **tooth pain**. After 30 minutes of electric stimulation the pain threshold increased by 27%. This increase could be partially blocked by naloxone. **Ernst et al, Acupunct Electrother Res 1987**

A British prospective, randomised, placebo-controlled study (*n* = 51) investigated the effect of acupuncture at **L.I.-4** as an **analgesic for operative dentistry**. There were no significant differences between the treatment group and the placebo group. **Taub et al, Oral Surg Oral Med Oral Pathol 1979**

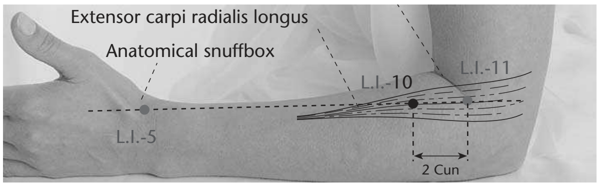
A prospective non-randomised, placebo-controlled experimental trial (*n* = 40) investigated the effect of acupuncture at **L.I.-4** on the **pain threshold of postoperative dental pain** compared to codeine. Both **L.I.-4** and codeine had a significantly better effect than the placebo. The combination of both had the strongest effect. **Sung et al, Anesth Analg 1977**

An Austrian prospective, sham-controlled, single-blinded experimental trial (*n* = 12) measured the effect of **L.I.-4** and **P-6** on **pain threshold and pain tolerance**. In contrast to sham acupuncture, true acupuncture significantly raised the pain threshold. **Stacher et al, Am J Chin Med 1975**

L.I.-5 → P-5

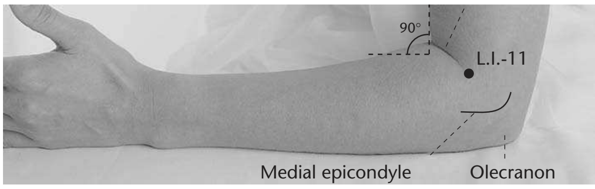
L.I.-6 → P-5

L.I.-7 → P-5



L.I.-10 → L.I.-4; Du-12; ST-36

A Swedish prospective, randomised, controlled, double-blinded trial (*n* = 49) investigated the effect of laser acupuncture on **L.I.-10**, **L.I.-11**, **L.I.-12**, **LU-5** and **T.B.-5** on **lateral humeral epicondalgia (tennis elbow)**. No significant difference occurred at a dose of 0.36 J/point. **Haker et al, Pain 1990**



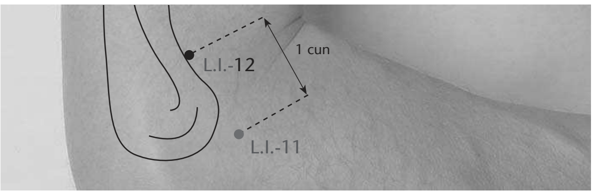
L.I.-11 → L.I.-4; ST-36; LIV-3; L.I.-10; L.I.-15

A Taiwanese prospective, randomised, placebo-controlled, single-blinded trial (*n* = 40) investigated the effect of acupuncture at **L.I.-11** on **uraemic pruritus**. The results of the pruritus score questionnaires demonstrated that only true acupuncture at **L.I.-11** resulted in a significantly reduced pruritus lasting for a period of three months. Uraemia levels remained unchanged. **Che-yi et al, Nephro Dial Transplant 2005**

A German prospective, randomised, placebo-controlled, single-blinded experimental trial (n = 22) investigated the effect of **L.I.-11** on the **phagocytic immune system**. Based on laboratory parameters, the **activity of neutrophils** was significantly higher in the study group. **Karst et al, Complement Ther Med 2003**

A Swedish prospective, non-randomised, placebo-controlled, single-blinded experimental longitudinal trial investigated the influence of electro-acupuncture at **L.I.-11** and **L.I.-4** on sympathetic nerve activity and the pain threshold. Only electro-acupuncture at L.I.-11 and L.I.-4 increased the pain threshold in combination with increased sympathetic nerve activity. **Knardahl et al, Pain 1998**

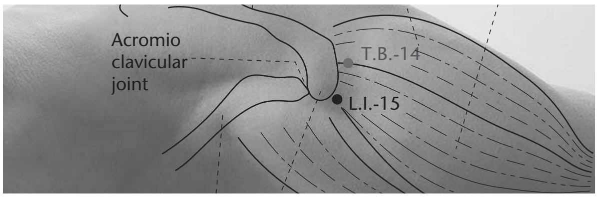
A Swedish prospective, randomised, placebo-controlled, single-blinded trial (n = 58) investigated the effect of laser acupuncture at **L.I.-11** and **L.I.-12** for **lateral humeral epicondalgia (tennis elbow)** compared to laser application on the painful area. There were no significant differences between the laser and placebo treatments after the treatment period. **Haker et al, Arch Phys Med Rehabil 1991**



L.I.-12 → L.I.-11; L.I.-10

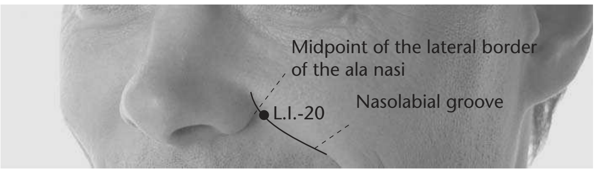
A Chinese prospective, randomised, controlled trial (n = 64) investigated the effect of electro-acupuncture at **L.I.-12**, **T.B.-5**, **G.B.-30** and **ST-36** accompanied by medication for **acute cerebral infarction** with regard to the plasma and CSF somatostatin levels. The control group received medication only. Both plasma and CSF somatostatin levels increased significantly in the acupuncture group. **Zhang et al, J Tradit Chin Med 1999**

A Chinese prospective, randomised, controlled trial (n = 64) investigated the effect of electro-acupuncture at **L.I.-12**, **T.B.-5**, **G.B.-30** and **ST-36** on the plasma and CSF levels of VIP (vasoactive intestinal peptide), somatostatin and pancreatic polypeptide in patients with **acute cerebral infarction**. The CSF VIP level dropped significantly while the plasma pancreatic polypeptide level increased significantly. In patients with a good response both plasma and CSF somatostatin levels increased significantly after acupuncture. **Zhang et al, Zhen Ci Yan Jiu 1996**



L.I.-15 A Taiwanese prospective, randomised, controlled, non-blinded trial (n = 150) investigated the effect of electro-acupuncture at **L.I.-15**, **G.B.-21** and **Ex-UE *jianneiling*** with or without regional nerve block (RNB) (stellate ganglion and suprascapular plexus) for **'frozen shoulder' (adhesive capsulitis)**. This was compared to RNB treatment alone. The combination of electro-acupuncture and RNB produced the most significant reduction of pain and duration of pain relief as well as improvement of range of motion. **Lin et al, Acta Anaesthesiol Sin 1994**

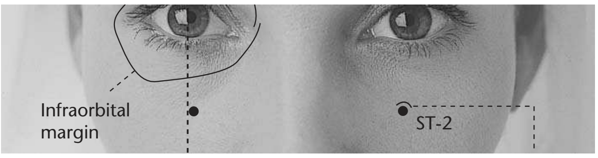
A Chinese prospective, randomised, controlled, non-blinded trial (n = 63) investigated the effect of acupuncture at **L.I.-15**, **L.I.-11**, **L.I.-4**, **G.B.-30**, **G.B.-34**, **G.B.-37**, **LIV-3**, **G.B.-20**, **ST-25**, **ST-40**, **ST-36**, **SP-6** and **KID-3** on symptoms of **cerebral infarction** compared to the treatment with the calcium channel blocker verapamil. The effectiveness in the acupuncture group was 94%, in the verapamil group 84%. This difference is statistically significant. However, the choice of a calcium channel blocker seems unusual for this indication. **Zou et al, Zhong Xi Yi Jie He Za Zhi 1990**



L.I.-20 → G.B.-14

A British prospective, randomised, controlled trial (n = 20) investigated the effect of a 30 second massage at **L.I.-20** on **nasal airflow** compared to an untreated control group. Symptoms improved significantly in the massage group. **Takeuchi et al, Am J Rhinol 1999**

Stomach channel

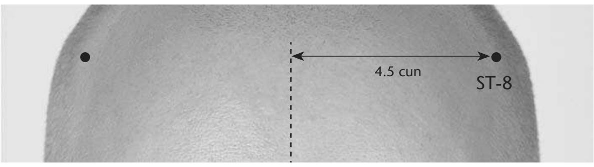


ST-2 → G.B.-14

A prospective, non-randomised experimental trial (n = 33) investigated the effect of acupuncture and electro-acupuncture at **ST-2**, **L.I.-4** and **ST-44** on experimentally induced **tooth pain**.

While both procedures increased the pain threshold, the increase was not sufficient to justify acupuncture as a means of pain control in conservative dentistry. **Bakke, Scand J Dent Res 1976**

ST-4 ➞ G.B.-14
ST-6 ➞ G.B.-14; L.I.-4
ST-7 ➞ L.I.-4

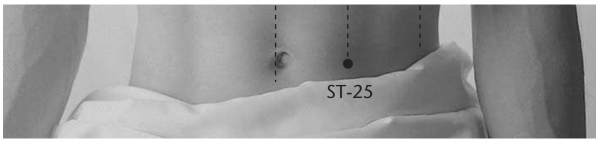


ST-8 A large prospective, randomised, multi-centre, group-comparison trial ($n = 120$) in patients suffering from **migraine without aura** demonstrated that acupuncture at **ST-8**, **G.B.-5**, **G.B.-20**, **Du-14** and **LU-7** was significantly more effective than conventional drug therapy, regarding both frequency and duration of the migraine attacks as well as number of sick days. The authors calculated that by treating migraine with acupuncture the Italian health system could save approximately 0.5 billion Euros per year. **Liguori et al., J Tradit Chin Med 2000**

A Bulgarian case study ($n = 35$) reports the successful treatment of headaches following caesarian sections with spinal anaesthesia with acupuncture at ST-8, L.I.-4, G.B.-11, G.B.-14, BL-10, Du-14 and Du-20 during 1–3 treatments. **Tsenov, Akush Ginekol (Sofia) 1996**

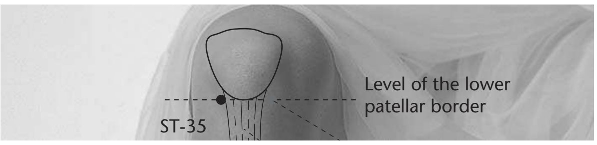
A Swedish prospective, placebo-controlled trial investigated the effect of intrasegmental (**ST-8**) and extrasegmental (**L.I.-4**) electro-acupuncture on sensory thresholds. Only the pain threshold could be increased, and this only with intrasegmental acupuncture at ST-8. **Lundeberg et al, Am J Chin Med 1989**

ST-18 ➞ G.B.-14; Du-1
ST-20 ➞ T.B.-8
ST-21 ➞ Du-20



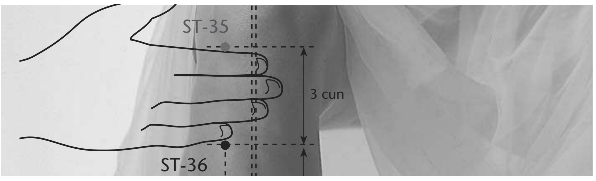
ST-25 ➞ Du-1; Du-20; L.I.-4; L.I.-15

A Chinese prospective, randomised, controlled trial ($n = 62$) investigated the effect of acupuncture and moxibustion at ST-25 and Ren-4 for chronic colitis. This was compared to modern drug therapy. The acupuncture group showed the same therapeutic results but with fewer side effects. **Yang et al, J Tradit Chin Med 1999**



ST-32 ➞ G.B.-31
ST-34 ➞ ST-36; SP-9

ST-35 A Chinese prospective, randomised, single-blinded, controlled, long-term trial ($n = 24$) investigated the effect of electro-acupuncture (EA) and transcutaneous electrical nerve stimulation (TENS) at **ST-35** and **Ex-LE-4** (eight treatments over a period of two weeks) in older patients (average age: 85 years) suffering from **painful osteoarthritic knees**. This was compared to conventional therapy for this disorder. Both TENS and EA significantly reduced the knee pain. EA also had an effect on range of motion. **Ng et al, Altern Complement Med 2003**



ST-36 ➞ L.I.-4; BL-27; P-6; T.B.-8; G.B.-26; G.B.-31; Du-1, Ex-B-3; Du-4; Du-20; LIV-3; SP-9; BL-60; L.I.-12; L.I.-15; Ren-17

An Iranian prospective, randomised, placebo-controlled, single-blinded trial ($n = 51$) investigated the effect of transcutaneous electric nerve stimulation (TENS) at **ST-36** and **ST-38** on nitroglycerin-induced **hypotension under general anaesthesia with halothane**. With true acupuncture at the above points, the mean arterial blood pressure (MAP) was significantly lower (60 vs 66 mmHg). The effect of acupuncture was significantly greater with lower dosages of nitroglycerin compared with higher dosage. In addition, the time to reach steady state MAP was significantly shorter (10 vs 15.8 minutes) and the quality of operative ischaemia was excellent in 83.3% subjects compared to 25% in the sham group. **Saghaei M. et al, Acta Anaesthesiol Taiwan 2005**

A US prospective non-blinded experimental trial investigated the response to acupuncture at **ST-36** as evidenced by **fMRI**. The limbic and paralimbic structures of the cortical and subcortical regions in the telencephalon, diencephalon, brainstem and cerebellum were activated in response to acupuncture. **Hui et al, Neuroimage 2005**

A prospective, randomised placebo-controlled single-blinded trial ($n = 13$) investigated the effect of electro-acupuncture at **ST-36** on the **heart rate variability** (HRV) in healthy subjects. There was no acupuncture-specific effect on HRV. **Chang et al, Am J Chin Med 2005**

A German prospective randomised placebo-controlled single-blinded experimental crossover study ($n = 10$) investigated the effect of acupuncture at **ST-36**, **L.I.-11**, **SP-10 and Du-14** on

leukocyte circulation in healthy young subjects. There was a significant decrease in leukocyte and lymphocyte values in the acupuncture group while cortisol and norepinephrine plasma levels remained unchanged. **Kou et al, Brain Behav Immun 2005**

A US prospective, non-randomised, placebo-controlled, single-blinded trial (*n* = 7) investigated if electro-acupuncture at **ST-36, SP-6**, **ST-34** and **L.I.-4** before and during induction of general anaesthesia (desflurane) influenced the **anaesthetic requirement** compared to a control group. There was no reduction in pain in the treatment group. **Chernyak et al Anesth Analg 2005**

A Taiwanese prospective, randomised, placebo-controlled, single-blinded experimental cross-over study (*n* = 15) investigated if electro-acupuncture (EA) at **ST-36** can normalise **atropine-induced gastric dysrhythmia**. While there was a significant increase in the percentage of normal frequency, atropine-induced gastric dysrhythmia was not normalised by EA (no significant differences in the EGG). **Chang et al, Dig Dis Sci 2002**

A Taiwanese prospective, randomised, controlled experimental trial (*n* = 15) investigated the effect of **ST-36** on **gastric myoelectrical regularity**. There was a significant decrease in the tachygastric and bradygastric rhythm during electro-acupuncture on ST-36. **Chang et al, Digestion 2002**

A Taiwanese prospective, randomised, sham-controlled trial (*n* = 100) investigated the effect of electro-acupuncture at **ST-36** on **postoperative pain and opioid-related side effects**. The postoperative pain, the requirement for morphine (via PCA) and the incidence of nausea and dizziness were all significantly reduced. **Lin et al, Pain 2002**

A US prospective, randomised, double-blinded, sham-controlled experimental trial (*n* = 14) investigated if electro-acupuncture at **ST-36**, **G.B.-34** and **BL-60** could reduce the anaesthetic requirement (desflurane) for **experimental pain stimuli**. Electro-stimulation of these points did not reduce desflurane requirements compared to the control group. **Morioka et al, Anesth Analg 2002**

A Taiwanese prospective case study (*n* = 15) investigated the effect of bilateral electro-acupuncture **at ST-36** on gastric slow waves in **diabetic patients** with symptoms suggesting **gastric motor dysfunction**. Changes of gastric activity were measured by EGG. During and after acupuncture there was a significant increase in the percentages of normal frequency. In addition the percentage of tachygastric frequency was decreased significantly during and after acupuncture. **Chang et al, Digestion 2001**

A Chinese case study (*n* = 104) reports the successful injection-acupuncture at **ST-36** for **chemotherapy-induced leukopenia**. **Yin et al, J Tradit Chin Med 2001**

A Chinese prospective, randomised, controlled, non-blinded trial (*n* = 26) investigated the effect of acupuncture at **ST-36** plus auricular plaster therapy on **peristalsis** for postoperative recovery of intestinal function after abdominal surgery. 92% of patients in the treatment group showed recovery of normal peristalsis within 72 hours, while in the control group only 46% patients recovered within the same time-period. **Wan et al, J Tradit Chin Med, 2000**

A US prospective, randomised, controlled pilot study (*n* = 17) investigated the effect of acupressure at **ST-36** and **P-6** on the intensity and frequency of **nausea** in patients undergoing **chemotherapy due to breast cancer**. Both the frequency and intensity of the nausea was significantly lower in the treatment group than in the control group. **Dibble et al, Oncol Nurs Forum 2000**

An Italian prospective, randomised, controlled experimental trial (*n* = 120) investigated the effect of acupuncture at **ST-36** and **L.I.-4** regarding changes in the levels of beta-endorphins and other parameters (VIP, lymphocyte subsets, NK cells and monocyte phagocytosis) in patients suffering from various painful disorders. These changes were compared to an untreated control group. Only in the acupuncture group were the endorphin levels, the CD3 and CD4 values and monocyte phagocytosis increased for at least 24 hours after treatment. At the same time there was an increase of the CD8 values. **Petti et al, J Tradit Chin Med 1998**

A Chinese retrospective case study reports good results in treating **leukopenia** with acupuncture at **ST-36**. **Wei, J Tradit Chin Med 1998**

A Taiwanese prospective, randomised, sham-controlled experimental trial (*n* = 18) investigated the effect of acupuncture at **ST-36** and **L.I.-4** on central nervous system pathways with functional MR imaging of the brain. Besides a significant reduction of the heart rate frequency, acupuncture at both points resulted in activation of the hypothalamus and nucleus accumbens (structures of the descending antinociceptive pathway) and deactivation of the rostral part of the anterior cingulate cortex, amygdala formation, and hippocampal complex (limbic areas of pain recognition). Therefore this study provides explanations for the **pain-reducing effect** of acupuncture. **Wu et al, Radiology 1999**

A prospective, sham-controlled, single-blinded experimental longitudinal trial (*n* = 13) investigated the effect of acupuncture at ST-36 only, compared to acupuncture at **ST-36 plus L.I.-10** on **auditory endogenous potentials** (P300). The effect of the different forms of acupuncture was identical. In contrast to the sham group, it led to a decrease of P300 amplitude in the acupuncture group. **Hsieh et al, Am J Chin Med 1998**

A US prospective, randomised, sham-controlled, single-blinded trial (*n* = 100) investigated the effect of transcutaneous electric nerve stimulation (TENS) at **ST-36** on **opioid analgesic requirement** by PCA following hysterectomy or myomectomy compared to peri-incisional dermatomal stimulation by TENS. TENS applied at the dermatomal level of the incision is as effective as stimulation at ST-36, and both were more effective than stimulation at a sham location. **Chen et al, Anesth Analg 1998**

A Chinese prospective, randomised, controlled trial (*n* = 69) compared the so-called immunotherapy at **ST-36** to conventional desensitisation therapy in patients suffering from **anaphylactic asthma**. Results in the acupuncture group were significantly better, regarding both clinical and immunohistochemical parameters. **Chen et al, Zhongguo Zhong Xi Yi Jie He Za Zhi 1996**

A Mongolian prospective, randomised, controlled study ($n = 48$) compared the effect of acupuncture at **ST-36** and **P-6** combined with epidural anaesthesia to simple epidural anaesthesia for subtotal gastrectomies. The acupuncture group, while requiring a lower dosage of anaesthetic, experienced a stronger analgesic effect, the abdominal muscles were more relaxed and the haemodynamic disturbances were smaller. **Sun, Zhen Ci Yan Jiu 1996**

A US prospective, randomised, controlled, experimental trial ($n = 11$) researched the effect of transcutaneous electric nerve stimulation (TENS) at **ST-36** and **ST-37** on **peripheral blood circulation** and **haemodynamics**. Twenty minutes of TENS on healthy subjects did not produce a significant change in the measured parameters. **Balogun et al, Disabil Rehabil 1996**

A Taiwanese prospective, randomised, placebo-controlled, single-blinded trial investigated the influence of acupuncture at **ST-36** on the **pulse spectrum**. The results indicated that acupuncture at ST-36 has a specific effect on the Fourier components of the pulse: C2 and C4 decreased while C5, C6, C8 and C9 increased. This specific frequency effect was not found when acupuncture was applied on a non-acupuncture point. **Wang et al, Am J Chin Med 1995**

A Chinese prospective, randomised, controlled trial ($n = 45$) investigated the effect of **ST-36**, **L.I.-11** and **KID-6** on the immunoactivity of natural killer cells and the interleukin-2 level in **malignant tumour** patients. After receiving one treatment of 30 minutes daily for 10 days, parameters in the treatment group had increased significantly compared to the control group. **Wu et al, Zhongguo Zhong Xi Yi Jie He Za Zhi 1994**

A Chinese prospective, randomised, controlled trial ($n = 80$) compared **anaesthesia with electro-acupuncture** at **ST-36** and **L.I.-4** to epidural anaesthesia in **appendectomies**. The operations were equally successful in both groups, without any significant differences regarding the success rate. **Sun et al, Zhen Ci Yan Jiu 1992**

A Chinese prospective, randomised, controlled trial ($n = 39$) investigated the effect of acupuncture at **ST-36** and **SP-6** on **bowel movements following abdominal surgery**. In the acupuncture group the first postoperative bowel movement occurred after approximately 58 hours, but only after 86 hours in the untreated control group. **Liu et al, Zhong Xi Yi Jie He Za Zhi 1991**

ST-37 → ST-36

ST-38 → G.B.-34; ST-36

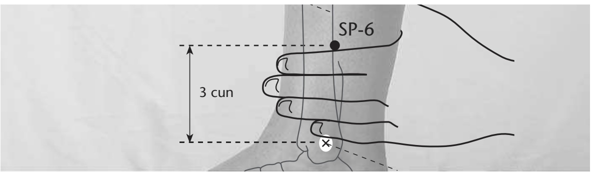
ST-40 → L.I.-15

ST-44 → L.I.-4; ST-2

Spleen channel

SP-1 A US prospective experimental trial ($n = 13$) investigated the effect of electro-acupuncture (EA) at **SP-1** and **LIV-1** on **thermal pain thresholds**. The pain threshold increased significantly 30 seconds after onset of EA. The authors postulate that EA at the above points has an inhibitory effect on the C-fibre afferents; the analgesic benefit observed is most probably A-delta afferent mediated. **Leung et al, J Altern Complement Med 2005**

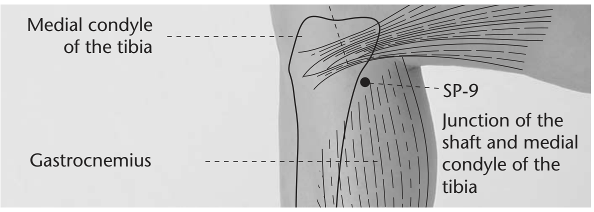
SP-4 → Du-4; P-6; L.I.-4



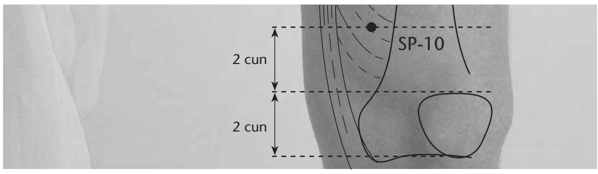
SP-6 → ST-36; L.I.-4; P-6; G.B.-26; Du-4; Du-20; LIV-3; L.I.-15

In a prospective, randomised, double-blinded group-comparison trial ($n = 56$) patients suffering from **interstitial cystitis** performed daily laser therapy on SP-6 at home for 30 seconds over a period of 12 weeks. There were no significant differences between the treatment and control cohorts. **O'Reilly et al, J Urol 2004**

An Australian prospective, randomised, placebo-controlled trial ($n = 20$) investigated the effect of transcutaneous electrical stimulation (TENS) at **SP-6** and **LIV-3** on **uterine contractions** in post-date pregnant women. A significant increase in frequency and strength of contractions was found in the TENS group compared with the placebo group. **Dunn et al, Obstet Gynecol 1989**


Medial condyle of the tibia
SP-9
Junction of the shaft and medial condyle of the tibia
Gastrocnemius

SP-9 A British prospective, randomised, controlled, assessor-blinded trial ($n = 44$) investigated the influence of **SP-9**, **SP-10**, **ST-34**, **ST-36** and **L.I.-4** on unilateral versus bilateral acupuncture in patients with **advanced osteoarthritis of the knee**. The symptoms improved significantly in both groups. This improvement was sustained for six months. There was no statistically significant difference between the groups. **Tillu et al, Acupunct Med 2001**



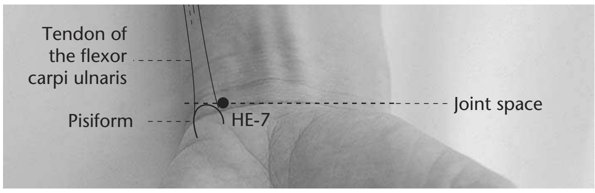
SP-10 → SP-9; ST-36; Ren-17

A Chinese prospective, randomised, controlled trial ($n = 62$) investigated the effect of Q-wave millimetre microwave application at **SP-10** and **BL-17** on **chemotherapy-induced leukopenia in gastrointestinal cancer patients**. One group received

irradiation before the start of chemotherapy, the other group only after the onset of the chemotherapy-induced leukopenia. Beginning the irradiation before starting chemotherapy produced a significantly better result (86% versus 73% with later application). **Wu et al, Zhongguo Zhong Xi Yi Jie He za Zhi 1997**
SP-12 → Du-4

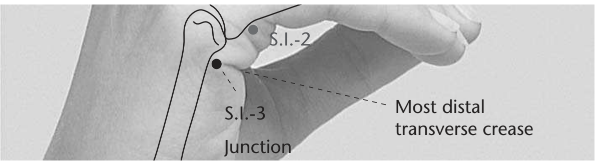
Heart channel

HE-3 → P-6
HE-5 → P-6



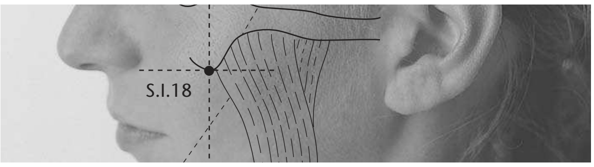
HE-7 → G.B.-26; Du-4; Du-20; S.I.-3; P-6
A German prospective, randomised, placebo-controlled, single-blinded trial ($n = 36$) investigated the effect of **H-7**, **P-6**, **Du-20**, **BL-62** and **Ex-HN-6** ***erjian*** on the cardiac autonomous nervous system in patients with **minor depression and anxiety disorders**. Only the acupuncture group demonstrated a relative increase of cardiovagal modulation of heart rate. **Agelink et al, Fortschr Neurol Psychiatr 2003**
A British pilot study ($n = 17$) investigated the effect of **HE-7** on certain **stress parameters**. There was an average decrease of 44% (based on the Edinburgh Postnatal Depression Scale (EPDS). **Chan et al, Acupunct Med 2002**
HE-8 → LU-10
HE-9 → Du-4

Small Intestine channel



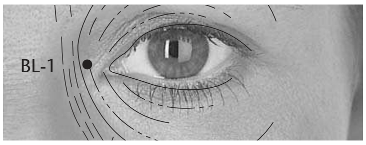
S.I.-3 → LU-10; Du-12
A larger-scale Taiwanese prospective, controlled, randomised trial ($n = 100$) demonstrated a significant improvement of neurological functioning in patients with **severe spinal cord injuries** (ASIA status A and B) after electro-acupuncture at **S.I.-3** and **BL-62** plus auricular acupuncture versus the control group (conventional and rehabilitation therapy only). **Wong et al, Am J Phys Med Rehabil 2003**
A non-controlled pilot study ($n = 18$) found that the treatment of **acute torticollis** with a single treatment of ipsilateral acupuncture at **S.I.-3** and **M-UE-8** resulted in a mean improvement of lateral head rotation of 53%. **Samuels N, Am J Chin Med 2003**

A Chinese prospective, randomised, controlled trial ($n = 62$) investigated the effect of acupuncture at **S.I.-3** and **HE-7** in patients with **cerebral traumatic dementia** compared to conventional physiotherapy. There were significant changes of MMSE scores and auditory P300 values in the acupuncture group only. **Zhang et al, Zhen Ci Yan Jiu 1996** and **Zhang et al, Zhongguo Zhong Xi Yi Jie He Za Zhi 1995**

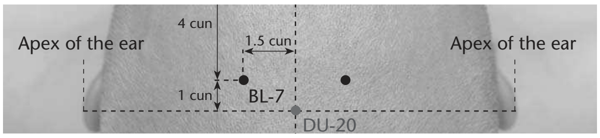


S.I.-18 A Chinese prospective, randomised, controlled, single-blinded trial ($n = 42$) investigated the effect of electro-acupuncture at **S.I.-18**, **Ex-HN-04**, **G.B.-20** and **L.I.-4** on controlled hypotension induced by isoflurane during a cerebral operation in order to avoid blood loss. The concentration of isoflurane necessary to achieve controlled hypotension was significantly reduced by 31–42% compared to the control group. **Wang et al, Zhongguo Zhong Xi Yi Jie He Za Zhi 2000**

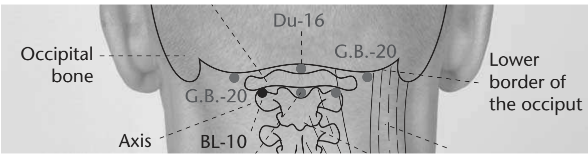
Bladder channel



BL-1 → G.B.-14
A non-randomised group-comparison trial ($n = 34$) investigated the effect of warmed needle acupuncture at **BL-1** in patients suffering from **epiphora** due to dysfunction of the lacrimal duct. The effect in the treatment group was significantly better in comparison to the control group treated with lacrimal duct irrigation and norfloxacin eye drops (92% vs 54%). **Ni et al, J Tradit Chin Med 2002**
A Chinese case study reports the treatment of **epiphora** due to **insufficiency of lacrimal passage** with acupuncture at **BL-1**. Of the 68 eyes treated in 42 patients, 28 eyes were cured and 35 improved. 34 eyes improved after only one course of treatment. **Ni Y et al, J Tradit Chin Med 1999**



BL-7 A Chinese experimental trial carried out in 1988 was the first to discuss the possible effect of **BL-7**, **G.B.-6** and **Ex-HN-1** on **hemiplegia** through changes of the micro-circulation in the nail bed. **Shun et al, Zhen Ci Yan Jiu 1988**



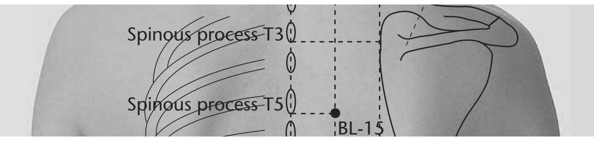
BL-10 → ST-8

A placebo-controlled, non-blinded group-comparison trial ($n = 65$) investigated the effect of treating children with an acuplaster at **BL-10**, **BL-11** and **G.B.-34** the night before undergoing **strabismus surgery,** for the prevention of **post-operative nausea and emesis**. Nausea and emesis were reduced by 50% during the early and later postoperative stage compared to the placebo-group. The well-researched point P-6 often failed to prevent nausea in this type of surgery. **Chu et al, Acta Anaesthesiol sin 1998**

BL-11 → Du-12; BL-10; L.I.-4; Ex-B-1

BL-12 → Ex-B-1

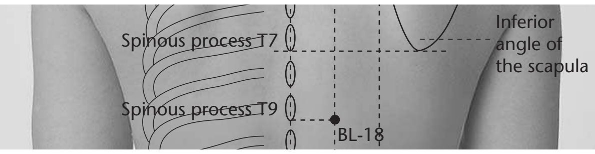
BL-13 → Ex-B-1; Du-14



BL-15 → Ex-B-1; P-6

In an animal experiment, moxibustion at **BL-27** was able to reduce the renal excretion of Na^+ while at the same time decreasing urinary volume. Systolic blood pressure remained unchanged while plasma levels of aldosterone and ANP (atrial natriuretic peptide) decreased. In contrast, moxibustion at BL-15 increased urinary volume while reducing excretion of Na^+ and decreasing systolic blood pressure. Plasma levels of aldosterone and ANP decreased. These results suggest that BL-15 and BL-27 might be applied for certain forms of **hypertension**. **Lee et al, Am J Chin Med 1997**

BL-17 → SP-10



BL-18 → BL-23

A Japanese prospective, randomised, placebo-controlled, double-blinded trial ($n = 189$) investigated the effect of Japanese intradermal acupuncture at **BL-18**, **BL-19**, **BL-20**, **BL-21**, **BL-22**, **BL-23**, **BL-24**, **BL-25** and **BL-26** on **analgesic requirement, nausea and emesis** as well as stress markers after **abdominal surgery**. Starting from the recovery room and including the second postoperative day incisional pain at rest and during coughing was significantly lower in the verum group than in the control group. The requirement for epidural morphine was also significantly lower (only 50%). Nausea and emesis were also significantly lower (20–30%). Plasma cortisol and epinephrine concentrations were reduced by 30–50% in the acupuncture group during recovery and on the first postoperative day. This is one of the most valuable trials due to its excellent methodology and design. **Kotani et al, Anesthesiology 2001**

BL-19 → BL-18

BL-20 → L.I.-4; Du-1; BL-18; Du-14; P-6

BL-21 → BL-18

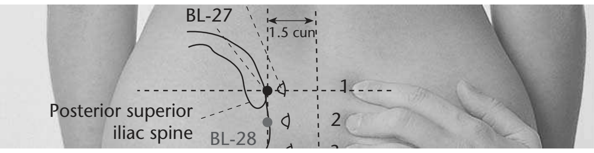
BL-22 → BL-18; Ex-B-2

BL-23 → L.I.-4; Du-4; Du-20; BL-18; Du-14

BL-24 → L.I.-4; BL-18

BL-25 → L.I.-4; BL-18; Ex-B-2

BL-26 → L.I.-4; BL-18

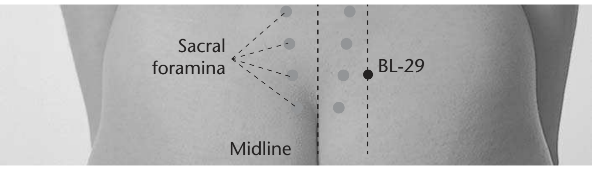


BL-27 → L.I.-4; BL-15

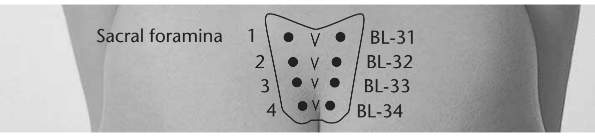
A German randomised, placebo-controlled experimental trial ($n = 42$) compared the effect of acupuncture at **BL-27** on pain reduction with a point of the Yamamoto New Scalp Acupuncture (YNSA). Experimental pain stimuli were set on the **upper calcaneus edge**. The difference in pain reduction between the acupuncture group and the scalp acupuncture group was highly significant. There are also highly significant differences concerning the verum and the placebo treatment. BL-27 could therefore be a useful point for treating calcaneal pain. **Ogal et al, Anasthesiol Intensivmed Notfallmed Schmerzther 2002**

An animal experiment in 15 healthy dogs investigated the effect of acupuncture on intestinal (duodenum) motility. Electro-acupuncture at BL-27 decreased the frequency of intestinal motility by 31% during stimulation, while showing an increase of 18% after stimulation. Electro-stimulation of ST-36 led to the opposite result: a 20% increase during stimulation followed by a decrease of 7% after stimulation. Based on this result, BL-27 could be applied for **paralytic ileus** or **constipation** while ST-36 could be used for treating **bloating, tenesmus and diarrhoea**. **Choi et al, J Vet Sci 2001**

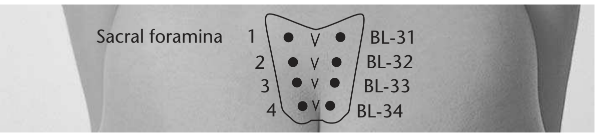
BL-28 → L.I.-4; Du-4



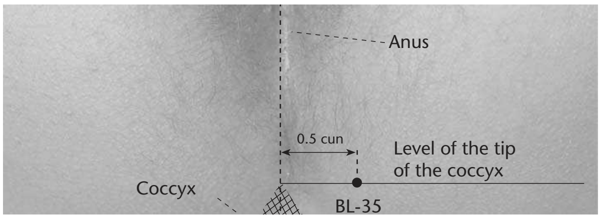
BL-29 There exists only a small case study describing **various disorders**. This is of educational value rather than anything else. **Chen Y., J Tradit Chin Med 2002**


Sacral foramina
1
2
3
4
BL-31
BL-32
BL-33
BL-34

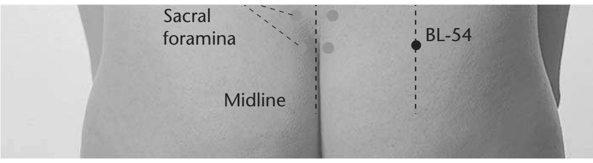
BL-32 → Du-4; Ren-3
A medium-scale Chinese case study ($n = 30$) reports the successful treatment of **urinary and faecal incontinence** due to nerve damage with electro-acupuncture at **BL-35** and **BL-32**. **Yang et al, J Tradit Chin Med 2003**


Sacral foramina
1
2
3
4
BL-31
BL-32
BL-33
BL-34

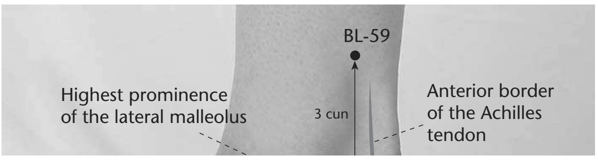
BL-33 A Japanese case study ($n = 10$) documents a significant reduction of pain for **chronic pelvic pain syndrome** with **intrapelvic venous congestion** by weekly treatments with bilateral acupuncture at **BL-33** (needle retention 10 minutes, manual rotation). **Honjo et al, Int J Urol 2004**
A Japanese prospective case study ($n = 13$) investigated the effect of bilateral acupuncture at **BL-33** on cystometry and **incontinence** in **spinal-cord-injured patients**. Incontinence completely disappeared in 15% of cases and decreased to 50% or less compared to baseline in a further 46% of patients. Maximum cystometric bladder capacity increased significantly from 75 ml to 148 ml. When cystometry was repeated in six patients one month after the last acupuncture treatment, bladder capacity showed a further average increase to 187 ml. **Honjo et al, Urol Int 2000**


Anus
0.5 cun
Level of the tip of the coccyx
Coccyx
BL-35

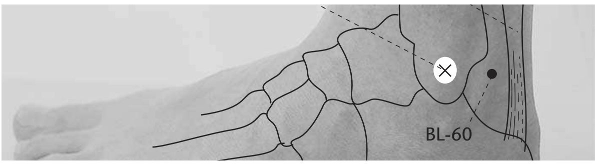
BL-35 → BL-29; BL-32
A larger-scale Chinese case study ($n = 103$) reports the successful treatment of **post-partum urinary retention** with classic acupuncture at **BL-35**. **Li et al, J Tradit Chin Med 1996**
BL-47 → L.I.-4


Sacral foramina
BL-54
Midline

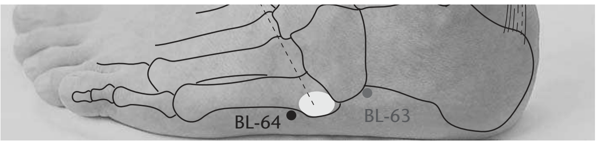
BL-54 → Du-3
A larger-scale Chinese case study ($n = 100$) reports the successful treatment of **lumbar pain** with acupuncture at **BL-54**. **Cui, J Tradit Chin Med 1992**


BL-59
Highest prominence of the lateral malleolus
3 cun
Anterior border of the Achilles tendon

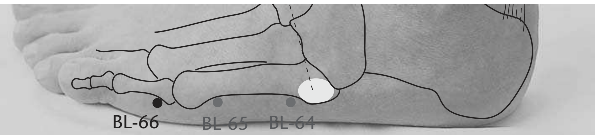
BL-59 A smaller-scale Chinese case study reports the treatment of **acute lumbar pain** with acupuncture at **BL-59**. **Hu, J Tradit Chin Med 1993**



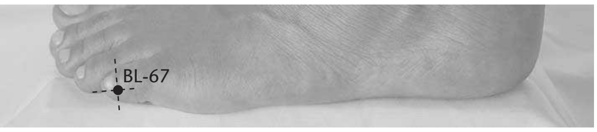
BL-60 → Du-3; ST-36; L.I.-4
A US prospective case study ($n = 7$) reports the positive subjective (questionnaire) and objective (tibial H-reflex) effect of non-invasive electro-acupuncture at **BL-60**, **ST-36**, **KID-1** and **LIV-3** on **HIV-related neuropathy**. Results showed a significant overall improvement in functional activities. **Galantino et al, J Altern Complement Med 1999**
BL-62 → S.I.-3; HE-7; Du-20



BL-64 An animal experiment demonstrated that electro-acupuncture at BL-64 and BL-65 increased the activity of nitric oxide synthase in the brain stem nuclei (nucleus gracilis). **Ma at al, Acupunct Electrother Res 2002**
BL-65 → BL-64



BL-66 An experimental study in rats investigated the antipyretic effect of manual acupuncture at **BL-66** on lipopolysaccharide-induced **fever**. Acupuncture at this point reduced the fever and also reduced the production of the pro-inflammatory cytokines interleukin-1 beta and interleukin-6 in the hypothalamus of the treated rats. **Son et al, Neurosci Lett 2002**



BL-67 An Italian prospective, randomised, controlled, single-blinded trial (*n* = 123) investigated the effect of moxibustion at **BL-67** on the conversion rate in **breech presentations**. The trial had to be terminated prematurely due to a high drop-out rate of participants. At that time, there were no significant differences between the moxibustion group and the control group. The authors conclude that there is too little acceptance for moxibustion treatment in non-Asian cultures. **Cardini et al, Br J Obstet Gynaecol 2005**

A randomised, controlled, prospective larger-scale trial (*n* = 67) demonstrated a higher rate of conversion of fetal **breech presentations** in a group treated with 30 minutes of manual acupuncture at **BL-67** (76.4%) compared to an untreated control group (45.4%). **Habek et al, Fetal Diagn Ther 2003**

A large-scale (*n* = 260), randomised, controlled, prospective trial demonstrated a higher rate of conversion of fetal **breech presentations** in women treated with moxibustion at **BL-67** for 7–14 days (75.4%) than the conventionally treated control group (47.7%). **Cardini et al, JAMA 1998**

A medium-scale case study (*n* = 48) with retrospective control groups demonstrated that electro-acupuncture at **BL-67** for the conversion of fetal **breech presentations** had a 81.3% success rate. **Li et al, J Tradit Chin Med 1996**

Acupuncture at **BL-67** resulted in a significant increase in the number of **c-Fos-positive cells in the primary visual cortex** of binocularly deprived rat pups to levels suggesting that BL-67 has an influence on the activity of the primary visual cortex. **Lee et al, Am J Chin Med 2002**

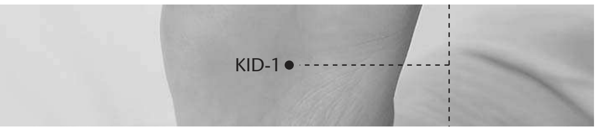
A recent Italian prospective, randomised trial investigated the effect of acupuncture and moxibustion at **BL-67** on the conversion of **breech presentations** in 240 pregnant women. At delivery, breech presentation was significantly lower in the active-treatment group (37%) than in the observation group (54%). Therefore the proportion of caesarean sections indicated for breech presentation was also significantly lower in the treatment group than in the observation group (52% vs 67%). **Neri et al, J Matern Neonatal Med 2004**

A Croatian prospective, randomised, controlled, non-blinded group-comparison trial (*n* = 67) assessed the value of acupuncture at **BL-67** for 30 minutes in the conversion of **breech presentation**. The success rate of the acupuncture correction of the breech presentation was 76% while the rate in the untreated control group was only 45%. This is a highly significant difference. **Habek et al, Fetal Diagn Ther 2003**

An Austrian prospective, randomised, placebo-controlled experimental trial (*n* = 10) investigated the effect of laser acupuncture at **BL-67** on the visual cortex using fMRI to monitor **neuroradiological changes**. Only verum acupuncture resulted in an activation in the cuneus (Brodmann Area BA 18) and the medial occipital gyrus (BA 19). These results confirm the traditional application of this point for ophthalmic disorders. **Siedentopf et al, Neurosci Lett 2002**

An Italian prospective, non-randomised, sham-controlled, single-blinded trial (*n* = 12 pregnant women with **breech presentation**) demonstrated that acupuncture at **BL-67** significantly reduced the fetal heart rate while increasing fetal movement and producing more accelerations. **Neri et al, J Soc Gynecol Invest 2002**

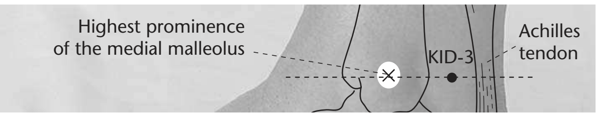
Kidney channel



KID-1 → BL-60

A Chinese prospective, randomised, controlled, non-blinded trial (*n* = 150) investigated the effect of acupuncture at **KID-1** in the treatment of **children with bronchial asthma** compared to a control group treated with conventional drugs. The clinical effectiveness of acupuncture at KID-1 was significantly higher than treatment with drugs (89% vs 64%). In addition, in the acupuncture group the level of eosinophils and IgE was highly significant and significantly lower respectively than in the control group. **Gao et Zhu, Zhongguo Zhong Xi Yi Jie He Za Zhi 2005**

A Chinese retrospective case study reports the successful local stimulation of **KID-1** by applying a paste in the treatment of **essential hypertension**. **Gong et al, J Tradit Chin Med 1995**

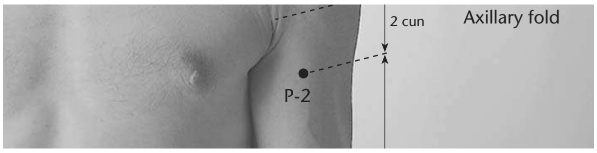


KID-3 → Du-4; L.I.-15

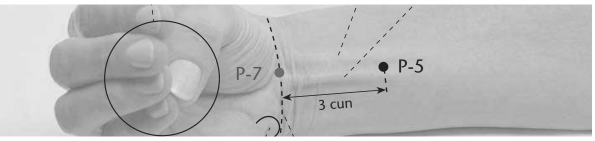
A Taiwanese prospective, randomised, controlled experimental trial (*n* = 157) compared the absorption of Tc-99 m (a radioactive technetium marker) at **KID-3** with non-acupuncture points. Absorption at KID-3 was significantly better than at non-acupuncture points. **Wu et al, Am J Chin Med 1994**

KID-4 → P-6
KID-5 → Du-4
KID-6 → ST-36

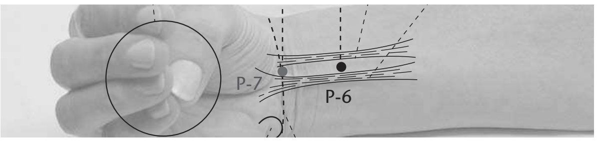
Pericardium channel



P-2 A Chinese experimental trial (*n* = 100) examined cardiac function before and during acupuncture at **P-2**, **P-3**, **P-4** and **P-6** as well as at control points (some arbitrary points and **G.B.-37**) in patients with **coronary heart disease**. In contrast to the control points the verum points had an effect – even if only a minor one – on the measured parameters (PEP, LVET, P/L, HI, SV, CO, ST segment and T wave of ECG). **You et al, Zhen Ci Yan Jiu 1993**
P-3 → P-2
P-4 → P-2



P-5 An earlier Chinese trial interpreted the synchronising effect of electro-acupuncture at **P-5** on EEG activity as having a **homeostatic effect on the whole body**. **Huang et al, Zhen Ci Yan Jiu 1990**
Electro-acupuncture at **P-5** improved the ST segment of ECG in rabbits with induced **acute myocardial infarction**. **Cao et al, Zhen Ci Yan Jiu 1990**
An earlier Chinese experimental trial (*n* = 10) found that electro-acupuncture at **P-5** and **P-6** shortened sino-atrial conduction in healthy subjects and increased frequency at the sinus node (**positive chronotropic and bathmotropic effect**). **Xi et al, Zhongguo Zhong Xi Yi Jie He Za Zhi 1993**
Previous work of the team led by Li and Tjen-A-Looi suggests that the inhibitory effect of electro-acupuncture (EA) on the pressor reflex induced by bradykinin (BK) applied to the gallbladder is in part due to the activation of opioid receptors most likely located in the rostral ventrolateral medulla (rVLM). This trial investigated the specific opioid receptor subtypes and neurotransmitters responsible for this inhibition. Therefore BK was applied to the gallbladder of anaesthetised cats to induce an increase of arterial blood pressure. It was found that applying EA at P-5 and P-6 activated the mu and delta opioid receptors located in the rVLM, thus preventing a rise of the arterial blood pressure for a longer period of time through the activating influence of the splanchnic nerve (for example due to stretching of the gallbladder or stomach). This experiment substantiated the positive effect of EA at P-5 and P-6, especially for myocardial ischaemia due to **coronary heart disease**. **Li et al, Auton Neurosci 2001; Li et al, Am J Physiol Regul Integr Comp Physiol 2002; Tjen-A-Looi et al, Auton Neurosci 2003**
In a US study 17 healthy subjects were subjected to weekly bicycle training for 3–4 weeks. Subjects were asked to perform the training with and without electro-acupuncture (EA) at **P-5**, **P-6**, **L.I.-4**, **L.I.-5**, **L.I.-6**, **L.I.-7**, **G.B.-37**, **G.B.-38** and **G.B.-39**. In 70% of subjects, EA at points on the Pericardium and Large Intestine channels led to an increase in maximal workload with decreased blood pressure. Points on the Gall Bladder channel had no effect. Further trials may investigate the application of these points in the treatment of hypertension induced by exercise stress. **Li et al, Clin Auton Res 2004**



P-6 → P-2; P-5; Du-20; Du-14; HE-7; LIV-3; L.I.-4; ST-36
A Taiwanese prospective, randomised, placebo-controlled, double-blinded trial (*n* = 110) investigated the effect of acupressure bands at **P-6** on **nausea and vomiting during spinal anaesthesia for caesarean delivery**. The reduction and occurrence of nausea (64% vs 71%) and vomiting (22% vs 27%) was not significant. **Ho et al, Anesth Analg 2006**
A US prospective, randomised, placebo-controlled, single-blinded trial (*n* = 94) investigated the effect of acupressure bands at **P-6** on the occurrence of **nausea and vomiting during caesarean delivery under spinal anaesthesia**. There was no statistically significant difference between the active and sham control groups in the incidence of intraoperative nausea (30% vs 43%), postoperative nausea (23% vs 41%), intraoperative vomiting (13% vs 9%), postoperative vomiting (26% vs 34%), intraoperative antiemetic requirement (23% vs 18%), postoperative antiemetic requirement (34% vs 39%), complete intraoperative response (55% vs 57%) or complete postoperative response (51% vs 34%). These results did not reach the selected level of significance. There were also no significant differences between the groups in nausea scores, number of vomiting episodes and patient satisfaction. **Habib et al, Anesth. Analg 2006**
A Swedish prospective, randomised placebo-controlled experimental double-blinded trial (*n* = 60) investigated the effect of acupressure at **P-6** on **nausea induced by eccentric rotation**. Mean time to nausea was significantly the longest in the P-6 group (352 seconds), compared to the placebo-acupressure group (280 seconds) and the untreated control group (151 seconds). **Alkaissi et al, Can J Anaesth 2005.**
A Turkish prospective randomised controlled non-blinded trial (*n* = 90) investigated the effect of transcutaneous electrical acupoint stimulation (TEAS) at **P-6** and **Ren-13** compared to ondansetron on **postoperative nausea following paediatric**

tonsillectomy. There was the same incidence of nausea episodes in the TEAS group and in the ondansetron group, but significantly fewer episodes than in the untreated control group. Side-effects were significantly higher in the ondansetron group. **Kabalak et al, J Altern Complement Med 2005**

An Indian prospective, randomised, placebo-controlled, double-blinded trial ($n = 120$) investigated the effect of capsicum-plasters on **P-6** on **postoperative nausea and vomiting** (PONV) compared to conventional treatment with ondansetron. For the duration of the plaster application (6 hours after the operation) the incidence of PONV and the requirement for antiemetics were significantly lower in both groups. **Misra et al, Can J Anaesth 2005**

A Turkish prospective, randomised, placebo-controlled, single-blinded trial ($n = 127$) investigated the effect of transcutaneous electric nerve stimulation (TENS) at **P-6** on the incidence and severity of **nausea and gagging during gastroscopies**. There were no significant differences between the treatment group and placebo group. **Tarcin et al, Turk J Gastroenterol 2004**

A Chinese prospective, non-blinded, randomised, group-comparison trial ($n = 30$) investigated the effect of acupuncture at **P-6** plus mexiletin on **intermittent ventricular extrasystole**. The treatment group had a total effective rate of 90% compared with the control group, who was administered mexiletin only (80% total effective rate). Only the acupuncture group showed no increase in extrasystole. **Zhang et al, J Tradit Chin Med 2004.**

A Chinese group-comparison trial investigated the effect of acupuncture at **P-6** in the treatment of patients with angina pectoris and **acute myocardial infarct**. The effectiveness of acupuncture was significantly better (91%) than conventional treatment with isosorbide dinitrate and nifedipine. **Meng et al, J Tradit Chin Med 2004**

A US prospective, controlled, group-comparison trial ($n = 77$) investigated the effect of stimulation at **P-6** on the symptoms of **motion sickness** during exposure to optokinetic drum rotation. Despite the extreme test conditions, stimulating P-6 delayed the onset of symptoms considerably. **Miller et al, Aviat Space Environ Med 2004**

A Croatian prospective, single-blinded group-comparison trial ($n = 36$) investigated the efficiency of acupuncture at **P-6** in the treatment of **hyperemesis gravidarum**. Treatment results were measured by the requirement for anti-emetic medication. Acupuncture at P-6 had an efficiency rate of 90%, acupressure at P-6 64%, placebo acupuncture 12.5% and placebo acupressure 0%. **Habek et al, Forsch Komplementarmed Klass Naturheilkd 2004**

In a German prospective, randomised, placebo-controlled double-blinded group-comparison trial acupuncture at **P-6** significantly reduced the incidence of **emesis after gynaecological and breast surgery** (40% placebo, 25% P-6). Postoperative emesis was only reduced for gynaecological surgery, not for breast surgery. **Streitberger et al, Anaesthesia 2004**

A Chinese prospective, randomised, single-blinded, placebo-controlled group-comparison trial ($n = 41$) investigated the effect of twice daily acupressure at **P-6**, **ST-36** and **SP-6** on **gastrointestinal motility following trans-abdominal hysterectomy**. In comparison to the control group receiving acupressure on sham points, gastrointestinal motility (measured with a multifunctional stethoscope) increased significantly in the acupressure group. **Chen et al, Am J Chin Med 2003**

A German prospective, randomised, placebo-controlled, single-blinded trial ($n = 80$) investigated the anti-emetic effect of acupuncture at **P-6** in addition to administration of ondansetron in patients with **chemotherapy-related nausea**. There was no significant difference between the treatment and control group. **Streitberger et al, Clin Cancer Res 2003**

A US prospective, randomised, placebo-controlled, double-blinded trial ($n = 230$) investigated the effect of TENS at **P-6** for the relief of **nausea and vomiting in pregnancy**. Based on the Rhodes Index, results in the verum group were significantly better than in the control group. **Rosen et al, Obstet Gynecol 2003**

A British prospective, partially randomised, partially blinded, placebo-controlled trial ($n = 301$ patients with **acute myocardial infarction**, 125 of whom acted as a non-randomised control group) compared the effect of wristband-acupressure at **P-6** with placebo-acupressure. P-6 led to a significant reduction in **nausea and vomiting** during the last 20 hours of the 24-hour study phase (18%), compared with the placebo group (32%) and the control group (43%). **Dent et al, Complement Ther Med 2003**

A Swedish prospective case study ($n = 39$) investigated the effect of **P-6** combined with ondansetron for **nausea and vomiting** associated with **cyclophosphamide chemotherapy**. The authors stated that, compared with ondansetron treatment alone, the combined acupuncture-ondansetron treatment was significantly more effective, but they do not mention a control group. **Josefson et al, Rheumatology (Oxford) 2003**

In a US prospective, randomised, single-blinded trial ($n = 53$) the application of ‘minute sphere’ acupressure at **P-6**, **ST-36**, **SP-6** and **SP-4** showed no decrease of **postoperative pain and morphine requirement after abdominal surgery**. **Sakurai et al**, **Anesth Analg 2003**

A Swedish prospective, randomised, placebo-controlled, double-blinded, multi-centre trial ($n = 410$) investigated the effect of **P-6** for the treatment of **postoperative nausea and vomiting after gynaecological surgery**. The incidence of nausea and vomiting was significantly lower in the acupuncture group (33%) than in the control group (46%). **Alkaissi et al, Can J Anaesth 2002**

A US prospective, randomised, placebo- and sham-controlled, double-blinded trial ($n = 120$) investigated the effect of the prophylactic application of a ‘ReliefBand’ at **P-6** on the incidence of **nausea and vomiting after plastic surgery,** compared to the application of the ReliefBand in addition to 4 mg ondansetron. The occurrence of nausea and vomiting as well as the need for antiemetic ‘rescue’ medication was significantly the lowest in the P-6 plus ondansetron group. **White et al, Anesthesiology 2002**

A Korean prospective, randomised, placebo-controlled, double-blinded trial ($n = 160$) investigated among other parameters the effect of a capsicum plaster applied at **P-6** on **postoperative nausea and vomiting**. The incidence of nausea and vomiting was significantly less (P-6: 26% within 24 hours, placebo: 57%). **Kim et al, Anesth Analg 2002**

A Japanese case study investigated the effect of different stimulation techniques at **P-6** on the coronary arteries in patients with **coronary heart disease**. The mean coronary dilation with acupuncture was 69% of that caused by isosorbide dinitrate. **Kurono et al, Am J Chin Med 2002**

A US prospective, randomised, sham-controlled, single-blinded trial ($n = 187$) investigated the effect of **P-6** on the incidence of **postoperative nausea and vomiting** in children. P-6 produced significantly better results than the sham points and was equally effective as administration of droperidol, but without the sedative, hypotensive side effects. **Wang et al, Anesthesiology 2002**

A US prospective, randomised, sham-controlled, single-blinded trial ($n = 27$) investigated the effect of **P-6** on the incidence of **nausea and vomiting during chemotherapy**. Compared to the control group, the anti-emetic requirement was significantly lower in the P-6 group. **Roscoe et al, Altern Ther Health Med 2002**

An Austrian prospective, randomised, placebo-controlled, experimental cross-over study ($n = 51$) investigated the effect of acupuncture at **P-6** on the **skin blood perfusion** measured by laser Doppler perfusion imaging. This was compared to needling a sham point. Changes in the skin blood perfusion occurred significantly earlier in the acupuncture group than in the sham group, with a basically more pronounced reduction in skin blood perfusion at the verum point. **Litscher et al, Lasers Med Sci 2002**

A large-scale Australian prospective, randomised, sham-controlled trial ($n = 593$) investigated the effect of acupuncture at **P-6** on the incidence **of nausea and vomiting in early pregnancy**. Women receiving traditional acupuncture reported significantly less nausea after the second treatment and significantly less dry retching after the third week compared with women in the control group. Women treated with sham acupuncture showed significantly less nausea and retching after the third treatment compared with untreated women. Individualised acupuncture resulted in significantly less nausea and retching already after the first treatment. In this study none of the treatments had a significant influence on the frequency of vomiting. **Smith et al, Birth 2002**

A US prospective, randomised, sham-controlled trial ($n = 120$) investigated the influence of electro-acupuncture (EA) at **P-6** on postoperative **nausea and vomiting** in paediatric patients who had undergone **ENT surgery** and were awake. EA at P-6 significantly decreased the incidence of nausea (P-6: 60%, sham: 85%, control group: 93%). While vomiting had the lowest incidence in the P-6 group, the difference from the other groups was not significant. **Rusy et al, Anesthesiology 2002**

A Swedish prospective, randomised, placebo-controlled pilot study ($n = 60$) investigated the effect of tuina (acupressure) at **P-6** on **pregnancy-related nausea and vomiting**. The frequency of both nausea and vomiting was significantly lower in the acupressure group compared to the sham acupressure group and untreated control group. **Werntoft et al, J Reprod Med 2001**

A US prospective, randomised, controlled trial ($n = 25$) investigated the effect of an acupressure wrist band at **P-6** on **motion sickness**. Both the symptoms of motion sickness and abnormal gastric activity as recorded via EEG were significantly lower in the group treated with wristbands at P-6. **Stern et al, Altern Ther Health Med 2001**

A US prospective, randomised, placebo-controlled, single-blinded trial investigated the effect of ‘sea-bands’ (acupressure wristbands) at **P-6** on the incidence of **postoperative nausea and vomiting**. There were no significant differences. **Windle et al, J Perianesth Nurs 2001**

A Swedish prospective, randomised, sham-controlled, single-blinded cross-over study ($n = 33$) investigated the effect of acupuncture at **P-6** on pregnant women with **hyperemesis gravidarum** (vomiting in pregnancy). The verum group showed a significantly faster reduction of the nausea, and also a higher number of the patients experienced no vomiting. **Carlsson et al, J Pain Symptom Manage 2000**

A Chinese prospective, controlled, randomised, group-comparison study ($n = 181$) and a Chinese case study ($n = 33$) demonstrated that electro-acupuncture at **P-6** and **P-8** as well as at **L.I.-4**, **T.B.-5**, **ST-36** and **SP-6** with de-escalating treatment frequency from four times daily to once weekly for a period of 15 and 28 days had a significant effect on the **withdrawal symptoms of heroin addicts**. **Zhang et al, Zhongguo Zhong Xi Yi Jie He Za Zhi 2000; Wu et al, Zhongguo Zhong Xi Yi Jie He Za Zhi 2000**

A Taiwanese prospective, non-randomised, placebo-controlled, single-blinded experimental cross-over study ($n = 44$) investigated the effect of acupuncture at **P-6** on the left ventricular ejection fraction (LVEF) in 22 healthy subjects and 22 patients with **coronary artery disease** (CAD). There was no change of LVEF in the healthy subjects while LVEF significantly increased in the CAD patients. **Ho et al, Am J Chin Med 1999**

A US prospective, randomised, placebo-controlled, single-blinded trial ($n = 100$) investigated the effect of pre-operative acupressure (verum group) and intra-operative acupuncture (verum and control group) at **P-6** on **postoperative nausea and vomiting** after **tonsillectomy** in children. There were no significant differences. **Shenkman et al, Anesthesiology 1999**

A Swedish prospective, randomised, placebo-controlled, double-blinded trial ($n = 60$) investigated the effect of acupressure at **P-6** on **nausea and vomiting** after **minor gynaecological surgery**. Only the group receiving acupressure at P-6 experienced no vomiting and also required no anti-emetic medication. **Alkaissi et al, Acta Anaesthesiol Scand 1999**

An Austrian prospective, randomised, placebo-controlled, double-blinded trial investigated the effect of laser acupuncture at **P-6** on **nausea and vomiting in children undergoing strabismus surgery**. The laser acupuncture was administered 15 minutes before induction of anaesthesia and 15 min after arriving in the recovery room. In the laser stimulation group, the incidence of vomiting was significantly lower (25%) than that in the placebo group (85%). **Schlager et al, Br J Anaesth 1998**

A Chinese prospective, randomised, placebo-controlled, double-blinded trial ($n = 163$) investigated the effect of acupoint stickers at **P-6**, **Ren-8** and **T.B.-18** on **motion sickness**. All tested acupuncture points showed a significantly better result than the active control points (scopolamine plaster) and the placebo control (lactose plaster). T.B.-18 was the most effective point (symptoms 100% reduced), followed by Ren-8 (81%) and P-6 (46%). **Pei et al, Zhongguo Zhong Xi Yi Jie He Za Zhi 1998**

A Chinese prospective, randomised, controlled trial ($n = 50$) compared two forms of anaesthesia for the **anterior approach cervical discectomy**: local anaesthesia plus intravenous anaesthesia (IVA) in the control group and electro-acupuncture at **P-6** and **L.I.-4** plus IVA. The effect of the anaesthesia was the same in both groups. The authors therefore recommend electro-acupuncture at P-6 and L.I.-4 as a less risky alternative. **Li et al, Zhongguo Zhong Xi Yi Jie He Za Zhi 1997**

A British prospective, randomised, placebo-controlled, double-blinded trial ($n = 81$) investigated the effect of intra-operative acupuncture at **P-6** in the prevention of **postoperative nausea and vomiting** in patients undergoing **gynaecological laparoscopic surgery**. The use of acupuncture significantly reduced the incidence of postoperative nausea and vomiting by 30–38% compared with placebo. **Al-Sadi et al, Anaesthesia 1997**

A US prospective, randomised, placebo- and sham-controlled, double-blinded trial ($n = 75$) investigated the effect of acupressure at **P-6** on **nausea and vomiting during caesarean section under spinal anaesthesia** compared with administration of 10 mg metoclopramide. Acupressure at P-6 is as effective as 10 mg metoclopramide. **Stein et al, Anesth Analg 1997**

An Australian prospective, randomised, placebo-controlled, double-blinded trial ($n = 84$) investigated the effect of TENS at **P-6** and **L.I.-4** on **postoperative nausea and vomiting** in **paediatric patients** undergoing **minor urological surgery**. The differences between the treatment and control group were not statistically significant. **Schwager et al, Anaesth Intensive Care 1996**

A Taiwanese prospective, randomised, sham-controlled, single-blinded experimental trial ($n = 48$) evaluated the relationship between electro-acupuncture at **P-6** and **ST-36** and cardiopulmonary function in healthy subjects. In the P-6/ST-36 group **resting heart rate**, **carbon dioxide production** and **oxygen requirement** were significantly decreased, indicating that acupuncture can lower the metabolic rate. **Lin et al, Chin Med J (Engl) 1996**

A Taiwanese prospective, randomised, placebo-controlled, double-blinded trial ($n = 60$) investigated the effect of acupressure wristbands at **P-6** on the incidence of **nausea and vomiting after epidural morphine for post-caesarean section pain relief**. Compared to the control group, the incidence of nausea significantly decreased from 43% to 3%, vomiting significantly decreased from 27% to 0%. **Ho et al, Acta Anaesthesiol Scand 1996**

A US prospective, randomised, placebo-controlled, single-blinded cross-over study ($n = 9$) investigated the effect of acupressure wristbands at **P-6** on nausea and vomiting for **seasickness**. Depending on the time of application (earlier or later during the trip) subjects were either symptom-free or complained about nausea and vomiting. The difference was highly significant. **Bertolucci et al, Aviat Space Environ Med 1995**

A US prospective, randomised, placebo- and sham-controlled, single-blinded experimental trial ($n = 9$) investigated the effect of acupressure at **P-6** on the incidence of visually-induced **motion sickness**. Acupressure at P-6 significantly reduced the incidence of nausea and abnormal gastric myoelectric activity. **Hu et al, Aviat Space Environ Med 1995**

A Chinese prospective, randomised, controlled trial ($n = 40$) investigated the effect of acupuncture on **P-6**, **L.I.-4**, **ST-36** and **KID-4** on the regulation of cellular immune function in patients with **malignant tumours**. There was a highly significant increase of the CD3+ and CD4+ levels, an increase in the CD4+/CD8+ ratio, a higher endorphin level and a decreased level of soluble interleukin-2 receptor (SIL-2R). **Wu, Zhen Ci Yan Jiu 1995**

A British prospective, randomised, controlled trial ($n = 46$) investigated the effect of acupressure at **P-6** on **nausea and vomiting** following **laparoscopy** for **gynaecological surgery** and the requirement for anti-emetic therapy. There was a significant reduction in the requests for anti-emetic therapy in the P-6-acupuncture group. **Allen et al, Anaesth Intensive Care 1994**

A Chinese prospective paired trial ($n = 40$) investigated the effect of electro-acupuncture (EA) at **P-6** during different times of the day (*chen*-time: 7–9am, *xu*-time: 7–9pm) on left ventricular function (LVF) in patients with **coronary heart disease**. EA performed at *chen*-time improved LVF, while EA administered under the same conditions during *xu*-time led to an impairment of LVF. **Li et al, J Tradit Chin Med 1994**

A British prospective case study ($n = 27$) reports that wearing a special wrist band decreased **pregnancy-related nausea and vomiting** more than 50%. **Stainton et al, Health Care Women Int 1994**

A US prospective, randomised, sham-controlled, single-blinded trial ($n = 60$) investigated the effect of acupressure at **P-6** on **pregnancy-related nausea and vomiting**. There was a significant decrease of nausea in the P-6 acupressure group. The incidence of vomiting did not differ from the sham control group. **Belluomini et al, Obstet Gynecol 1994**

A German prospective, randomised, placebo-controlled, single-blinded trial ($n = 60$) investigated the effect of acupressure at **P-6** on **nausea** in patients undergoing **gynaecological operations of longer duration** (6–8 h). Nausea was reduced from 53% in the placebo group to 23% in the acupressure group. **Gieron et al, Anaesthesist 1993**

A Chinese prospective, randomised, placebo-controlled, single-blinded trial ($n = 15$) investigated the effect of acupuncture at **P-6**, **HE-7** and **HE-3** on the frequency and duration of **angina pectoris** during exercise. The control groups received either sham acupuncture or no treatment at all. In the verum group, the anginal attack occurred significantly later and the duration of the attack after stopping the exercise was significantly shorter than in the control groups. **Zhou et al, Zhongguo Zhong Xi Yi Jie He Za Zhi 1993**

A Taiwanese prospective, randomised, controlled trial ($n = 120$) investigated the effect of **P-6** acupoint injection with 0.2 ml 50% glucose in water compared to intravenous injection of 20 micrograms/kg droperidol for the prevention of **vomiting after gynaecological laparoscopy**. A non-controlled comparison-group received no treatment at all. The incidence of vomiting significantly decreased in both the P-6 group and the droperidol group. **Yang et al, Acta Anaesthesiol Scand 1993**

An Italian prospective, randomised, placebo-controlled, double-blinded cross-over study ($n = 60$) investigated the effect of unilateral and bilateral acupressure at **P-6** for the treatment of **morning sickness** compared to acupressure at a sham point. Compared to the placebo group both unilateral and bilateral acupressure at P-6 significantly reduced the frequency of morning sickness from 60% to 30%. **De Aloysio et al, Obstet Gynecol 1992**

A US 'n of 1' trial investigated the effect of **P-6** wristbands on **nausea and vomiting in hospice patients** ($n = 6$). There were no significant differences between the verum group, the placebo group and the group without wristbands. **Brown et al, Am J Hosp Palliat Care 1992**

A Canadian prospective, randomised, controlled, double-blinded trial ($n = 90$) investigated the effect of acupuncture at **P-6**, administered after induction of anaesthesia, on the frequency of **nausea and vomiting after strabismus surgery in children**. The control group received droperidol. There was no significant difference between the two groups. **Yentis et al, Can J Anaesth 1992**

A Canadian prospective, randomised, controlled, single-blinded trial ($n = 45$) investigated the effect of acupuncture at **P-6** administered after induction of anaesthesia on the frequency of **nausea and vomiting after tonsillectomy in children**. There was no significant difference between the verum group and the untreated control group. **Yentis et al, Br J Anaesth 1991**

A US prospective, randomised, controlled, double-blinded trial ($n = 66$) investigated the effect of acupuncture at **P-6** administered after induction of anaesthesia on the frequency of **nausea and vomiting after strabismus surgery in children**. There was no significant difference between the treatment group and placebo group. **Lewis et al, Br J Anaesth 1991**

An Irish case study ($n = 100$) reports that TENS at **P-6** reduced **chemotherapy-induced nausea** by 75%. **Dundee et al, J R Soc Med 1991**

A Swedish prospective, randomised, controlled cross-over study ($n = 21$) investigated the effect of acupuncture at **P-6**, **HE-5**, **BL-15**, **BL-20** and **ST-36** on the frequency of **angina pectoris** (AP) and the performance before onset of pain during exercise in patients suffering from coronary heart disease. The frequency of AP attacks decreased significantly from 11 to 6 attacks per week. Accordingly, the performance before onset of pain during exercise increased significantly from 82 W to 94 W. **Richter et al, Eur Heart J 1991**

A Chinese prospective, randomised, non-blinded, controlled trial ($n = 64$) investigated the effect of a 3 ml normal saline injection into **P-6** on the incidence of **postoperative vomiting**. Compared to the control group, vomiting was significantly reduced (2 vs 10 patients) in the treatment group. **Shyr et al, Ma Zui Xue Za Zhi 1990**

A British prospective, randomised, controlled experimental trial ($n = 18$) compared the effectiveness of acupressure bands at **P-6** on **motion sickness** to a placebo and 0.6 mg scopolamine. Only the subjects taking scopolamine showed a significant increase in tolerance to a laboratory nauseogenic cross-coupled motion challenge. **Bruce et al, Aviat Space Environ Med 1990**

A Taiwanese prospective, randomised, controlled trial ($n = 100$) compared the effect of electro-acupuncture (EA) and TENS at **P-6** on **nausea and vomiting after laparoscopy**. Compared to the control group (44%), nausea was significantly reduced in the EA and perchlorperazine group (12% each), but not in the TENS group (36%). **Ho et al, Anaesthesia 1990**

A British prospective, randomised, controlled trial ($n = 162$) compared the effect of acupressure wristbands at **P-6** on **postoperative nausea and vomiting** in the recovery room with conventional anti-emetic treatment. Acupressure at P-6 significantly reduced the intensity of the nausea. The reduced anti-emetic requirement and the reduced incidence of vomiting were not statistically significant. **Barsoum et al, J R Soc Med 1990**

A Chinese prospective, randomised, controlled trial ($n = 40$) compared the effect of electro-acupuncture (EA) at **L.I.-4** and **P-6** on intra-operative **analgesia** in patients undergoing **thyroidectomy** with superficial cervical plexus block. There was no significant difference between the two groups. **Ouyang et al, Zhen Ci Yan Jiu 1990**

An Irish prospective, randomised, sham-controlled, single-blinded trial investigated the effect of pre-operative electro-acupuncture and acupuncture at **P-6** on the frequency of **nausea and vomiting after minor gynaecological surgery** compared to sham acupuncture. The frequency of nausea and vomiting was significantly reduced in the P-6-group only. **Dundee et al, Br J Anaesth 1989**

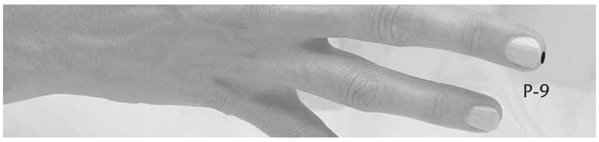
A US prospective, randomised, controlled cross-over study ($n = 16$) investigated the efficacy of acupressure wristbands at **P-6** on **morning sickness**. Use of the acupressure wristbands significantly relieved morning sickness and also significantly reduced anxiety, depression and behavioural dysfunction. **Hyde, J Nurse Midwifery 1989**

An Irish prospective, randomised, sham-controlled cross-over study ($n = 10$) investigated the effect of electro-acupuncture on **P-6** on **chemotherapy-induced nausea**. In the verum group sickness was either completely absent or reduced considerably in 97% of patients and no side effects were encountered. The same research team confirmed these results in a larger-scale case study ($n = 105$). **Dundee et al, J R Soc Med 1988**

An Irish prospective, randomised, sham-controlled trial ($n = 350$) compared the effect of acupressure at P-6 on **morning sickness** to sham acupressure and a control group. Only acupressure at P-6 significantly relieved the symptoms of morning sickness. **Dundee et al, J R Soc Med 1988**

A prospective, randomised, placebo-controlled trial (*n* = 75) investigated the effect of acupuncture at **P-6** on **nausea and vomiting after minor gynaecological surgery**. Acupuncture at P-6 significantly reduced both nausea and vomiting. **Dundee et al, Br Med J (Clin Res Ed) 1986**

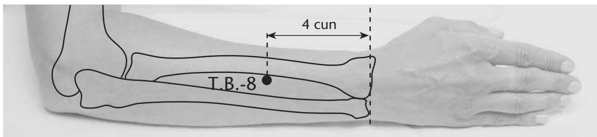
P-8 → P-6; LU-10



P-9 A larger-scale Chinese case study (*n* = 100) describes the positive effect of **P-9** on **infantile morbid night crying** in otherwise healthy children. **Zhao, J Tradit Chin Med 2002**

Triple Burner channel

T.B.-5 → P-6; L.I.-4; L.I.-12; L.I.-10



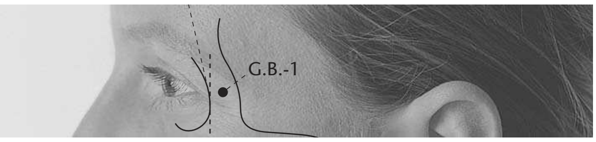
T.B.-8 Acupuncture at **T.B.-8** and **Du-15** activates areas important for **word generation** in the right inferior frontal gyrus, but not in the left inferior frontal gyrus. **Li et al, Hum Brain Mapp 2003**

A Russian case study reports the positive effects of acupuncture at **T.B.-8**, **T.B.-9**, **ST-20**, **ST-36**, **G.B.-14** and **Du-20** in 66 patients with **duodenal ulcer** accompanied by apparent shifts in psychovegetative correlations. **Kravtsova et al, Vopr Kurortol Fizioter Lech Fiz Kult 1994**

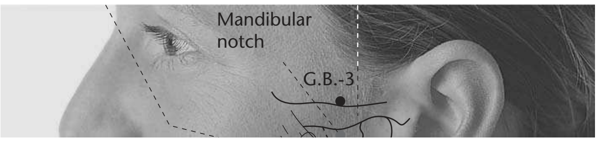
T.B.-9 → T.B.-8

T.B.-18 → P-6

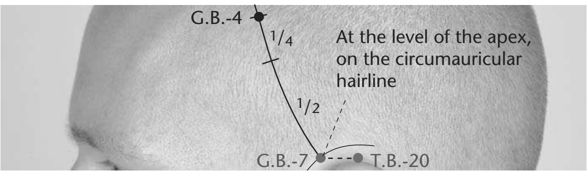
Gall Bladder channel



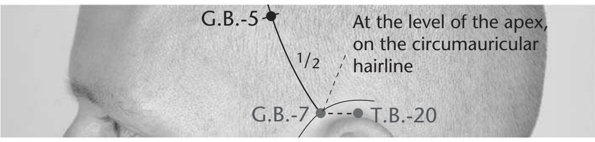
G.B.-1 An earlier Italian case study reports the successful application of **G.B.-1** for **heroin withdrawal** in nine male heroin addicts. After six months, 66% of these patients were classified as abstinent. Besides reservations regarding methodology of such a small-scale trial, the accompanying medication also poses problems in evaluating the effect of the acupuncture treatments. **Cocchi et al, Minerva Med 1979**



G.B.-3 A US prospective, randomised, double-blinded, experimental cross-over study (*n* = 20) investigated the effect of TENS at **G.B.-3** on the **anaesthetic requirement** (desflurane) to prevent purposeful movement of the extremities in response to noxious electrical stimulation. In comparison with the placebo group, bilateral application of TENS at G.B.-3 significantly reduced the desflurane requirement by 11%. **Greif et al, Anesthesiology 2002**



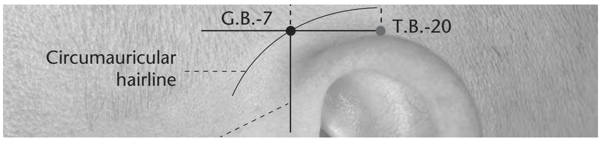
G.B.-4 Following the induction of an **ischaemic cerebral infarction** by occlusion of the middle cerebral artery in rats, animals treated with electro-acupuncture (EA) at **G.B.-4**, **G.B.-5**, **G.B.-6** and **G.B.-7** showed a significantly faster recovery than animals in the untreated control group or in the group treated with EA at **Du-20** and **Du-26**. Infarct volume was significantly reduced in the EA-treated groups. The authors discuss the acupuncture-induced production of vascular endothelial growth factor (VEGF) in astrocytes of the peri-infarct area as a causative factor. **Wang et al, Neurol Res 2003**



G.B.-5 → G.B.-4; ST-8

A Chinese case study recommends a particular needling technique (from **G.B.-5** or **Ex-HN-5** to **G.B.-8**) for the treatment of **migraine**. **Gan et al, J Tradit Chin Med 1986**

G.B.-6 → BL-7; G.B.-4

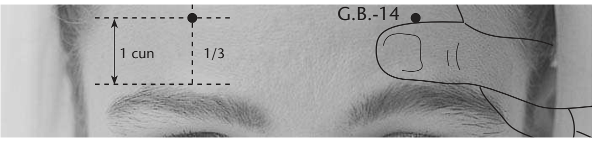


G.B.-7 → G.B.-4

A large-scale Chinese case study (*n* = 500) reports the successful application of acupuncture at **G.B.-7** in the treatment of **hemiplegia** after apoplexy. **Sun et al, J Tradit Chin Med 1985**

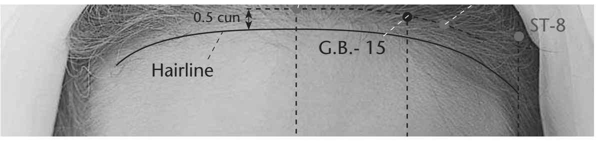
G.B.-8 → G.B.-5

G.B.-11 → ST-8



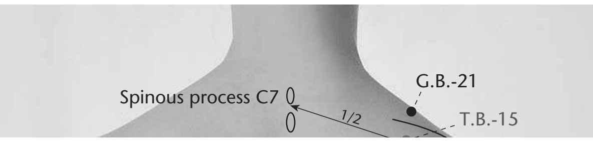
G.B.-14 → T.B.-8; ST-8; LIV-3

A case study reports that 63 patients with **facial paralysis** were treated with acupuncture at **G.B.-14**, **BL-1**, **ST-2**, **L.I.-20**, **ST-4**, **ST-6** and **ST-18** plus auxiliary points according to the underlying TCM pattern. Just over half of the patients were cured and all except one patient showed a marked improvement. **Liu et al, Zhen Ci Yan Jiu 1992**



G.B.-15 An uncontrolled, non-randomised, group-comparison trial investigated the effect of acupuncture on **childhood diarrhoea**. Group I received scalp acupuncture (after Yamamoto) with points on line 3 starting at **G.B.-15**; Group II received body acupuncture; and Group III was treated with antibiotics. Group I showed the best results, followed by Group II and Group III, with results in Group I and II significantly better than in Group III. However, besides some methodological shortcomings, the authors did not seem to have a very firm grasp of their subject matter: while using the correct points for the correct indication, they refer to line 3 as line 2 and to G.B.-15 as BL-15! **Lin et al, J Tradit Chin Med 1993**

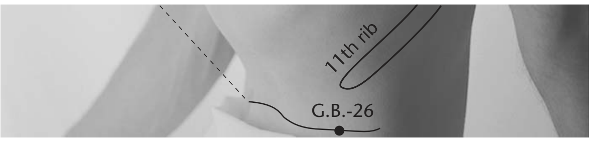
G.B.-20 → ST-8; LIV-3; S.I.-18; L.I.-15



G.B.-21 → L.I.-15

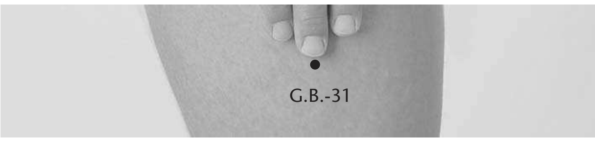
A Chinese case study reports the successful treatment of **achalasia of the cardia** with acupuncture at **G.B.-21**. **Shi et al, J Tradit Chin Med 1994**

G.B.-24 → LIV-14



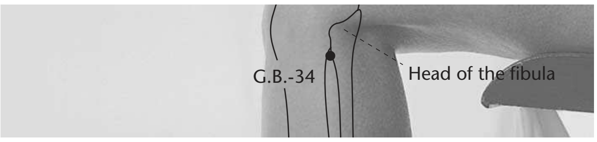
G.B.-26 An earlier prospective group-comparison trial investigated the **analgesic effect** of electro-acupuncture (EA) at **G.B.-26**, **ST-36**, **SP-6** and **HE-7** in patients who underwent hysterectomy by subumbilical midline incision. EA for 40 minutes had the same analgesic effect as 30 mg pentazocine. However, in contrast to pentazocine; EA also improved the vital capacity of the lung for 3–4 hours after the treatment. **Facco et al, Am J Chin Med 1981**

G.B.-30 → L.I.-12; L.I.-15



G.B.-31 → L.I.-4

Three publications by a Canadian research team led by Romita demonstrated that electro-acupuncture (EA) at **G.B.-31**, **ST-32** and **ST-36** resulted in a more pronounced inhibition of the **nociceptive tail withdrawal reflex** than classical acupuncture in slightly anaesthetised rats. **Romita et al, Brain Res 1997, Romita et al, Brain Res Bull 1997, Romita et al, Brain Res 1996**



G.B.-34 → BL-10; Du-20; ST-36; L.I.-4; L.I.-15

A Korean prospective randomised placebo-controlled experimental trial (*n* = 10) investigated the effect of acupuncture at **G.B.-34** on motor cortex activities as evidenced by **fMRI**. Bilateral sensorimotor areas BA 3, 4, 6 and 7 were activated during acupuncture, providing a basis for future investigations regarding therapeutic interventions in **stroke** patients. **Jeun et al, Am J Chin Med 2005**

A Chinese prospective, randomised, controlled trial (*n* = 20) investigated the effectiveness of electro-acupuncture (EA) at **G.B.-34** and **ST-38** on **epicondylitis lateralis (tennis elbow)** compared to manual acupuncture at the same points. After six treatments over a period of two weeks, the EA group showed significantly better results in relation to pain relief (Pain visual analogue scale) and pain free hand grip strength (PFG). **Tsui et al, Acupunct Electrother 2002**

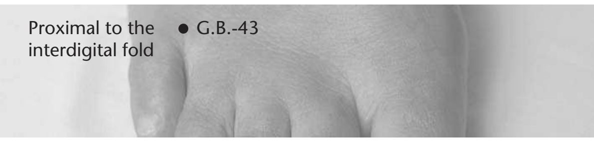
A British, prospective, randomised, sham-controlled, double-blinded experimental trial ($n = 240$) investigated the effect of transcutaneous electric nerve stimulation (TENS) at **G.B.-34** on mechanical **pain thresholds**. Low frequency, high intensity stimulation showed a significant analgesic effect that was sustained post-stimulation. **Chesterton et al, Pain 2002**

G.B.-37 → P-2; P-5; L.I.-15

G.B.-38 → P-5

G.B.-39 → LIV-3

G.B.-40 → LIV-3

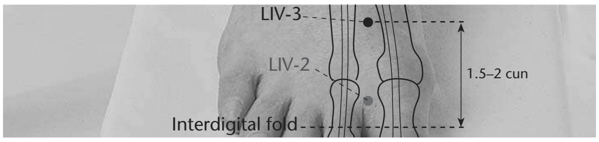


G.B.-43 An Austrian prospective, randomised, placebo-controlled, single-blinded trial investigated the effect of laser acupuncture at **G.B.-43** on cerebral cortical and subcortical activations as evidenced by **fMRI**. Only true laser acupuncture led to ipsilateral activations within the thalamus, nucleus subthalamicus, nucleus ruber, the brainstem, and the Brodmann areas 40 and 22. **Siedentopf et al, Laser Med Sci 2005**

A purely descriptive study investigated the effect of **G.B.-43** and **L.I.-4** on **somatosensory evoked potentials**. Particular attention was paid to the effect of the *deqi*-sensation. **Wu et al, Zhen Ci Yan Jiu 1993**

Liver channel

LIV-1 → SP-1



LIV-3 → Du-20; BL-60; L.I.-4; L.I.-15; SP-6

In a Chinese-German single-blinded experimental trial, acupuncture at **LIV-3** and **G.B.-40** resulted in the activation of the secondary somatosensory cortical areas, frontal areas, the right side of the thalamus and the left side of the cerebellum. Sham-points had no effect. **Fang et al, Neuroradiology 2004**

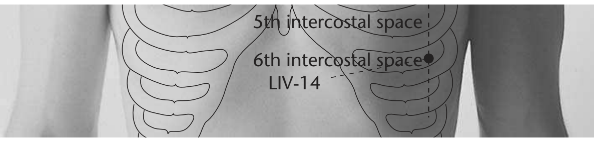
An Italian open, prospective, randomised group-comparison trial investigated the effect of acupuncture, laser acupuncture and TENS on **LIV-3**, **SP-6**, **L.I.-4**, **G.B.-20**, **Du-20** and **Ex-HN-5** on **transformed migraines**. The number of days with headache per month significantly decreased during treatment in all groups. Acupuncture showed the best effectiveness over time. **Allais et al, Neurol Sci 2003**

An Italian prospective, randomised, controlled, non-blinded trial ($n = 160$) investigated the effectiveness of acupuncture at **LIV-3**, **SP-6**, **ST-36**, **Ren-12**, **L.I.-4**, **P-6**, **G.B.-20**, **G.B.-14**, **Ex-HN-5** and **Du-20** on **migraine attacks** without aura compared to flunarizine. The number of attacks after two and four months of therapy was significantly lower in the acupuncture group than in the flunarizine group, and analgesic consumption was accordingly also significantly lower in the acupuncture group. Pain intensity was significantly reduced only by acupuncture treatment. **Allais et al, Headache 2002**

A British prospective, randomised, placebo-controlled cross-over study ($n = 56$) investigated the effect of **LIV-3** on **rheumatoid arthritis (RA)**. There were no significant changes between the treatment and placebo group. The treatment of only one point for a condition such as RA is unusual. **David et al, Rheumatology (Oxford) 1999**

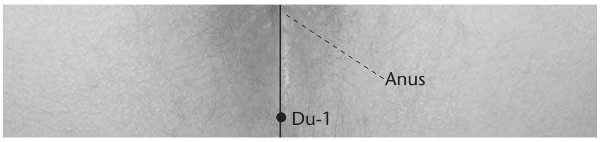
A US prospective, randomised, sham-controlled, single-blinded trial ($n = 10$) investigated the effect of electro-acupuncture (EA) on **LIV-3**, **ST-36** and **L.I.-11** on lowering diastolic blood pressure in hypertensive subjects. Compared to the sham group, diastolic blood pressure showed a significant decrease in the EA-group. **Williams et al, Phys Ther 1991**

LIV-13 → Du-20



LIV-14 A Chinese prospective, non-randomised, controlled, non-blinded trial ($n = 56$ plus control group) investigated the effect of water injections at **LIV-14**, **G.B.-24** and **Ren-14** on biliary colic pain. The pain disappeared in 57% of cases and showed improvement in a further 39%. This result is significantly better compared to the control group receiving conventional treatment. **Jiang et al, J Tradit Chin Med 1995**

Du mai (governing vessel)



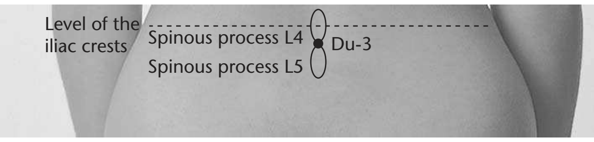
Du-1 A prospective, controlled, group-comparison trial in **hypogalactic postpartum sows** ($n = 42$) showed that apitherapy (acupuncture with bee venom) at **Du-1** and **ST-18** was superior to treatment with conventional drugs. **Choi et al, J Vet Sci 2001**

A prospective, controlled, group-comparison animal experiment showed that apitherapy at **Du-1** and **ST-25** in piglets with preweaning **diarrhoea** ($n = 91$) is as effective as conventional treatment with drugs. **Choi et al, Am J Chin Med 2003**

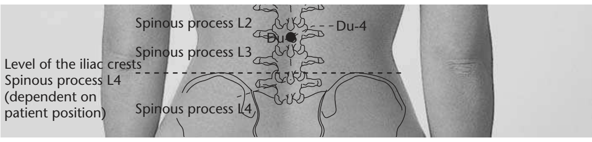
In an earlier prospective, controlled, group-comparison trial in piglets ($n = 44$) with induced **enteropathogenic *Escherichia coli*** diarrhoea, traditional acupuncture at **Du-1**, **ST-36**, **BL-20**, **Ren-12** and **ST-25** produced the best results in comparison to the groups treated with electro-acupuncture or antibiotics. There were too many groups given the number of cases. **Hwang et al, Am J Vet Res 1988**

Several animal experiments investigated the effect of acupuncture on signalling and modulating pain. Acupuncture at **Du-1** and **Du-2** inhibited the reaction on **experimental pain stimuli**. **Bing et al, Neuroscience 1991, Xu et al, Zhen Ci Yan Jiu 1989, Xu et al, Zhen Ci Yan Jiu 1989**

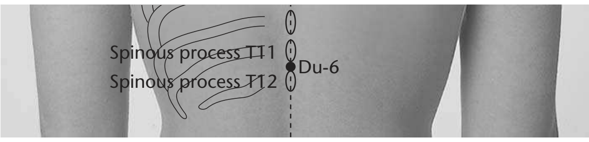
Du-2 → Du-1


Level of the
iliac crests
Spinous process L4
Du-3
Spinous process L5

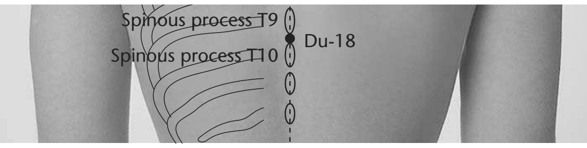
Du-3 Rats treated with electro-acupuncture at **Du-3**, **BL-54** and **BL-60** 15 minutes after a standardised **spinal cord injury** at T8, showed a marked improvement (regarding both morphology and functioning) three days post-operatively compared to rats not treated with acupuncture. However, none of the beneficial effects occurred in rats given acupuncture treatment 24 hours after spinal cord injury. **Politis et al, Acupunct Electrother Res 1990**


Spinous process L2
Du-4
Du-5
Spinous process L3
Level of the iliac crests
Spinous process L4
(dependent on
patient position)
Spinous process L4

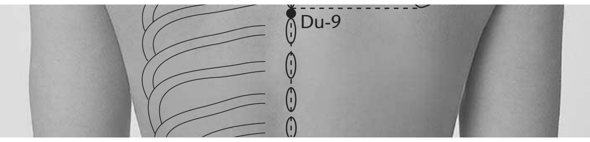
Du-4 A Turkish prospective, randomised, non-blinded, controlled group-comparison trial ($n = 24$) investigated the efficacy of acupressure at **Du-4**, **Du-15**, **Du-20**, **BL-23**, **BL-28**, **BL-32**, **HE-7**, **HE-9**, **ST-36**, **SP-4**, **SP-6**, **SP-12**, **Ren-2**, **Ren-3**, **Ren-6**, **KID-3** and **KID-5** on **enuresis** compared to oxybutynin given to the control group. Acupressure was administered to 12 patients by the parents. While treatments in both groups were successful, complete recovery was significantly higher in the acupressure group (83.3%) compared to the control group (58.3%). **Yuksek et al, J Int Med Res 2003**


Spinous process T11
Du-6
Spinous process T12

Du-6 An earlier Chinese case study reports the application of **Du-6** for **acupuncture anaesthesia for hysterectomies. Authors' Collective, Chin Med J (Engl) 1978**


Spinous process T9
Du-18
Spinous process T10

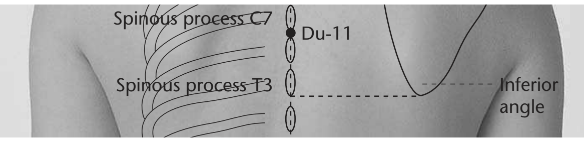
Du-8 An experiment in rats supports the effect of **Du-8** on **seizures** (by releasing melatonin) and on **cerebral infarction** (reduction of the cerebral infarction volume due to release of taurine and decrease of aspartame). **Chao et al, Acupunct Electrother Res 2001, Zhao et al, Acupunct Electrother Res 1997, Yin et al, Zhen Ci Yan Jiu 1994**



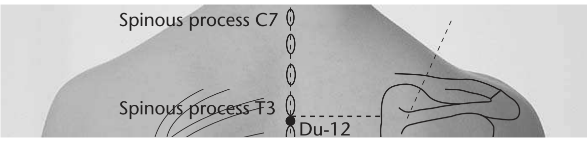
Du-9 The effect of electro-acupuncture at **Du-9** was investigated in 23 patients suffering from **coronary heart disease**. The results showed a slight dilation of the coronary arteries and a slight decrease of the heart rate frequency (monitored by coronary arteriography). **Yan et al, Zhongguo Zhong Xi Yi Jie He Za Zhi 1998**

Two earlier Chinese case studies report decreased symptoms in patients with coronary heart disease after acupuncture or tuina at Du-9. Wang et al, Zhong Xi Yi Jie He Za Zhi 1988, Wang et al, Zhong Xi Yi Jie He Za Zhi 1987

A Chinese case study reports the successful treatment of **angina pectoris** by implanting a micro-depressor at **Du-9**. **Wang et al, Zhong Xi Yi Jie He Za Zhi 1988**

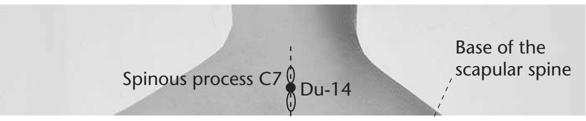

Spinous process C7
Du-11
Spinous process T3
Inferior
angle

Du-11 Electro-acupuncture at **Du-11** and **Du-16** prior to, during and after an experimentally induced **transient ischaemia** in gerbils suggests the protective influence of these points. They seem to suppress both glutamate release and reperfusion injury following the ischaemic insult. **Pang et al, Am J Chin Med 2003**


Spinous process C7
Spinous process T3
Du-12

Du-12 A Chinese case study reports that classic acupuncture at **Du-12**, **L.I.-10**, **BL-11** and **S.I.-3** with *deqi* sensation in the direction of the disorder in 55 patients with **cervical vertebra**

disease and **impaired cerebral blood flow capacity** led to a significant improvement of blood flow capacity. **Qie et al, Zhong Xi Yi Jie He Za Zhi 1991**



Du-14 → L.I.-4, ST-8; ST-36

A Chinese experimental trial ($n = 40$) investigated the effect of acupuncture at **Du-14** and **P-6** on driving performance during a three-hour driving simulator test. The acupuncture group showed a significantly better driving performance and a decrease in **driving fatigue**, compared to the untreated control group. **Li et al, Accid Anal Prev 2004**

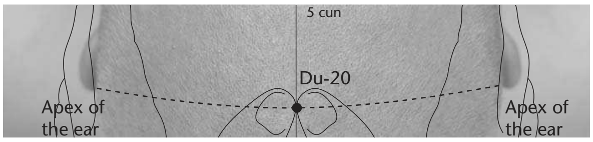
A Chinese prospective, randomised, controlled, non-blinded trial ($n = 40$) investigated the effect of acupuncture at **Du-14 and P-6** on heart rate and driving performance during a three-hour driving simulator test. The acupuncture group showed a significantly decreased **activation of the sympathetic nervous system** and increased **parasympathetic activity** compared to the untreated control group. **Li et al, Eur J Appl Physiol 2003**

A Chinese retrospective case study ($n = 25$) investigated the effect of cupping at **Du-14**, **BL-13**, **BL-20** and **BL-23** on **bronchial asthma** while reducing orally administered cortisone. The author reports that 56% of patients showed a marked improvement after 30 treatments. **Hu, J Tradit Chin Med 1998**

A Chinese prospective case study ($n = 50$) reports the successful treatment of **perennial allergic rhinitis** by applying 10% *Cantharides* extract at **Du-14** and **P-6**. The results showed an effective rate of 88%. The allergic nasal mucosa provocative test of the treated group improved after the treatment, the number of eosinophils and basophils in nasal secretion decreased and the serum total IgE also reduced significantly. **Tang et al, Zhongguo Zhong Xi Yi Jie He Za Zhi 1995**

Du-15 → T.B.-8; Du-4

Du-16 → Du-11



Du-20 → T.B.-8; G.B.-4, ST-8; Du-4; LIV-3; HE-7, L.I.-4

A Chinese prospective randomised controlled single-blinded group-comparison trial ($n = 50$) investigated the effect of a standardised acupuncture protocol, used either on its own or accompanied by needling of **Du-20**, **Du-26** and **HE-7** (either singly or in combination) on **vascular dementia** in hemiplegic patients. Clinical symptoms were observed and scales such as HDS-R, ADL and functional activities questionnaire (FAQ) used for assessment. The group additionally treated with **Du-20 and HE-7** showed marked improvement of memory, orientation and reaction. At the same time mental rigidity and trance decreased. **Du-20** on its own improved understanding, calculating and social adaptation, while **Du-26** was helpful in treating mental retardation, failure to perform daily activities, trance and poor memory. The combination of the three points showed overall the best results in improving intelligence and social adaptation. The particular design of this trial – combining a standard protocol used in both groups with the actually relevant points in the verum group – presents an interesting model for eliminating persistent problems regarding placebo methods and blinding. However, in this particular trial the number of participants (5 groups of 10 subjects) was too low to determine if the results were statistically significant. **Lai et Huang, Chin J Integr Med 2005**

A German prospective, non-blinded, pair-matched, controlled trial ($n = 121$ pregnant women between 30 and 39 weeks of gestation) investigated the effect of acupuncture at **Du-20** and **ST-36** on **fetal and maternal cardiotocographic parameters and maternal circulation**. The main difference was a transient increase of the Fisher score in the treatment group compared to the control group, with a persistent increase of the Fisher score. **Scharf et al, Z Geburtshilfe Neonatol 2003**

A Croatian prospective, randomised, placebo-controlled trial ($n = 57$) investigated the effectiveness of **Du-20**, **L.I.-4**, **Ren-3**, **Ren-4**, **Ren-6**, **G.B.-34**, **BL-23**, **SP-6** and **HE-7** on **primary dysmenorrhoea** compared to placebo-acupuncture. Subjects were observed for a period of two years. After one year, 93.3% of acupuncture patients were symptom-free and/or not taking medication compared to only 3.7% of the placebo patients. **Habek et al, Gynakol Geburtshilfliche Rundsch 2003**

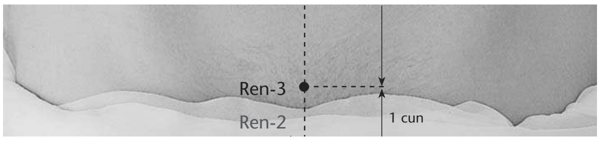
A Polish prospective, randomised, controlled, non-blinded trial ($n = 69$) investigated the effect of acupuncture at **Du-20**, **Ren-12**, **ST-36**, **ST-21**, **ST-25**, **LIV-3**, **LIV-13**, **P-6** and **HE-7** in addition to a low calorie diet in the treatment of obesity (BMI approximately 33 kg/m^2). This diet consisted of a daily intake of about 1200–1500 kcal, which was about 1000 kcal below the daily energy requirement of the patients. The acupuncture group showed a significantly better result after only 12 treatments over a period of 6 weeks. The mean body weight decreased from 85.5 kg to 72.7 kg, while it only decreased to 77.1 kg in the diet group. **Wozniak et al, Ginekol Pol 2003**

A German prospective, randomised, placebo-controlled, double-blinded trial ($n = 56$) investigated the effect of acupuncture at **Du-20**, **Ex-HN-6**, **HE-7**, **P-6** and **BL-62** in the treatment of **depression** and **generalised anxiety**. Results were assessed using questionnaires. After 10 treatments, the verum acupuncture group showed a significantly larger clinical improvement compared to the placebo group (61% vs 21%). **Eich et al, Fortschr Neurol Psychiatr 2000**

Du-26 → G.B.-4; Du-20

Ren mai (conception vessel)

Ren-2 ➞ Du-4

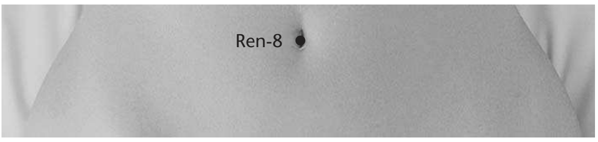


Ren-3 ➞ Du-4; Du-20

A Taiwanese prospective, randomised, controlled trial ($n = 60$) investigated the influence of electro-acupuncture (EA) at **Ren-3**, **Ren-4** and **BL-32** on the **neurogenic bladder of spinal cord injured patients** compared to the conventional bladder training programme received by the control group. The acupuncture group took significantly less time to achieve balanced voiding than the control group (on average 28 days less). The best results were achieved in patients who received acupuncture within three weeks after injury (39 days less). **Cheng et al, Spinal Cord 1998**

Ren-4 ➞ Du-20; ST-25; Ren-3

Ren-6 ➞ Du-4; Du-20; Ren-17



Ren-8 ➞ P-6

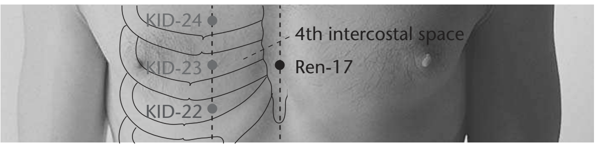
A Chinese prospective, randomised, controlled, non-blinded trial ($n = 56$) investigated the effect of moxibustion at **Ren-8** in addition to chemotherapy for **nasopharyngeal carcinoma** (stage III and IV). There were significantly fewer toxic and side effects in the moxibustion group compared to the control group. The five-year survival rate in the two groups were 50.0% and 35.7% respectively. **Chen et al, Zhongguo Zhong Xi Yi Jie He Za Zhi 2000**

A Chinese prospective, randomised, controlled trial ($n = 140$) investigated the effect of applying a topical ointment at **Ren-8** on **epigastric pain**. Results in the treatment group were significantly better than in the control group (94% vs 53%). **Ba et al, J Tradit Chin Med 1999**

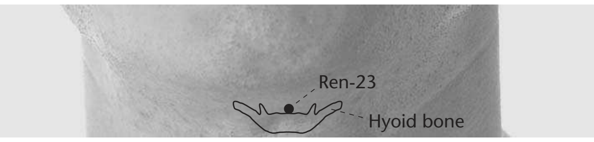
Ren-12 ➞ L.I.-4; Du-1; Du-20; LIV-3; Ren-17

Ren-13 ➞ P-6

Ren-14 ➞ LIV-14



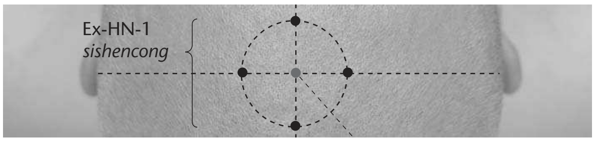
Ren-17 A Chinese prospective, randomised, controlled trial ($n = 60$) investigated the effect of **Ren-17**, **Ren-12**, **Ren-6**, **ST-36 and SP-10** on the symptoms of **vascular dementia** compared to conventional treatment. Both acupuncture and conventional treatment showed a highly significant increase of MMSE, HDS-R and ADL scores. However, the results of the acupuncture group were statistically more significant regarding MMSE, HDS-R and the total rate of effectiveness (80% vs 47%). **Yu et al, Neurol Res 2006**



Ren-23 A Chinese retrospective case study ($n = 120$) reports the successful treatment of **pseudobulbar palsy** with acupuncture at **Ren-23** and **LU-5. Wang et al, J Tradit Chin Med 1998**

Ren-24 A German prospective, single-blinded, controlled trial ($n = 41$) reports that acupuncture at **Ren-24** significantly reduced the severity of the **gag reflex** during transoesophageal echocardiography compared to acupuncture at a sham point. **Rosler et al, J Altern Complement Med 2003**

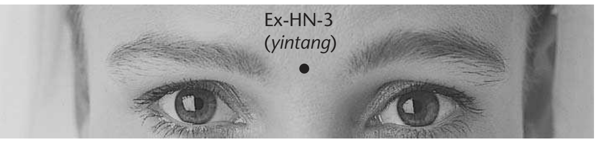
Extra points



Ex-HN-1 ➞ BL-7

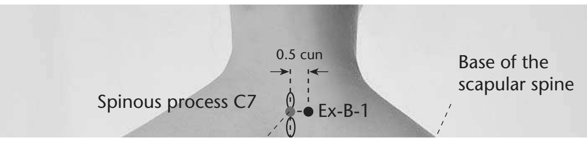
A Taiwanese, prospective, randomised, placebo-controlled, single-blinded experimental trial ($n = 9$) investigated the effect of the *sishencong*-points (**Ex-HN-1**) on the variance of heart rate frequency. The authors observed an increase in the vagal activities but a suppression of the sympathetic activity. **Wang et al, Auton Neurosci 2002**

A Chinese case study ($n = 51$) reports the successful treatment of **hyperthyreosis** with acupuncture at Ex-HN-1. **Xie et al, J Tradit Chin Med 1994**

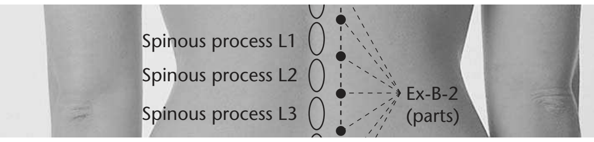


Ex-HN-3 An Austrian prospective, randomised, single-blinded experimental cross-over study ($n = 25$) showed that acupuncture (but not laser acupuncture) at *yintang* monitored by EEG had a sedating effect. Clinical application of this point, for example for **sleeping disorders**, requires further investigation. **Litscher et al, Eur J Anaesthesiol 2004**

Ex-HN-4 → S.I.-18; L.I.-4
Ex-HN-5 → G.B.-5; LIV-3
Ex-HN-6 → HE-7; Du-20

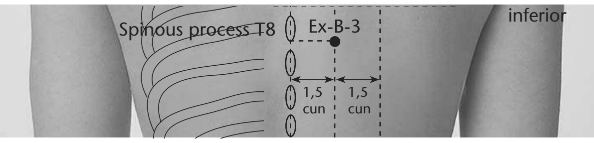


Ex-B-1 A Chinese prospective, randomised, controlled trial ($n = 84$) investigated the effect of a herbal plaster at **Ex-B-1**, **BL-11**, **BL-12**, **BL-13** and **BL-15** on **chronic bronchitis** compared to intramuscular injection therapy. In the plaster group the clinical total effective rate was 93.2% immediately after the treatment course and 91.5% after 18 months (control group: 80% and 80%). X-rays of the thorax showed the effectiveness of the plaster as 40.7% and 89.8% after 18 months (control group: 20% and 76%). **Huo et al, Zhongguo Zhong Xi Yi Jie He za Zhi 2001**



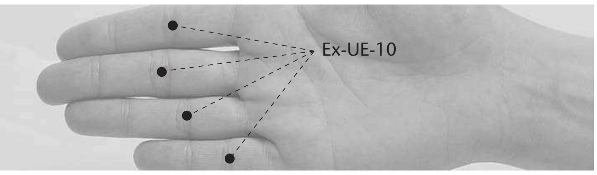
Ex-B-2 A Chinese case study ($n = 43$) reports the positive effects of treating **ulcerative colitis** with acupuncture at **Ex-B-2** as well as stimulation with a plum-blossom needle at **BL-22** and **BL-25. Yue and Zhenhui, J Tradit Chin Med 2005**

A Chinese retrospective case study ($n = 168$) reports the successful treatment of **sciatica** with acupuncture at the **Ex-B-2** points. **Pei et al, J Tradit Chin Med 1994**



Ex-B-3 An experiment in diabetic rabbits demonstrated that electro-acupuncture at **Ex-B-3** decreased plasma glucose levels and inhibited the release of pancreatic glucagon. The effect was increased by adding **ST-36**. This latter point led to no significant changes when needled alone. **Zeng et al, J Tradit Chin Med 2002**

Ex-UE-9 → L.I.-4



Ex-UE-10 A case study describes the successful treatment of **hiccups** with acupuncture at **Ex-UE-10**. **Qi, J Tradit Chin Med 1993**

Ex-UE (***JIANNEILING***) → L.I.-15
Ex-UE (***JIANQIAN***) → L.I.-4
Ex-LE-4 → ST-35
Ex-UE (***ZHONGPING***)

A Chinese retrospective case study ($n = 115$) reports the successful treatment of **shoulder and back pain** with acupuncture at ***zhongping***. The point *zhongping* is located midway between ST-36 and ST-37. **Wang et al, J Tradit Chin Med 1995**

9.3 Summary

The data presented clearly demonstrates that several actions of a number of acupuncture points are undoubtedly effective. These points (for example P-6) were tested according to the highest scientific standards, comparing standard acupuncture to deep acupuncture at non-acupuncture points (a methodology considered the most superior acupuncture placebo).

This proof is even more important since the results of the two largest acupuncture trials to date, ART (Acupuncture Randomized Trials) and GERAC (German Acupuncture Trial), may have led to the impression that, while acupuncture is indeed effective, its effect is independent of the location of the acupuncture points. The hitherto unsurpassed size of the trials and the undoubtedly intelligent and biomathematically impeccable design (especially of the GERAC trial) further contribute to this impression. Due to their flexible point prescriptions and their complexity, these studies have not been included in section 9.2.

But what are the basic results of these trials? (up to May 2006: **Witt et al, Lancet 2005; Linde et al, JAMA 2005; Melchart et al, Br Med J 2005; Brinkhaus, Arch Intern Med 2006**; **Diener et al, Lancet Neurol 2006**)

For both **gonarthrosis** and **lower back pain,** acupuncture had significantly better results than the untreated waitlist (ART) or conventional therapy (GERAC). For **migraine**, acupuncture is significantly better than the untreated waitlist (ART), and treatments with acupuncture for only six weeks had the same results as treatments with conventional medicine for six months (GERAC). For **tension headaches**, acupuncture provided significantly better results than the waitlist (ART). A comparison between acupuncture and conventional therapy in the treatment of tension headaches within the framework of GERAC was not possible, since all but two patients refused the stigmatised conventional treatment with amitriptyline due to the high incidence of side-effects. So far the results do not hold any surprises. Their importance lies in the comparison between true and placebo acupuncture (acupuncture at non-acupuncture points).

For the treatment of lower back pain, both studies (GERAC and ART) showed no significant advantage for true acupuncture; the effect of acupuncture therefore seems to be independent of the location of the acupuncture points. For the treatment of gonarthrosis, the ART trial observed a significant short-term effect in favour of true acupuncture. However, without consistent treatments the disorder will progress, further data showing no significant difference between true and sham acupuncture. Results of the GERAC trial confirm the significant short-term results. For the treatment of migraines and tension headaches, the relevant ART trials could not establish a significant difference between true and placebo acupuncture. The migraine section of the GERAC trial found a significantly reduced number of days with headache in subgroup analyses. Regarding tension headaches, up to now the GERAC reports show significant differences in favour of true acupuncture.

How can we explain the good results of placebo acupuncture, especially for the treatment of lower back pain? And how can the differing results between the ART and GERAC trials for gonarthrosis, migraines and tension headaches be explained? Shouldn't the trials, which are both designed according to the criteria listed in Section 9.1, be very reliable because of the high power of their design? The key to the answer – besides the already well-known deficits of the GERAC trials (by international standards, with only 140 hours – lowest standard – of training, questionable choice of true and sham acupuncture points) – lies in the so-called 'internal validity' of the collected data. The external validation, especially of the GERAC trials, was carried out in an exemplary manner: patients and physicians were separately questioned about the treatments by telephone interviewers. This filtered out a high number of patients receiving unacceptable additional therapies, thus increasing the validity of the data. However, it was hardly possible to control the internal validity of the trial. With treatments taking place in hundreds of clinics, no one was able to control if true or sham points were needled. One peculiarity of both trials suggests that physicians treating patients in the placebo group selected true acupuncture points: generally, the participating physicians weren't research scientists, but family doctors who, by participating in the trial, were able to give their patients treatments paid for by their obligatory health insurance, thus securing a part of their own income. Therefore, participation in the trials not only contributed to the income of these physicians, it also meant that the crucial performers of the trials had other goals in mind – patient satisfaction, their income – rather than the trial itself (i.e. collecting reliable data regarding the effectiveness of acupuncture). These conflicting goals particularly affected the placebo-acupuncture, which had a higher potential of negatively affecting patient satisfaction and the income of the participating physicians, and which could not be balanced by external quality assurance through telephone interviewers. The part of the GERAC trials investigating tension headaches provides another interesting insight. This section of the trials prohibited needling of points located on the head and it was here that the treatment protocol was disregarded most often (according to GERAC symposium, RUB 16 November 2005). And it was exactly in this externally validated part of the trial that GERAC observed significant differences between true and placebo acupuncture!

An important lesson to be learnt from the ART and GERAC trials is that size and adherence to biomathematical standards alone will not guarantee quality. If, in a trial above a certain size, the data collection is compromised due to conflicting interests of the initiators of the trial and the treating physicians, this will have a considerable adverse affect on the validity of the study.

The above reservations should result in a rather cautious interpretation of the results of large-scale trials such as GERAC and ART.

Even conventional medical procedures, considered as proven beyond doubt, recently failed spectacularly in controlled, double-blinded trials (**Moseley, N Engl J Med 2002**), which means that the efforts for scientific proof regarding specific details of acupuncture will be seen in a different light.

Appendix

Notes on Chapter 1

1: The *yin yang sho yi mai jiu jing* (Treatise on the Yin Yang Eleven Vessels Moxibustion), a manuscript found at an archaeological site at Mawangdui and dated to 169 BC, contains a simple description of the channel system. In this manuscript, the channels refer to regions of the body rather than to internal organs. It does not mention the Pericardium channel (hand *jueyin*), the channels are not divided into three Yin and three Yang channels, nor is the concept of the Five Phases mentioned.

According to chapter 17 of the *Ling Shu* and chapter 22 of the *Nanjing*, the channels have a centripetal course, originating at the fingers and the toes. They do not represent a closed circuit. Equally, chapter 5 of the *Ling Shu*, describing the 'roots' and 'knots' of the channels (→ 1.2.3) is based on a centripetal model.

In contrast, chapter 21 of the *Su Wen* contains references about the early conceptual stages of the channel theory, listing channel categories:

- The posterior of the body is governed by the *taiyang*
- The anterior of the body by the *yangming*
- The lateral aspect by the *shaoyang*
- The medial aspect by the *taiyin.*

2: Chapters 10 and 15 of the *Ling Shu* describe the channel system as a continuous circuit in the order LU → L.I. → ST etc. But only later texts such as the *Shi Si Jing Fa Hui* ('Commentary on the 14 Channels', 1341 AD) routinely mention the circulation model, first hinted at in chapter 15 of the *Ling Shu*. 'The Yang declines when the Yin increases' – according to Manaka et al (1995); this statement from the classics is at the root of the later theory that the Yin channels represent the ascending flow of Qi, running from the toes to the trunk and from the trunk to the fingers. It was further suggested that the Yang channels represent the descending flow of Qi, running from the fingers to the head and from the head to the toes.

Bibliography

Bing Wang (Original note) 1997 Yellow Emperor's canon of internal medicine (*Su Wen* and *Ling Shu*), trans Wu NL, Wu AL. China Science & Technology Press, Beijing

Birch S, Junko I 1994 Japanese acupuncture: a clinical guide. Paradigm Publications, Brookline MA

Bschaden J 2001 Shen-Akupunkturatlas. Springer, Berlin

Chen J 1999 Anatomical atlas of Chinese acupuncture points. Shandong Science and Technology Press China, Beijing

Cheng X (ed.) 1987 Chinese acupuncture and moxibustion. Foreign Languages Press, Beijing

Clavey S 2003 Fluid physiology and pathology in traditional Chinese medicine, 2nd edn. Churchill Livingstone, Edinburgh

Deadman P, Al-Khafaji M, Baker K 1998 A manual of acupuncture. Journal of Chinese Medicine Publications, East Sussex

Denmai S 2003 Finding effective acupuncture points. Eastland Press, Seattle, WA

Ellis A, Wiseman N 1989 Grasping the wind. Paradigm Publications, Brookline, MA

Ellis A, Wiseman N 1991 Fundamentals of Chinese acupuncture. Paradigm Publications, Brookline, MA

Flaws B 1998 Sticking to the point. Blue Poppy Press, Boulder, CO

Focks C 1998 Atlas Akupunktur. Urban & Fischer, Munich

Focks C, Hillenbrand N (eds) 2003 Leitfaden Chinesische Medizin. Urban & Fischer, Munich

Foen Tjoeng Li, Zhen Jiu Xue 1987–1988 Course material and notes.

Geng J 2001 Die erfolgreiche Punktkombination. Verlag für Ganzheitliche Medizin, Kötzting

Gleditsch J M 2005 Reflexzonen und Somatopien. Urban & Fischer, Munich

Greten J 2004 Kursbuch traditionelle chinesische Medizin. Georg Thieme, Stuttgart

Hammes M 1992–1994 Namensgebung und Akupunktur. Zeitschrift Aku (Akupunktur, Theorie und Praxis) 4/92, 1/93, 4/93, 4/94

Hecker U, Steveling A, Peuker E, Kastner J 2001 Lehrbuch und Repetitorium Akupunktur. Hippokrates Verlag, Stuttgart

Helms J M 1997 Acupuncture energetics. Medical Acupuncture Publishers, Berkeley, CA

Hempen C-H 1995 DTV-Atlas zur Akupunktur. DTV, Munich

Hicks A, Hicks J, Mole P 2004 Five element constitutional acupuncture. Churchill Livingstone, Edinburgh

Jarrett L S 2003 The clinical practice of Chinese medicine. Spirit Path Press, Stockbridge, MA

Kampik G 1998 Propädeutik der Akupunktur. Hippokrates Verlag, Stuttgart

Kirschbaum B 1995 Die 8 außerordentlichen Gefäße in der traditionellen chinesischen Medizin. ML-Verlag, Uelzen

Kirschbaum B 1999 Seminar handouts and notes. Universität Witten/Herdecke

Kitzinger E 1995 Der Akupuktur-Punkt – Topographie und chinesische Stichtechnik, 2nd edn., Wilhelm Maudrich, Wien

König G, Wancura I (1979, 1983). Praxis und Theorie der neuen chinesischen Akupunktur, Bd 1 & 2. Wilhelm Maudrich, Wien

Kubiena G 2004 Therapiehandbuch Akupunktur, 3rd edn. Munich

Kubiena G, Ramakers F 2002 Bestzeitakupunktur – Chronoakupunktur. Wilhelm Maudrich, Vienna

Kubny, M 2002 Qi – Lebenskraftkonzepte in China. Definitionen: Theorien und Grundlagen. Karl F Haug, Heidelberg

Larre C, Rochat de la Vallée E 1987. The secret of the spiritual orchid. Monkey Press, Cambridge

Larre C, Rochat de la Vallée E 1997 The eight extraordinary meridians. Monkey Press, Cambridge

Larre C, Rochat de la Vallée E 1999 Essence, Spirit, Qi and Blood. Monkey Press, Cambridge

Larre C, Rochat de la Vallée E 2001 The lung, rev edn. Monkey Press, Cambridge

Larre C, Schatz J, Rochat de la Vallée E (1st edn in French 1979; English translation 1986). Survey of traditional Chinese medicine. Institut Ricci, Paris and Traditional Acupuncture Institute, Columbia, MD

Legge D 1997 Close to the bone. Sydney College Press, Sydney, New South Wales

Li Ding 1991 Acupuncture, meridian theory and acupuncture points. Foreign Languages Press, Bejing

Lie Fjoen Tjoeng 1987–88 Zhen Jiu Xue. Seminar handouts and notes. Hamburg

Lorenzen U, Noll A 1992–2000 Die Wandlungsphasen in der traditionellen chinesischen Medizin, Bd 1–5. Müller & Steinicke, Munich

Maciocia G 1989 The foundations of Chinese medicine. Churchill Livingstone, Edinburgh

Maciocia G 1998 Obstetrics and gynecology in Chinese medicine. Churchill Livingstone, Edinburgh

Manaka Y, Itaya K, Birch S 1995 Chasing the dragon's tail. Paradigm Publications. Brookline, MA

Matsumoto K, Birch S 1983 Five elements and ten stems. Paradigm Publications, Brookline, MA

Matsumoto K, Birch S 1996 Extraordinary vessels. Paradigm Publications, Brookline, MA

Morant G. S 1994 Chinese acupuncture [translated from French]. Paradigm Publications, Brookline, MA

Ngyen Van Nghi 1989, 1991 Traditionelle chinesische Medizin. Pathogenese und Pathologie der Energetik in der Chinesischen Medizin, Bd 1 & 2. ML-Verlag, Uelzen

Ngyen Van Nghi 1996 Hoang Ti Nei King, So Quenn, Bd 1. ML-Verlag, Uelzen

Van Nghi N 1997 Hoang Ti Nei King, So Quenn, Bd 2. ML-Verlag, Uelzen

Ni Yitian 1996 Navigating the channels of traditional Chinese medicine. Oriental Medicine Center, San Diego, CA

Nielsen A 1995 Gua sha: a traditional technique for modern practice. Churchill Livingstone, Edinburgh

O'Connor J, Bensky D 1981 Acupuncture, a comprehensive text. Shanghai College of Traditional Medicine/Eastland Press, Seattle, WA

Ogal H, Kolster B C 1999 Ohrakupunktur, Grundlagen-Praxis-Indikationen, 2nd edn. KVM-Verlag, Marburg

Ogal H, Stör W (eds) 1999 Seirin-Bildatlas der Akupunktur. KVM-Verlag, Marburg

Pabst R, Putz R 2004 Sobotta-Atlas einbändig. Elsevier, Munich

Peuker E T, Filler J F, Hecker H U, Steveling A 2005 Anatomie-Atlas Akupunktur. Hippokrates, Stuttgart

Pirog J E 1996 The practical application of meridian style acupuncture. Pacific View Press, Berkeley, CA

Platsch K D 2000 Psychosomatik in der chinesischen Medizin. Urban & Fischer, Munich

Platsch K D 2005 Die fünf Wandlungsphasen: das Tor zur chinesischen Medizin. Urban & Fischer, Munich

Pollmann N 2002 Basislehrbuch Akupunktur. Urban & Fischer, Munich

Porkert M, Hempen C-H 1997 Systematische Akupunktur, 2nd edn. Urban & Schwarzenberg, Munich

Ramakers F 2003 Physiologie und Pathologie der 72 Leitbahnen und Akupunkturtechniken (course material and notes)

Ross J 1986 Zang fu: the organ systems of traditional Chinese medicine, 2nd edn. Churchill Livingstone, Edinburgh

Ross J 1995 Acupuncture point combinations. Churchill Livingstone, Edinburgh

Schmidt J M 1990 Die klassischen Akupunkturpunkte. ML-Verlag, Uelzen

Schnorrenberger C C 1979 Lehrbuch der chinesischen Medizin für westliche Ärzte. Hippokrates, Stuttgart

Schnorrenberger C C 1994 Die topographisch-anatomischen Grundlagen der chinesischen Akupunktur und Ohrakupunktur. Hippokrates, Stuttgart

Shima M, Chase C 2000 The channel divergences, deeper pathways of the web. Paradigm Publications, Brookline, MA

Solinas H, Mainville L., Anteroche, B 1998 Atlas of Chinese acupuncture, meridians and collaterals. Publishing Canada Inc, Sillery, Quebec

State Standard of the People's Republic of China1990 The location of acupoints. Foreign Languages Press, Beijing

Tan R T-F 2003 Dr Tan's strategy of twelve magical points. R T-F Tan, San Diego, CA

Tan R T-F 2004 Seminar handouts and notes. Rothenburg

Thambijarah R (1991). Course material and notes. Hamburg and Berlin

Unschuld P U (trans and annotated) 1986 Nan-Ching: the classic of difficult issues. University of California Press, Berkeley, CA

Unschuld P U (trans and annotated) 2003 Huang Di nei jing su wen. University of California Press, Berkeley, CA

Wieger L 1965 Chinese characters. Paragon Book Reprint/Dover Publications, New York (unabridged and unaltered republication of the second edition published by the Catholic Mission Press in 1927)

Wiseman N, Ellis A 1994 Fundamentals of Chinese medicine. Paradigm Publications, Brookline, MA

World Health Organization 1991 A proposed standard international acupuncture nomenclature. WHO, Geneva

Wu Jing-Nuan (trans) 2004 Ling Shu or the Spiritual Pivot. Asian Spirituality, Taoist Studies Series, 2. University of Hawaii Press, Honolulu

Yan Zhengguo 2003 Anatomical atlas of acupuncture points – a photo location guide. Donica Publishing, London

Yin Ganglin, Lin Zhenghua 2000 Advanced modern Chinese acupuncture therapy. New World Press, Bejing

Yuan H 1999 Traditionelle Chinesische Akupunktur. Ullstein Mosby, Wiesbaden

Yuan H 2002 Chinesische Pulsdiagnostik. Urban & Fischer, Munich

Yuan H 2003 Chinesische Zungendiagnostik, 2nd edn. Urban & Fischer, Munich

Zhang Y H, Rose K 1995 Who can ride the dragon? Paradigm Publications, Brookline, MA

Index

A
Accumulation points (*xi* points) . . . 667
Achilles tendon . . . 77
Acromion . . . 52
Adjacent points . . . 685
Anatomical orientation . . . 37
Anatomical snuffbox . . . 59
Anatomy of the ear . . . 46
Anterior superior iliac spine (ASIS) . . . 71
Antique points . . . 670
Atlas . . . 47
Axillary line . . . 69
Axis . . . 60

B
Back-*shu* points . . . 668
Balancing the *du mai* and the *ren mai* . . . 692
Balancing *Yin* and *Yang* in paired channels . . . 693
ben points (root points) . . . 690
Biceps tendon . . . 55
Body positions . . . 35

C
Cardinal points . . . 678
Cervical spine . . . 60
Chain and lock point association method . . . 695
Channel circuits . . . 10
Channel system . . . 1
Cheek bones . . . 41
Cleft points (*xi* points) . . . 667
Combination of *Yin* and *Yang* channel points . . . 693
Combining local and distal points . . . 691
Combining points from above and below . . . 694
Combining points on the front and back of the body . . . 692
Confluent points . . . 18
Connecting points (*luo* points) . . . 666
Cubital crease (elbow crease) . . . 55
cun-measurements . . . 31
Cutaneous regions *(pi bu)* . . . 3
Cutaneous zones . . . 3, 24

D
Defensive *Qi (wei qi)* . . . 5
Distal points . . . 685
Divergent channels . . . 3, 20

E
Elastic tape . . . 34
Element points . . . 670
Eleventh rib, free end . . . 70
End points . . . 19
Entry points . . . 684
Epicondyles of the humerus . . . 55
Exit points . . . 684
Extraordinary vessels . . . 3, 24
Eyes of the knee . . . 73

F
Finger-*cun* . . . 32
Five Element points . . . 670
Five *shu*-transporting points . . . 670
Foot *Yang-Yin* connections . . . 12
Forms of *Qi* . . . 5
Front-*mu* points . . . 669

G
Gao Wu Command points . . . 681
Glabella . . . 40
Grand piqure . . . 695
Greater trochanter . . . 72

H
Hairline . . . 38, 48
Hand *Yang-Yin* connections . . . 12
Head of the fibula . . . 73
Head of the humerus . . . 52
Heavenly Star points of Ma Dan Yang . . . 683
he-sea points *(he xue)* . . . 676
hui-meeting points of the 8 tissues . . . 677

I
Iliosacral joint . . . 66
Infraorbital foramen . . . 41
Interior/exterior combination . . . 693

J
jing bie . . . 3
jing jin . . . 3, 21
jing luo . . . 1
jing qi . . . 5
jing zheng . . . 3, 8
jing-river points *(jing xue)* . . . 675
jing-well points *(jing xue)* . . . 671
Joint space on the anterior ankle . . . 76

K
König/Wancura spreading-hands technique . . . 36

L
Laryngeal prominence . . . 49
Left-right combination . . . 694
liu jing . . . 14
Local points . . . 685
Location methods . . . 31
Lower *he*-sea points (*xiahe* points) . . . 679
Lumbar spine . . . 63
luo-connecting points . . . 666
luo-vessels . . . 3, 23

M
Malleolus, medial . . . 75
Mamillary line . . . 69
Mandibular angle . . . 44
Meeting points (*jiaohui* points) . . . 679
Mentolabial groove . . . 45
Midclavicular line . . . 69

N
Nasolabial groove . . . 44
Navicular bone . . . 78
Network vessel system . . . 1
Nipple . . . 69
Nutritive *Qi (ying qi)* . . . 5

O
Occipital protuberance . . . 48
Olecranon . . . 56
Opening points of the 8 extraordinary vessels . . . 678
Organ clock . . . 7

P
Passage points . . . 666
pi bu . . . 3, 24
Pisiform . . . 58
Point location . . . 34
Points of the Four Seas . . . 682
Primary channels . . . 3, 8
Proportional *cun* . . . 32

Q
Qi circulation . . . 5
Qi flow . . . 1
qi jing ba mai . . . 3, 24

R
Root points (*ben* points) . . . 19

S
Sacral foramina . . . 65
Sacroiliac joint . . . 65
Sacrum . . . 65
Shoulder hollows . . . 52
Shoulder . . . 51
shu-mu method . . . 692
shu-stream points *(shu xue)* . . . 674
Source points (*yuan* points) . . . 665
Specific points . . . 665
Spreading-hands technique . . . 36
Starting points . . . 19
Sternocostal angle . . . 69
Sun Si Miao Ghost points . . . 683
Superciliary arches . . . 40
Symphysis . . . 72

T
Temporal corner of the forehead . . . 39
Temporomandibular joint . . . 42
Tendinomuscular meridians . . . 3, 21
Thoracic spine . . . 62
Tips for point location . . . 34
Treatments according to the Organ clock . . . 695
Tuffier line . . . 63
Twelfth rib . . . 62

U
Umbilicus . . . 72

V
Vertebra prominens . . . 61
Vertex . . . 37

W
wei qi (Defensive *Qi*) . . . 5
Window of Heaven points . . . 681
Wrist joint space . . . 58

X
xi points (cleft points) . . . 667
Xiphoid process . . . 69

Y
Yang-Yang connections . . . 13
ying qi (Nutritive *Qi*) . . . 5
ying-spring points . . . 673
Yin-Yang balancing for unpaired channels . . . 694
Yin-Yang combination . . . 693
Yin-Yin connections . . . 13
yuan qi . . . 5
yuan/luo combination . . . 693
yuan-Source points . . . 665

Z
zong qi . . . 5
Zygomatic arch . . . 42
Zygomatic bone . . . 42

Acupuncture points (in numerical order)

B

BL 1 JingSPng 251
BL 2 Zanzhu 252
BL 3 Meichong 253
BL 4 Qucha 254
BL 5 Wuchu 255
BL 6 CHEngguang 256
BL 7 Tongtian 257
BL 8 LUoque 258
BL 9 YuzHEn 259
BL 10 Tianzhu 260
BL 11 Dazhu 261
BL 12 Fengmen 262
BL 13 Feishu 263
BL 14 Jueyinshu 264
BL 15 Xinshu 265
BL 16 Dushu 266
BL 17 Geshu 267
BL 18 Ganshu 268
BL 19 Danshu 269
BL 20 Pishu 270
BL 21 Weishu 271
BL 22 Sanjiaoshu 272
BL 23 SHEnshu 273
BL 24 Qihaishu 274
BL 25 Dachangshu 275
BL 26 Guanyuanshu 276
BL 27 Xiaochangshu 277
BL 28 Pangguangshu 278
BL 29 Zhonglüshu 279
BL 30 Baihuanshu 280
BL 31 Shangliao 281
BL 32 Ciliao 281
BL 33 Zhongliao 281
BL 34 Xialiao 281
BL 35 Huiyang 282
BL 36 CHEngfu 283
BL 37 Yinmen 284
BL 38 Fuxi 285
BL 39 Weiyang 286
BL 40 Weizhong 287
BL 41 Fufen 288
BL 42 Pohu 289
BL 43 Gaohuang 290
BL 44 SHEntang 291
BL 45 Yixi 292
BL 46 Geguan 293
BL 47 Hunmen 294
BL 48 Yanggang 295
BL 49 YisHE 296
BL 50 Weicang 297
BL 51 Huangmen 298
BL 52 Zhishi 299
BL 53 Baohuang 300
BL 54 Zhibian 301
BL 55 HEyang 302
BL 56 CHEngjin 303
BL 57 CHEngshan 304
BL 58 Feiyang 305
BL 59 Fuyang 306
BL 60 KunLUn 307
BL 61 Pucan 308
BL 62 SHEnSTi 309
BL 63 Jinmen 310
BL 64 Jinggu 311
BL 65 Shugu 312
BL 66 Zutonggu 313
BL 67 Zhiyin 314

D

Du 1 Changqiang 499
Du 2 Yaoshu 500
Du 3 Yaoyangguan 501
Du 4 SPngmen 502
Du 5 Xuanshu 503
Du 6 Jizhong 504
Du 7 Zhongshu 505
Du 8 Jinsuo 506
Du 9 Zhiyang 507
Du 10 Lingtai 508
Du 11 SHEndao 509
Du 12 SHEnzhu 510
Du 13 Taodao 511
Du 14 Dazhui 512
Du 15 Yamen 513
Du 16 Fengfu 514
Du 17 Naohu 515
Du 18 Quiangjian 516
Du 19 HouL.I.ng 517
Du 20 Baihui 518
Du 21 QianL.I.ng 519
Du 22 Xinhui 520
Du 23 Shangxing 521
Du 24 SHEnting 522
Du 25 Suliao 523
Du 26 Renzhong 524
Du 27 Duiduan 525
Du 28 Yinliao 526

E

Ex-B JieHExue 582
Ex-B Tunzhong 583
Ex-B 1 L.I.ngchuan 573
Ex-B 2 Huatuojiaji 574
Ex-B 3 Weiwanxiashu 575
Ex-B 4 Pigen 576
Ex-B 5 Xiajishu 577
Ex-B 6 Yaoyi 578
Ex-B 7 Yaoyan 579
Ex-B 8 Shiqizhui 580
Ex-B 9 Yaoqi 581
Ex-CA Weishang 564
Ex-CA Qizhong sibian 565
Ex-CA Yijing 566
Ex-CA Qimen 567
Ex-CA Tituo 568
Ex-CA Zhishi 569
Ex-CA Sanjiaojiu 570
EX-HN 1 SisHEncong 539
EX-HN 2 Dangyang 540
EX-HN 3 Yintang 541
EX-HN 4 Yuyao 542
EX-HN 5 Taiyang 543
EX-HN 6 Erjian 544
EX-HN 7 Qiuhou 545
EX-HN 8 Shangyingxiang 546
EX-HN 9 Neiyingxiang 547
EX-HN 10 Juquan 548
EX-HN 11 Haiquan 549
EX-HN 12 Jinjin 550
EX-HN 13 Yuye 551
EX-HN 14 YiSPng 552
EX-HN 15 JinG.B.ailao 553
EX-HN ShangSPng 554
EX-HN AnSPan 555
EX-HN Jiali 556
EX-HN JiacHEngjiang 557
EX-HN Chonggu Zhuidong 558
EX-HN JinG.B.i 559
Ex-LIV 1 Kuangu 603
Ex-LIV 2 HEL.I.ng 604
Ex-LIV 2 XiL.I.ng 604
Ex-LIV 3 Baichongwo 605
Ex-LIV 4 Neixiyan 606
Ex-LIV 5 Xiyan 607
Ex-LIV 6 Dannang 608
Ex-LIV 7 Lanwei 609
Ex-LIV 8 Neihuaijian 610
Ex-LIV 9 Waihuaijian 611
Ex-LIV 10 Bafeng 612
Ex-LIV 11 Duyin 613
Ex-LIV 12 Qiduan 614
Ex-LIV Huanzhong 615
Ex-LIV Siqiang 616
Ex-LIV Lineiting 617
Ex-UE 1 Zhoujian 587
Ex-UE 2 Erbai 588
Ex-UE 3 Zhongquan 589
Ex-UE 4 Zhongkui 590
Ex-UE 5 Dagukong 591
Ex-UE 6 Xiaogukong 592
Ex-UE 7 YaotongL.I.an 593
Ex-UE 8 Wailaogong 594
Ex-UE 8 LUozHEn 594
Ex-UE 8 Xianqiang 594
Ex-UE 9 Baxie 595
Ex-UE 10 Sifeng 596
Ex-UE 11 Shixuan 597
Ex-UE Jianneiling 598
Ex-UE Bizhong 599

G

G.B. 1 Tongziliao 399
G.B. 2 Tinghui 400
G.B. 3 Shangguan 401
G.B. 4 Hanyan 402
G.B. 5 XuanLU 403
G.B. 6 Xuanli 404
G.B. 7 Qubin 405
G.B. 8 Shuaigu 406
G.B. 9 Tianchong 407
G.B. 10 Fubai 408
G.B. 11 Touqiaoyin 409
G.B. 12 Wangu 410
G.B. 13 BensHEn 411
G.B. 14 YanG.B.ai 412
G.B. 15 Toulinqi 413
G.B. 16 Muchuang 414
G.B. 17 ZHEngying 415
G.B. 18 CHEngling 416
G.B. 19 Naokong 417
G.B. 20 Fengchi 418
G.B. 21 Jianjing 419
G.B. 22 Yuanye 420
G.B. 23 ZHEjin 421
G.B. 24 Riyue 422
G.B. 25 Jingmen 423
G.B. 26 DaiSTi 424
G.B. 27 Wushu 425
G.B. 28 Weidao 426
G.B. 29 Juliao 427
G.B. 30 Huantiao 428
G.B. 31 Fengshi 429
G.B. 32 Zhongdu 430
G.B. 33 Xiyangguan 431
G.B. 34 Yanglingquan 432
G.B. 35 Yangjiao 433
G.B. 36 Waiqiu 434
G.B. 37 GuangSPng 435
G.B. 38 Yangfu 436
G.B. 39 Xuanzhong 437
G.B. 40 Qiuxu 438
G.B. 41 Zulinqi 439
G.B. 42 L.I.wuhui 440
G.B. 43 Xiaxi 441
G.B. 44 Zuqiaoyin 442

H

HE 1 Jiquan 207
HE 2 Qingling 208
HE 3 Shaohai 209
HE 4 Lingdao 210
HE 5 Tongli 211
HE 6 Yinxi 212
HE 7 SHEnmen 213
HE 8 Shaofu 214
HE 9 Shaochong 215

K

KID 1 Yongquan 321
KID 2 Rangu 322
KID 3 Taixi 323
KID 4 Dazhong 324
KID 5 Shuiquan 325
KID 6 Zhaohai 326
KID 7 Fuliu 327
KID 8 Jiaoxin 328
KID 9 Zhubin 329
KID 10 Yingu 330
KID 11 HEnggu 331
KID 12 DaHE 332
KID 13 Qixue 333
KID 14 SiSTn 334
KID 15 Zhongzhu 335
KID 16 Huangshu 336
KID 17 Shangqu 337
KID 18 Shiguan 338
KID 19 Yindu 339
KID 20 Futonggu 340
KID 21 Youmen 341
KID 22 Bulang 342
KID 23 SHEnfeng 343
KID 24 Lingxu 344
KID 25 SHEncang 345
KID 26 Yuzhong 346
KID 27 Shufu 347

L

L.I. 1 Shangyang 101
L.I. 2 Erjian 102
L.I. 3 Sanjian 103
L.I. 4 HEgu 104
L.I. 5 Yangxi 105
L.I. 6 Pianli 106
L.I. 7 Wenliu 107
L.I. 8 Xialian 108
L.I. 9 Shanglian 109
L.I. 10 Shousanli 110
L.I. 11 Quchi 111
L.I. 12 Zhouliao 112
L.I. 13 Shouwuli 113
L.I. 14 Binao 114
L.I. 15 Jianyu 115

L.I. 16 Jugu . . . 116
L.I. 17 TianL.I.ng . . . 117
L.I. 18 Futu . . . 118
L.I. 19 KouHEliao . . . 119
L.I. 20 Yingxiang . . . 120
LIV 1 Dadun . . . 449
LIV 2 Xingjian . . . 450
LIV 3 Taichong . . . 451
LIV 4 Zhongfeng . . . 452
LIV 5 Ligou . . . 453
LIV 6 Zhongdu . . . 454
LIV 7 Xiguan . . . 455
LIV 8 Ququan . . . 456
LIV 9 Yinbao . . . 457
LIV 10 Zuwuli . . . 458
LIV 11 Yinlian . . . 459
LIV 12 JiSTi . . . 460
LIV 13 Zhangmen . . . 461
LIV 14 Qimen . . . 462
LU 1 Zhongfu . . . 83
LU 2 Yunmen . . . 84
LU 3 Tianfu . . . 85
LU 4 Xiabai . . . 86
LU 5 Chize . . . 87
LU 6 Kongzui . . . 88
LU 7 Lieque . . . 89
LU 8 Jingqu . . . 90
LU 9 Taiyuan . . . 91
LU 10 Yuji . . . 92
LU 11 Shaoshang . . . 93

P
P 1 Tianchi . . . 353
P 2 Tianquan . . . 354
P 3 Quze . . . 355
P 4 Ximen . . . 356
P 5 Jianshi . . . 357
P 6 Neiguan . . . 358
P 7 Daling . . . 359
P 8 Laogong . . . 360
P 9 Zhongchong . . . 361

R
Ren 1 Huiyin . . . 471
Ren 2 Qugu . . . 472
Ren 3 Zhongji . . . 473
Ren 4 Guanyuan . . . 474
Ren 5 Shimen . . . 475
Ren 6 Qihai . . . 476
Ren 7 Yinjiao . . . 477
Ren 8 SHEnque . . . 478
Ren 9 Shuifen . . . 479
Ren 10 Xiawan . . . 480
Ren 11 Jianli . . . 481
Ren 12 Zhongwan . . . 482
Ren 13 Shangwan . . . 483
Ren 14 Juque . . . 484
Ren 15 Jiuwei . . . 485
Ren 16 Zhongting . . . 486
Ren 17 Danzhong/
Shanzhong . . . 487
Ren 18 Yutang . . . 488
Ren 19 Zigong . . . 489
Ren 20 Huagai . . . 490
Ren 21 Xuanji . . . 491
Ren 22 Tiantu . . . 492
Ren 23 Lianquan . . . 493
Ren 24 CHEngjiang . . . 494

S
S.I. 1 Shaoze . . . 223
S.I. 2 Qiangu . . . 224
S.I. 3 Houxi . . . 225
S.I. 4 Wangu . . . 226
S.I. 5 Yanggu . . . 227
S.I. 6 Yanglao . . . 228
S.I. 7 ZhizHEng . . . 229
S.I. 8 Xiaohai . . . 230
S.I. 9 JianzHEn . . . 231
S.I. 10 Naoshu . . . 232
S.I. 11 Tianzong . . . 233
S.I. 12 Bingfeng . . . 234
S.I. 13 Quyuan . . . 235
S.I. 14 Jianwaishu . . . 236
S.I. 15 Jianzhongshu . . . 237
S.I. 16 Tianchuang . . . 238
S.I. 17 Tianrong . . . 239
S.I. 18 Quanliao . . . 240
S.I. 19 Tinggong . . . 241
SP 1 Yinbai . . . 181
SP 2 Dadu . . . 182
SP 3 Taibai . . . 183
SP 4 Gongsun . . . 184
SP 5 Shangqiu . . . 185
SP 6 Sanyinjiao . . . 186
SP 7 Lougu . . . 187
SP 8 L.I.ji . . . 188
SP 9 Yinlingquan . . . 189
SP 10 Xuehai . . . 190
SP 11 Jimen . . . 191
SP 12 SIChongmen . . . 192
SP 13 FuSHE . . . 193
SP 14 Fujie . . . 194
SP 15 DaHEng . . . 195
SP 16 Fuai . . . 196
SP 17 Shidou . . . 197
SP 18 Tianxi . . . 198
SP 19 Xiongxiang . . . 199
SP 20 Zhourong . . . 200
SP 21 Dabao . . . 201
ST 1 CHEngqi . . . 129
ST 2 Sibai . . . 130
ST 3 Juliao . . . 131
ST 4 L.I.cang . . . 132
ST 5 Daying . . . 133
ST 6 JiacHE . . . 134
ST 7 Xiaguan . . . 135
ST 8 Touwei . . . 136
ST 9 Renying . . . 137
ST 10 Shuitu . . . 138
ST 11 QiSHE . . . 139
ST 12 QuePn . . . 140
ST 13 Qihu . . . 141
ST 14 Kufang . . . 142
ST 15 Wuyi . . . 143
ST 16 Yingchuang . . . 144
ST 17 Ruzhong . . . 145
ST 18 Rugen . . . 146
ST 19 Burong . . . 147
ST 20 CHEngSTn . . . 148
ST 21 Liangmen . . . 149
ST 22 Guanmen . . . 150
ST 23 Taiyi . . . 151
ST 24 Huaroumen . . . 152
ST 25 Tianshu . . . 153
ST 26 Wailing . . . 154
ST 27 Daju . . . 155
ST 28 Shuidao . . . 156
ST 29 Guilai . . . 157
ST 30 Qichong . . . 158
ST 31 Biguan . . . 159
ST 32 Futu . . . 160
ST 33 Yinshi . . . 161
ST 34 Liangqiu . . . 162
ST 35 Dubi . . . 163
ST 36 Zusanli . . . 164
ST 37 Shangjuxu . . . 165
ST 38 Tiaokou . . . 166
ST 39 Xiajuxu . . . 167
ST 40 Fenglong . . . 168
ST 41 Jiexi . . . 169
ST 42 Chongyang . . . 170
ST 43 Xiangu . . . 171
ST 44 Neiting . . . 172
ST 45 Lidui . . . 173

T
T.B. 1 Guanchong . . . 367
T.B. 2 Yemen . . . 368
T.B. 3 Zhongzhu . . . 369
T.B. 4 Yangchi . . . 370
T.B. 5 Waiguan . . . 371
T.B. 6 Zhigou . . . 372
T.B. 7 Huizong . . . 373
T.B. 8 SanyangLUo . . . 374
T.B. 9 Sidu . . . 375
T.B. 10 Tianjing . . . 376
T.B. 11 QingLIVngyuan . . . 377
T.B. 12 XiaoLUo . . . 378
T.B. 13 Naohui . . . 379
T.B. 14 Jianliao . . . 380
T.B. 15 Tianliao . . . 381
T.B. 16 Tianyou . . . 382
T.B. 17 Yifeng . . . 383
T.B. 18 QiSTi . . . 384
T.B. 19 LUxi . . . 385
T.B. 20 Jiaosun . . . 386
T.B. 21 Ermen . . . 387
T.B. 22 ErHEliao . . . 388
T.B. 23 Sizhukong . . . 389

Acupuncture points (pinyin name)

A
AnSPan EX-HN . . . 555

B
Bafeng Ex-LIV 10 . . . 612
Baichongwo Ex-LIV 3 . . . 605
Baihuanshu BL 30 . . . 280
Baihui Du 20 . . . 518
Baohuang BL 53 . . . 300
Baxie Ex-UE 9 . . . 595
BensHEn G.B. 13 . . . 411
Biguan ST 31 . . . 159
Binao L.I. 14 . . . 114
Bingfeng S.I. 12 . . . 234
Bizhong Ex-UE . . . 599
Bulang KID 22 . . . 342
Burong ST 19 . . . 147

C
Changqiang Du 1 . . . 499
CHEngfu BL 36 . . . 283
CHEngguang BL 6 . . . 256
CHEngjiang Ren 24 . . . 494
CHEngjin BL 56 . . . 303
CHEngling G.B. 18 . . . 416
CHEngSTn ST 20 . . . 148
CHEngqi ST 1 . . . 129
CHEngshan BL 57 . . . 304
Chize LU 5 . . . 87
Chonggu Zhuidong EX-HN . . . 558
Chongyang ST 42 . . . 170
Ciliao BL 32 . . . 281

D
Dabao SP 21 . . . 201
Dachangshu BL 25 . . . 275
Dadu SP 2 . . . 182
Dadun LIV 1 . . . 449
Dagukong Ex-UE 5 . . . 591
DaHE KID 12 . . . 332
DaHEng SP 15 . . . 195
DaiSTi G.B. 26 . . . 424
Daju ST 27 . . . 155
Daling P 7 . . . 359
Dangyang EX-HN 2 . . . 540
Dannang Ex-LIV 6 . . . 608
DannangL.I.an Ex-LIV 6 . . . 608
Dannangxue Ex-LIV 6 . . . 608
Danshu BL 19 . . . 269
Danzhong/Shanzhong
Ren 17 . . . 487
Daying ST 5 . . . 133
Dazhong KID 4 . . . 324
Dazhu BL 11 . . . 261
Dazhui Du 14 . . . 512
L.I.cang ST 4 . . . 132
L.I.ji SP 8 . . . 188
L.I.ngchuan Ex-B 1 . . . 573
L.I.wuhui G.B. 42 . . . 440
Dubi ST 35 . . . 163
Duiduan Du 27 . . . 525
Dushu BL 16 . . . 266
Duyin Ex-LIV 11 . . . 613

E
Erbai Ex-UE 2 . . . 588
ErHEliao T.B. 22 . . . 388
Erjian L.I. 2 . . . 102
Erjian EX-HN 6 . . . 544
Ermen T.B. 21 . . . 387

F
Feishu BL 13 . . . 263
Feiyang BL 58 . . . 305
Fengchi G.B. 20 . . . 418
Fengfu Du 16 . . . 514
Fenglong ST 40 . . . 168
Fengmen BL 12 . . . 262
Fengshi G.B. 31 . . . 429
Fuai SP 16 . . . 196
Fubai G.B. 10 . . . 408
Fufen BL 41 . . . 288
Fujie SP 14 . . . 194
Fuliu KID 7 . . . 327
FuSHE SP 13 . . . 193

L.I. 16 Jugu . . . 116
L.I. 17 TianL.I.ng . . . 117
L.I. 18 Futu . . . 118
L.I. 19 KouHEliao . . . 119
L.I. 20 Yingxiang . . . 120
LIV 1 Dadun . . . 449
LIV 2 Xingjian . . . 450
LIV 3 Taichong . . . 451
LIV 4 Zhongfeng . . . 452
LIV 5 Ligou . . . 453
LIV 6 Zhongdu . . . 454
LIV 7 Xiguan . . . 455
LIV 8 Ququan . . . 456
LIV 9 Yinbao . . . 457
LIV 10 Zuwuli . . . 458
LIV 11 Yinlian . . . 459
LIV 12 JiSTi . . . 460
LIV 13 Zhangmen . . . 461
LIV 14 Qimen . . . 462
LU 1 Zhongfu . . . 83
LU 2 Yunmen . . . 84
LU 3 Tianfu . . . 85
LU 4 Xiabai . . . 86
LU 5 Chize . . . 87
LU 6 Kongzui . . . 88
LU 7 Lieque . . . 89
LU 8 Jingqu . . . 90
LU 9 Taiyuan . . . 91
LU 10 Yuji . . . 92
LU 11 Shaoshang . . . 93

P

P 1 Tianchi . . . 353
P 2 Tianquan . . . 354
P 3 Quze . . . 355
P 4 Ximen . . . 356
P 5 Jianshi . . . 357
P 6 Neiguan . . . 358
P 7 Daling . . . 359
P 8 Laogong . . . 360
P 9 Zhongchong . . . 361

R

Ren 1 Huiyin . . . 471
Ren 2 Qugu . . . 472
Ren 3 Zhongji . . . 473
Ren 4 Guanyuan . . . 474
Ren 5 Shimen . . . 475
Ren 6 Qihai . . . 476
Ren 7 Yinjiao . . . 477
Ren 8 SHEnque . . . 478
Ren 9 Shuifen . . . 479
Ren 10 Xiawan . . . 480
Ren 11 Jianli . . . 481
Ren 12 Zhongwan . . . 482
Ren 13 Shangwan . . . 483
Ren 14 Juque . . . 484
Ren 15 Jiuwei . . . 485
Ren 16 Zhongting . . . 486
Ren 17 Danzhong/Shanzhong . . . 487
Ren 18 Yutang . . . 488
Ren 19 Zigong . . . 489
Ren 20 Huagai . . . 490
Ren 21 Xuanji . . . 491
Ren 22 Tiantu . . . 492
Ren 23 Lianquan . . . 493
Ren 24 CHEngjiang . . . 494

S

S.I. 1 Shaoze . . . 223
S.I. 2 Qiangu . . . 224
S.I. 3 Houxi . . . 225
S.I. 4 Wangu . . . 226
S.I. 5 Yanggu . . . 227
S.I. 6 Yanglao . . . 228
S.I. 7 ZhizHEng . . . 229
S.I. 8 Xiaohai . . . 230
S.I. 9 JianzHEn . . . 231
S.I. 10 Naoshu . . . 232
S.I. 11 Tianzong . . . 233
S.I. 12 Bingfeng . . . 234
S.I. 13 Quyuan . . . 235
S.I. 14 Jianwaishu . . . 236
S.I. 15 Jianzhongshu . . . 237
S.I. 16 Tianchuang . . . 238
S.I. 17 Tianrong . . . 239
S.I. 18 Quanliao . . . 240
S.I. 19 Tinggong . . . 241
SP 1 Yinbai . . . 181
SP 2 Dadu . . . 182
SP 3 Taibai . . . 183
SP 4 Gongsun . . . 184
SP 5 Shangqiu . . . 185
SP 6 Sanyinjiao . . . 186
SP 7 Lougu . . . 187
SP 8 L.I.ji . . . 188
SP 9 Yinlingquan . . . 189
SP 10 Xuehai . . . 190
SP 11 Jimen . . . 191
SP 12 SIChongmen . . . 192
SP 13 FusHE . . . 193
SP 14 Fujie . . . 194
SP 15 DaHEng . . . 195
SP 16 Fuai . . . 196
SP 17 Shidou . . . 197
SP 18 Tianxi . . . 198
SP 19 Xiongxiang . . . 199
SP 20 Zhourong . . . 200
SP 21 Dabao . . . 201
ST 1 CHEngqi . . . 129
ST 2 Sibai . . . 130
ST 3 Juliao . . . 131
ST 4 L.I.cang . . . 132
ST 5 Daying . . . 133
ST 6 JiacHE . . . 134
ST 7 Xiaguan . . . 135
ST 8 Touwei . . . 136
ST 9 Renying . . . 137
ST 10 Shuitu . . . 138
ST 11 QisHE . . . 139
ST 12 QuePn . . . 140
ST 13 Qihu . . . 141
ST 14 Kufang . . . 142
ST 15 Wuyi . . . 143
ST 16 Yingchuang . . . 144
ST 17 Ruzhong . . . 145
ST 18 Rugen . . . 146
ST 19 Burong . . . 147
ST 20 CHEngSTn . . . 148
ST 21 Liangmen . . . 149
ST 22 Guanmen . . . 150
ST 23 Taiyi . . . 151
ST 24 Huaroumen . . . 152
ST 25 Tianshu . . . 153
ST 26 Wailing . . . 154
ST 27 Daju . . . 155
ST 28 Shuidao . . . 156
ST 29 Guilai . . . 157
ST 30 Qichong . . . 158
ST 31 Biguan . . . 159
ST 32 Futu . . . 160
ST 33 Yinshi . . . 161
ST 34 Liangqiu . . . 162
ST 35 Dubi . . . 163
ST 36 Zusanli . . . 164
ST 37 Shangjuxu . . . 165
ST 38 Tiaokou . . . 166
ST 39 Xiajuxu . . . 167
ST 40 Fenglong . . . 168
ST 41 Jiexi . . . 169
ST 42 Chongyang . . . 170
ST 43 Xiangu . . . 171
ST 44 Neiting . . . 172
ST 45 Lidui . . . 173

T

T.B. 1 Guanchong . . . 367
T.B. 2 Yemen . . . 368
T.B. 3 Zhongzhu . . . 369
T.B. 4 Yangchi . . . 370
T.B. 5 Waiguan . . . 371
T.B. 6 Zhigou . . . 372
T.B. 7 Huizong . . . 373
T.B. 8 SanyangLUo . . . 374
T.B. 9 Sidu . . . 375
T.B. 10 Tianjing . . . 376
T.B. 11 QingLIVngyuan . . . 377
T.B. 12 XiaoLUo . . . 378
T.B. 13 Naohui . . . 379
T.B. 14 Jianliao . . . 380
T.B. 15 Tianliao . . . 381
T.B. 16 Tianyou . . . 382
T.B. 17 Yifeng . . . 383
T.B. 18 QiSTi . . . 384
T.B. 19 LUxi . . . 385
T.B. 20 Jiaosun . . . 386
T.B. 21 Ermen . . . 387
T.B. 22 ErHEliao . . . 388
T.B. 23 Sizhukong . . . 389

Acupuncture points (pinyin name)

A

AnSPan EX-HN . . . 555

B

Bafeng Ex-LIV 10 . . . 612
Baichongwo Ex-LIV 3 . . . 605
Baihuanshu BL 30 . . . 280
Baihui Du 20 . . . 518
Baohuang BL 53 . . . 300
Baxie Ex-UE 9 . . . 595
BensHEn G.B. 13 . . . 411
Biguan ST 31 . . . 159
Binao L.I. 14 . . . 114
Bingfeng S.I. 12 . . . 234
Bizhong Ex-UE . . . 599
Bulang KID 22 . . . 342
Burong ST 19 . . . 147

C

Changqiang Du 1 . . . 499
CHEngfu BL 36 . . . 283
CHEngguang BL 6 . . . 256
CHEngjiang Ren 24 . . . 494
CHEngjin BL 56 . . . 303
CHEngling G.B. 18 . . . 416
CHEngSTn ST 20 . . . 148
CHEngqi ST 1 . . . 129
CHEngshan BL 57 . . . 304
Chize LU 5 . . . 87
Chonggu Zhuidong EX-HN . . . 558
Chongyang ST 42 . . . 170
Ciliao BL 32 . . . 281

D

Dabao SP 21 . . . 201
Dachangshu BL 25 . . . 275
Dadu SP 2 . . . 182
Dadun LIV 1 . . . 449
Dagukong Ex-UE 5 . . . 591
DaHE KID 12 . . . 332
DaHEng SP 15 . . . 195
DaiSTi G.B. 26 . . . 424
Daju ST 27 . . . 155
Daling P 7 . . . 359
Dangyang EX-HN 2 . . . 540
Dannang Ex-LIV 6 . . . 608
DannangL.I.an Ex-LIV 6 . . . 608
Dannangxue Ex-LIV 6 . . . 608
Danshu BL 19 . . . 269
Danzhong/Shanzhong Ren 17 . . . 487
Daying ST 5 . . . 133
Dazhong KID 4 . . . 324
Dazhu BL 11 . . . 261
Dazhui Du 14 . . . 512
L.I.cang ST 4 . . . 132
L.I.ji SP 8 . . . 188
L.I.ngchuan Ex-B 1 . . . 573
L.I.wuhui G.B. 42 . . . 440
Dubi ST 35 . . . 163
Duiduan Du 27 . . . 525
Dushu BL 16 . . . 266
Duyin Ex-LIV 11 . . . 613

E

Erbai Ex-UE 2 . . . 588
ErHEliao T.B. 22 . . . 388
Erjian L.I. 2 . . . 102
Erjian EX-HN 6 . . . 544
Ermen T.B. 21 . . . 387

F

Feishu BL 13 . . . 263
Feiyang BL 58 . . . 305
Fengchi G.B. 20 . . . 418
Fengfu Du 16 . . . 514
Fenglong ST 40 . . . 168
Fengmen BL 12 . . . 262
Fengshi G.B. 31 . . . 429
Fuai SP 16 . . . 196
Fubai G.B. 10 . . . 408
Fufen BL 41 . . . 288
Fujie SP 14 . . . 194
Fuliu KID 7 . . . 327
FusHE SP 13 . . . 193

Futonggu KID 20 340
Futu L.I. 18 118
Futu ST 32 160
Fuxi BL 38 285
Fuyang BL 59 306

G
Ganshu BL 18 268
Gaohuang BL 43 290
Geguan BL 46 293
Geshu BL 17 267
Gongsun SP 4 184
Guanchong T.B. 1 367
GuangSPng G.B. 37 435
Guanmen ST 22 150
Guanyuan Ren 4 474
Guanyuanshu BL 26 276
Guilai ST 29 157

H
Haiquan EX-HN 11 549
Hanyan G.B. 4 402
HEL.I.ng Ex-LIV 2 604
HEgu L.I. 4 104
HEnggu KID 11 331
HEyang BL 55 302
HouL.I.ng Du 19 517
Houxi S.I. 3 225
Huagai Ren 20 490
Huangmen BL 51 298
Huangshu KID 16 336
Huantiao G.B. 30 428
Huanzhong Ex-LIV 615
Huaroumen ST 24 152
Huatuojiaji Ex-B 2 574
Huiyang BL 35 282
Huiyin Ren 1 471
Huizong T.B. 7 373
Hunmen BL 47 294

J
JiacHE ST 6 134
JiacHEngjiang EX-HN 557
Jiali EX-HN 556
Jianjing G.B. 21 419
Jianli Ren 11 481
Jianliao T.B. 14 380
Jianneiling Ex-UE 598
Jianshi P 5 357
Jianwaishu S.I. 14 236
Jianyu L.I. 15 115
JianzHEn S.I. 9 231
Jianzhongshu S.I. 15 237
Jiaosun T.B. 20 386
Jiaoxin KID 8 328
JieHExue Ex-B 582
Jiexi ST 41 169
JiSTi LIV 12 460
Jimen SP 11 191
JinG.B.ailao EX-HN 15 553
JinG.B.i EX-HN 559
Jinggu BL 64 311
Jingmen G.B. 25 423
JingSPng BL 1 251
Jingqu LU 8 90
Jinjin EX-HN 12 550
Jinmen BL 63 310
Jinsuo Du 8 506
Jiquan HE 1 207
Jiuwei Ren 15 485
Jizhong Du 6 504
Jueyinshu BL 14 264
Jugu L.I. 16 116
Juliao G.B. 29 427
Juliao ST 3 131
Juquan EX-HN 10 548
Juque Ren 14 484

K
Kongzui LU 6 88
KouHEliao L.I. 19 119
Kuangu Ex-LIV 1 603
Kufang ST 14 142
KunLUn BL 60 307

L
Lanwei Ex-LIV 7 609
Lanweixue Ex-LIV 7 609
Laogong P 8 360
Liangmen ST 21 149
Liangqiu ST 34 162
Lianquan Ren 23 493
Lidui ST 45 173
Lieque LU 7 89
Ligou LIV 5 453
Lineiting Ex-LIV 617
Lingdao HE 4 210
Lingtai Du 10 508
Lingxu KID 24 344
Lougu SP 7 187
LUoque BL 8 258
LUozHEn Ex-UE 8 594
LUxi T.B. 19 385

M
Meichong BL 3 253
SPngmen Du 4 502
Muchuang G.B. 16 414

N
Naohu Du 17 515
Naohui T.B. 13 379
Naokong G.B. 19 417
Naoshu S.I. 10 232
Neiguan P 6 358
Neihuaijian Ex-LIV 8 610
Neiting ST 44 172
Neixiyan Ex-LIV 4 606
Neiyingxiang EX-HN 9 547

P
Pangguangshu BL 28 278
Pianli L.I. 6 106
Pigen Ex-B 4 576
Pishu BL 20 270
Pohu BL 42 289
Pucan BL 61 308

Q
QianL.I.ng Du 21 519
Qiangu S.I. 2 224
Qichong ST 30 158
Qiduan Ex-LIV 12 614
Qihai Ren 6 476
Qihaishu BL 24 274
Qihu ST 13 141
QiSTi T.B. 18 384
Qimen Ex-CA 567
Qimen LIV 14 462
QingLIVngyuan T.B. 11 377
Qingling HE 2 208
QisHE ST 11 139
Qiuhou EX-HN 7 545
Qiuxu G.B. 40 438
Qixue KID 13 333
Qizhong sibian Ex-CA 565
Quanliao S.I. 18 240
Qubin G.B. 7 405
Qucha BL 4 254
Quchi L.I. 11 111
QuePn ST 12 140
Qugu Ren 2 472
Quiangjian Du 18 516
Ququan LIV 8 456
Quyuan S.I. 13 235
Quze P 3 355

R
Rangu KID 2 322
Renying ST 9 137
Renzhong Du 26 524
Riyue G.B. 24 422
Rugen ST 18 146
Ruzhong ST 17 145

S
Sanjian L.I. 3 103
Sanjiaojiu Ex-CA 570
Sanjiaoshu BL 22 272
SanyangLUo T.B. 8 374
Sanyinjiao SP 6 186
Shangguan G.B. 3 401
Shangjuxu ST 37 165
Shanglian L.I. 9 109
Shangliao BL 31 281
ShangSPng EX-HN 554
Shangqiu SP 5 185
Shangqu KID 17 337
Shangwan Ren 13 483
Shangxing Du 23 521
Shangyang L.I. 1 101
Shangyingxiang EX-HN 8 546
Shaochong HE 9 215
Shaofu HE 8 214
Shaohai HE 3 209
Shaoshang LU 11 93
Shaoze S.I. 1 223
SHEncang KID 25 345
SHEndao Du 11 509
SHEnfeng KID 23 343
SHEnSTi BL 62 309
SHEnmen HE 7 213
SHEnque Ren 8 478
SHEnshu BL 23 273
SHEntang BL 44 291
SHEnting Du 24 522
SHEnzhu Du 12 510
Shidou SP 17 197
Shiguan KID 18 338
Shimen Ren 5 475
Shiqizhui Ex-B 8 580
Shixuan Ex-UE 11 597
Shousanli L.I. 10 110
Shouwuli L.I. 13 113
Shuaigu G.B. 8 406
Shufu KID 27 347
Shugu BL 65 312
Shuidao ST 28 156
Shuifen Ren 9 479
Shuiquan KID 5 325
Shuitu ST 10 138
Sibai ST 2 130
SIChongmen SP 12 192
Sidu T.B. 9 375
Sifeng Ex-UE 10 596
SiSTn KID 14 334
Siqiang Ex-LIV 616
SisHEncong EX-HN 1 539
Sizhukong T.B. 23 389
Suliao Du 25 523

T
Taibai SP 3 183
Taichong LIV 3 451
Taixi KID 3 323
Taiyang EX-HN 5 543
Taiyi ST 23 151
Taiyuan LU 9 91
Taodao Du 13 511
Tianchi P 1 353
Tianchong G.B. 9 407
Tianchuang S.I. 16 238
TianL.I.ng L.I. 17 117
Tianfu LU 3 85
Tianjing T.B. 10 376
Tianliao T.B. 15 381
Tianquan P 2 354
Tianrong S.I. 17 239
Tianshu ST 25 153
Tiantu Ren 22 492
Tianxi SP 18 198
Tianyou T.B. 16 382
Tianzhu BL 10 260
Tianzong S.I. 11 233
Tiaokou ST 38 166
Tinggong S.I. 19 241
Tinghui G.B. 2 400
Tituo Ex-CA 568
Tongli HE 5 211
Tongtian BL 7 257
Tongziliao G.B. 1 399
Toulinqi G.B. 15 413
Touqiaoyin G.B. 11 409
Touwei ST 8 136
Tunzhong Ex-B 583

W
Waiguan T.B. 5 371
Waihuaijian Ex-LIV 9 611
Wailaogong Ex-UE 8 594
Wailing ST 26 154
Waiqiu G.B. 36 434
Wangu S.I. 4 226
Wangu G.B. 12 410
Weicang BL 50 297
Weidao G.B. 28 426
Weishang Ex-CA 564
Weishu BL 21 271
Weiwanxiashu Ex-B 3 575
Weiyang BL 39 286
Weizhong BL 40 287
Wenliu L.I. 7 107
Wuchu BL 5 255
Wushu G.B. 27 425
Wuyi ST 15 143

X
Xiabai LU 4 86
Xiaguan ST 7 135
Xiajishu Ex-B 5 577
Xiajuxu ST 39 167
Xialian L.I. 8 108
Xialiao BL 34 281
Xiangu ST 43 171
Xianqiang Ex-UE 8 594
Xiaochangshu BL 27 277

Xiaogukong Ex-UE 6 . . . 592
Xiaohai S.I. 8 . . . 230
XiaoLUo T.B. 12 . . . 378
Xiawan Ren 10 . . . 480
Xiaxi G.B. 43 . . . 441
XiL.I.ng Ex-LIV 2 . . . 604
Xiguan LIV 7 . . . 455
Ximen P 4 . . . 356
Xingjian LIV 2 . . . 450
Xinhui Du 22 . . . 520
Xinshu BL 15 . . . 265
Xiongxiang SP 19 . . . 199
Xiyan Ex-LIV 5 . . . 607
Xiyangguan G.B. 33 . . . 431
Xuanji Ren 21 . . . 491
Xuanli G.B. 6 . . . 404
XuanLU G.B. 5 . . . 403
Xuanshu Du 5 . . . 503
Xuanzhong G.B. 39 . . . 437
Xuehai SP 10 . . . 190

Y
Yamen Du 15 . . . 513
YanG.B.ai G.B. 14 . . . 412
Yangchi T.B. 4 . . . 370
Yangfu G.B. 38 . . . 436
Yanggang BL 48 . . . 295
Yanggu S.I. 5 . . . 227
Yangjiao G.B. 35 . . . 433
Yanglao S.I. 6 . . . 28
Yanglingquan G.B. 34 . . . 432
Yangxi L.I. 5 . . . 105
Yaoqi Ex-B 9 . . . 581
Yaoshu Du 2 . . . 500
YaotongL.I.an Ex-UE 7 . . . 593
Yaoyan Ex-B 7 . . . 579
Yaoyangguan Du 3 . . . 501
Yaoyi Ex-B 6 . . . 578
Yemen T.B. 2 . . . 368
Yifeng T.B. 17 . . . 383
Yijing Ex-CA . . . 566
YiSPng EX-HN 14 . . . 552
Yinbai SP 1 . . . 181
Yinbao LIV 9 . . . 457
Yindu KID 19 . . . 339
Yingchuang ST 16 . . . 144
Yingu KID 10 . . . 330
Yingxiang L.I. 20 . . . 120
Yinjiao Ren 7 . . . 477
Yinlian LIV 11 . . . 459
Yinliao Du 28 . . . 526
Yinlingquan SP 9 . . . 189
Yinmen BL 37 . . . 284
Yinshi ST 33 . . . 161
Yintang EX-HN 3 . . . 541
Yinxi HE 6 . . . 212
YisHE BL 49 . . . 296
Yixi BL 45 . . . 292
Yongquan KID 1 . . . 321
Youmen KID 21 . . . 341
Yuanye G.B. 22 . . . 420
Yuji LU 10 . . . 92
Yunmen LU 2 . . . 84
Yutang Ren 18 . . . 488
Yuyao EX-HN 4 . . . 542
Yuye EX-HN 13 . . . 551
YuzHEn BL 9 . . . 259
Yuzhong KID 26 . . . 346

Z
Zanzhu BL 2 . . . 252
Zhangmen LIV 13 . . . 461
Zhaohai KID 6 . . . 326
ZHEjin G.B. 23 . . . 421
ZHEngying G.B. 17 . . . 415
Zhibian BL 54 . . . 301
Zhigou T.B. 6 . . . 372
Zhishi BL 52 . . . 299
Zhishi Ex-CA . . . 569
Zhiyang Du 9 . . . 507
Zhiyin BL 67 . . . 314
ZhizHEng S.I. 7 . . . 229
Zhongchong P 9 . . . 361
Zhongdu G.B. 32 . . . 430
Zhongdu LIV 6 . . . 454
Zhongfeng LIV 4 . . . 452
Zhongfu LU 1 . . . 83
Zhongji Ren 3 . . . 473
Zhongkui Ex-UE 4 . . . 590
Zhongliao BL 33 . . . 281
Zhonglüshu BL 29 . . . 279
Zhongquan Ex-UE 3 . . . 589
Zhongshu Du 7 . . . 505
Zhongting Ren 16 . . . 486
Zhongwan Ren 12 . . . 482
Zhongzhu KID 15 . . . 335
Zhongzhu T.B. 3 . . . 369
Zhoujian Ex-UE 1 . . . 587
Zhouliao L.I. 12 . . . 112
Zhourong SP 20 . . . 200
Zhubin KID 9 . . . 329
Zigong Ren 19 . . . 489
Zulinqi G.B. 41 . . . 439
Zuqiaoyin G.B. 44 . . . 442
Zusanli ST 36 . . . 164
Zutonggu BL 66 . . . 313
Zuwuli LIV 10 . . . 458

Index of Indications, the effectiveness of which has been scientifically proven or disproven

A
Abdominal surgery, bowel movements following . . . 705
Absorption of Tc-99m (radioactive technetium-marker) . . . 709
Activation of neutrophils . . . 702
Activity of the sympathetic and parasympathetic nervous system . . . 700, 718
Acupuncture anaesthesia for hysterectomies . . . 718
Adhesive capsulitis (‘Frozen shoulder’) . . . 702
Anaesthetic requirement . . . 715
Anaesthetic requirement for subtotal gastrectomies . . . 705
Anaesthesia by electroacupuncture . . . 705
Anaesthetic requirement (desflurane) . . . 704, 715
Analgesia for operative dentistry . . . 701
Analgesia for thyroidectomies . . . 714
Analgesia, patient-controlled (requirement for hydromorphine) . . . 701
Analgesic effect . . . 701, 704, 716
Analgesic requirement after abdominal surgery . . . 707, 711
Angina pectoris . . . 713, 714, 718
Anxiety . . . 719
Apoplexy . . . 699
Appendectomies . . . 705
Arthritis, rheumatoid . . . 717
Asthma, allergic . . . 699
Asthma, anaphylactic . . . 704
Asthma, bronchial . . . 699, 709, 719
Atropin-induced gastric dysrhythmia . . . 704

B
Biliary colic pain . . . 717
Bloating . . . 707
Blood circulation, peripheral . . . 705
Blood loss during cerebral operation . . . 706
Bowel movements following abdominal surgery . . . 705
Brain activation patterns, changes in . . . 700, 709
Breast cancer, nausea due to chemotherapy . . . 704
Breast surgery, emesis after . . . 711
Breech presentation . . . 707, 709
Bronchial asthma . . . 699, 709, 719
Bronchial asthma in children . . . 709
Bronchitis, chronic . . . 721

C
Cancer patients . . . 705, 713
Carbon dioxide production . . . 713
Cardia, achalasia of the . . . 716
Cardiotocographic parameters, foetal and maternal . . . 719
Cerebral blood flow capacity, impaired and cervical vertebra disease . . . 719
Cerebral infarction, acute . . . 702, 718
Cerebral infarction, ischaemic . . . 715
Cerebral operation, blood loss during . . . 706
Cerebral traumatic dementia . . . 706
Cervical vertebra disease and impaired cerebral blood flow capacity . . . 718
Caesarean section, nausea and vomiting after epidural morphine for . . . 713
c-Fos-positive cells in the primary visual cortex . . . 709
Changes in brain activation patterns . . . 700
CHD (coronary heart disease) . . . 711, 712, 713, 718
CHD patients . . . 714, 718
Chemotherapy, nausea and vomiting . . . 704, 711, 714
Chemotherapy-induced leukopenia . . . 704, 705
Chronic pelvic pain syndrome with intrapelvic venous congestion . . . 708
Cold, tonic pain induced by . . . 700
Colitis, chronic . . . 703
Colonoscopy, analgesic effect for . . . 701
Concentration, minimal alveolar . . . 701
Constipation . . . 701, 707
Contraction, uterine . . . 705
Coronary heart disease . . . 710
Cutaneous blood flow . . . 700, 711
Cyclophosphamide chemotherapy, vomiting . . . 711
Cystitis, interstitial . . . 705

D
Dementia, cerebral traumatic . . . 706
Dental pain, postoperative . . . 701
Depression . . . 706, 719
Desflurane anaesthesia, experimental pain stimuli under . . . 704
Desflurane anaesthesia, pain stimuli under . . . 704
Diabetic patients with gastric motor dysfunction . . . 704
Diarrhoea . . . 707, 716, 717
Discectomy, analgesia for anterior approach cervical . . . 713
Driving fatigue . . . 719
Duodenal ulcer . . . 715
Dysmenorrhoea (painful periods) . . . 719

E
EEG, resting . . . 700
Effect, pain-reducing . . . 704
Electro-acupuncture, anaesthesia with . . . 705
ENT surgery, postoperative nausea and vomiting . . . 712, 714
Enteropathogenic Escherichia coli induced diarrhoea . . . 718
Enuresis . . . 718
Epicondalgia lateralis (tennis elbow) . . . 701. 702, 716
Epidural anaesthesia for gastrectomies . . . 705
Epidural morphine, nausea and vomiting after, for post-caesarean section . . . 713
Epigastric pain . . . 720
Epiphora (tearing eyes) . . . 706
Essential hypertension . . . 709
Exhaustion . . . 700
Extrasystole, intermittent ventricular . . . 711

F
Facial paralysis . . . 716
Faecal incontinence . . . 708
Fever . . . 699, 709
Finger flexion reflex, vibration induced . . . 701
fMRI . . . 709, 716, 717
fMRI in stroke patients . . . 716

Xiaogukong Ex-UE 6 . . . 592
Xiaohai S.I. 8 . . . 230
XiaoLUo T.B. 12 . . . 378
Xiawan Ren 10 . . . 480
Xiaxi G.B. 43 . . . 441
XiL.I.ng Ex-LIV 2 . . . 604
Xiguan LIV 7 . . . 455
Ximen P 4 . . . 356
Xingjian LIV 2 . . . 450
Xinhui Du 22 . . . 520
Xinshu BL 15 . . . 265
Xiongxiang SP 19 . . . 199
Xiyan Ex-LIV 5 . . . 607
Xiyangguan G.B. 33 . . . 431
Xuanji Ren 21 . . . 491
Xuanli G.B. 6 . . . 404
XuanLU G.B. 5 . . . 403
Xuanshu Du 5 . . . 503
Xuanzhong G.B. 39 . . . 437
Xuehai SP 10 . . . 190

Y

Yamen Du 15 . . . 513
YanG.B.ai G.B. 14 . . . 412
Yangchi T.B. 4 . . . 370
Yangfu G.B. 38 . . . 436
Yanggang BL 48 . . . 295
Yanggu S.I. 5 . . . 227
Yangjiao G.B. 35 . . . 433
Yanglao S.I. 6 . . . 28
Yanglingquan G.B. 34 . . . 432
Yangxi L.I. 5 . . . 105
Yaoqi Ex-B 9 . . . 581
Yaoshu Du 2 . . . 500
YaotongL.I.an Ex-UE 7 . . . 593
Yaoyan Ex-B 7 . . . 579
Yaoyangguan Du 3 . . . 501
Yaoyi Ex-B 6 . . . 578
Yemen T.B. 2 . . . 368
Yifeng T.B. 17 . . . 383
Yijing Ex-CA . . . 566
YiSPng EX-HN 14 . . . 552
Yinbai SP 1 . . . 181
Yinbao LIV 9 . . . 457
Yindu KID 19 . . . 339
Yingchuang ST 16 . . . 144
Yingu KID 10 . . . 330
Yingxiang L.I. 20 . . . 120
Yinjiao Ren 7 . . . 477
Yinlian LIV 11 . . . 459
Yinliao Du 28 . . . 526
Yinlingquan SP 9 . . . 189
Yinmen BL 37 . . . 284
Yinshi ST 33 . . . 161
Yintang EX-HN 3 . . . 541
Yinxi HE 6 . . . 212
YisHE BL 49 . . . 296
Yixi BL 45 . . . 292
Yongquan KID 1 . . . 321
Youmen KID 21 . . . 341
Yuanye G.B. 22 . . . 420
Yuji LU 10 . . . 92
Yunmen LU 2 . . . 84
Yutang Ren 18 . . . 488
Yuyao EX-HN 4 . . . 542
Yuye EX-HN 13 . . . 551
YuzHEn BL 9 . . . 259
Yuzhong KID 26 . . . 346

Z

Zanzhu BL 2 . . . 252
Zhangmen LIV 13 . . . 461
Zhaohai KID 6 . . . 326
ZHEjin G.B. 23 . . . 421
ZHEngying G.B. 17 . . . 415
Zhibian BL 54 . . . 301
Zhigou T.B. 6 . . . 372
Zhishi BL 52 . . . 299
Zhishi Ex-CA . . . 569
Zhiyang Du 9 . . . 507
Zhiyin BL 67 . . . 314
ZhizHEng S.I. 7 . . . 229
Zhongchong P 9 . . . 361
Zhongdu G.B. 32 . . . 430
Zhongdu LIV 6 . . . 454
Zhongfeng LIV 4 . . . 452
Zhongfu LU 1 . . . 83
Zhongji Ren 3 . . . 473
Zhongkui Ex-UE 4 . . . 590
Zhongliao BL 33 . . . 281
Zhonglüshu BL 29 . . . 279
Zhongquan Ex-UE 3 . . . 589
Zhongshu Du 7 . . . 505
Zhongting Ren 16 . . . 486
Zhongwan Ren 12 . . . 482
Zhongzhu KID 15 . . . 335
Zhongzhu T.B. 3 . . . 369
Zhoujian Ex-UE 1 . . . 587
Zhouliao L.I. 12 . . . 112
Zhourong SP 20 . . . 200
Zhubin KID 9 . . . 329
Zigong Ren 19 . . . 489
Zulinqi G.B. 41 . . . 439
Zuqiaoyin G.B. 44 . . . 442
Zusanli ST 36 . . . 164
Zutonggu BL 66 . . . 313
Zuwuli LIV 10 . . . 458

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A

Abdominal surgery, bowel movements following . . . 705
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Activity of the sympathetic and parasympathetic nervous system . . . 700, 718
Acupuncture anaesthesia for hysterectomies . . . 718
Adhesive capsulitis (‘Frozen shoulder’) . . . 702
Anaesthetic requirement . . . 715
Anaesthetic requirement for subtotal gastrectomies . . . 705
Anaesthesia by electroacupuncture . . . 705
Anaesthetic requirement (desflurane) . . . 704, 715
Analgesia for operative dentistry . . . 701
Analgesia for thyroidectomies . . . 714
Analgesia, patient-controlled (requirement for hydromorphine) . . . 701
Analgesic effect . . . 701, 704, 716
Analgesic requirement after abdominal surgery . . . 707, 711
Angina pectoris . . . 713, 714, 718
Anxiety . . . 719
Apoplexy . . . 699
Appendectomies . . . 705
Arthritis, rheumatoid . . . 717
Asthma, allergic . . . 699
Asthma, anaphylactic . . . 704
Asthma, bronchial . . . 699, 709, 719
Atropin-induced gastric dysrhythmia . . . 704

B

Biliary colic pain . . . 717
Bloating . . . 707
Blood circulation, peripheral . . . 705
Blood loss during cerebral operation . . . 706
Bowel movements following abdominal surgery . . . 705
Brain activation patterns, changes in . . . 700, 709
Breast cancer, nausea due to chemotherapy . . . 704
Breast surgery, emesis after . . . 711
Breech presentation . . . 707, 709
Bronchial asthma . . . 699, 709, 719
Bronchial asthma in children . . . 709
Bronchitis, chronic . . . 721

C

Cancer patients . . . 705, 713
Carbon dioxide production . . . 713
Cardia, achalasia of the . . . 716
Cardiotocographic parameters, foetal and maternal . . . 719
Cerebral blood flow capacity, impaired and cervical vertebra disease . . . 719
Cerebral infarction, acute . . . 702, 718
Cerebral infarction, ischaemic . . . 715
Cerebral operation, blood loss during . . . 706
Cerebral traumatic dementia . . . 706
Cervical vertebra disease and impaired cerebral blood flow capacity . . . 718
Caesarean section, nausea and vomiting after epidural morphine for . . . 713
c-Fos-positive cells in the primary visual cortex . . . 709
Changes in brain activation patterns . . . 700
CHD (coronary heart disease) . . . 711, 712, 713, 718
CHD patients . . . 714, 718
Chemotherapy, nausea and vomiting . . . 704, 711, 714
Chemotherapy-induced leukopenia . . . 704, 705
Chronic pelvic pain syndrome with intrapelvic venous congestion . . . 708
Cold, tonic pain induced by . . . 700
Colitis, chronic . . . 703
Colonoscopy, analgesic effect for . . . 701
Concentration, minimal alveolar . . . 701
Constipation . . . 701, 707
Contraction, uterine . . . 705
Coronary heart disease . . . 710
Cutaneous blood flow . . . 700, 711
Cyclophosphamide chemotherapy, vomiting . . . 711
Cystitis, interstitial . . . 705

D

Dementia, cerebral traumatic . . . 706
Dental pain, postoperative . . . 701
Depression . . . 706, 719
Desflurane anaesthesia, experimental pain stimuli under . . . 704
Desflurane anaesthesia, pain stimuli under . . . 704
Diabetic patients with gastric motor dysfunction . . . 704
Diarrhoea . . . 707, 716, 717
Discectomy, analgesia for anterior approach cervical . . . 713
Driving fatigue . . . 719
Duodenal ulcer . . . 715
Dysmenorrhoea (painful periods) . . . 719

E

EEG, resting . . . 700
Effect, pain-reducing . . . 704
Electro-acupuncture, anaesthesia with . . . 705
ENT surgery, postoperative nausea and vomiting . . . 712, 714
Enteropathogenic Escherichia coli induced diarrhoea . . . 718
Enuresis . . . 718
Epicondalgia lateralis (tennis elbow) . . . 701. 702, 716
Epidural anaesthesia for gastrectomies . . . 705
Epidural morphine, nausea and vomiting after, for post-caesarean section . . . 713
Epigastric pain . . . 720
Epiphora (tearing eyes) . . . 706
Essential hypertension . . . 709
Exhaustion . . . 700
Extrasystole, intermittent ventricular . . . 711

F

Facial paralysis . . . 716
Faecal incontinence . . . 708
Fever . . . 699, 709
Finger flexion reflex, vibration induced . . . 701
fMRI . . . 709, 716, 717
fMRI in stroke patients . . . 716

Foetal breech presentation 709
Forms of anaesthesia for anterior approach cervical discectomy 712
'Frozen shoulder' (adhesive capsulitis) 702

G
Gag reflex 720
Gastrectomies, epidural anaesthesia for 705
Gastric dysrhythmia, atropine-induced 704
Gastric motor dysfunction in diabetic patients 704
Gastric myoelectrical regularity 704
Gastrointestinal motility following trans-abdominal hysterectomy 711

H
Haemodynamics 705
Headaches after caesarian section under epidural anaesthesia 703
Headaches 703, 717
Heart disease, coronary 710, 712, 713, 714, 718
Heart rate frequency, variance of 720
Heart rate variability 703
Heart rate variability (HRV) under fatigue and non-fatigue states 700
Heat pain threshold 700
Hemiplegia 706, 716
Heroin withdrawal 712, 715
Hiccups 721
HIV-related neuropathy 708
Homeostatic effect of this point 710
Hospice patients, nausea and vomiting in 714
H-reflex 700
Hyperemesis gravidarum (morning sickness) 711
Hypertension, diastolic 717
Hypertension, essential 709
Hypertension, exercise-induced 710
Hypertension, forms of 707
Hyperthyreosis 720
Hypogalactia 717
Hypotension, controlled 706
Hypotension under general anaesthesia with halothane 703
Hysterectomy, trans-abdominal, gastrointestinal motility 711

I
Ileus, paralytic 707
Immune system 702
Immune system, effects on 699
Immuno-activity of NK cells 705
Incontinence in spinal-cord-injured patients 708
Induced labour 700, 705
Infarction, cerebral 702, 715, 718
Insufficiency of lacrimal passage 706
Intrapelvic venous congestion, chronic pelvic pain syndrome with 708
Irritable bowel syndrome 700
Ischaemia, transient 718

K
Knees, osteoarthritic 703, 705

L
Laparoscopy, gynaecological, vomiting and nausea following 713, 714
Laryngospasms 699
Leukocyte circulation 703
Leukopenia 704
Leukopenia, chemotherapy-induced 704, 705
Lumbar pain 708

M
Migraine attacks 717
Migraines without aura 703
Minor depression or anxiety 705, 706
Minor depression 705, 706
Morbid infantile night crying 715
Morning sickness 710, 711, 712, 713, 714
Motion sickness 710, 712, 713, 714
Myocardial infarction 710, 711

N
Nasal airflow 702
Nasopharyngeal carcinoma 720
Nausea and vomiting after paediatric strabismus surgery 712, 714
Nausea and vomiting during caesarean delivery under spinal anaesthesia 710, 713
Nausea and gagging during gastroscopies 711
Nausea and vomiting, postoperative and chemotherapy-induced 704–714
Nausea induced by eccentric rotation 710
Nerve activity, sympathetic 702
Neurogenic bladder due spinal cord injury 720
Neuropathy, HIV-related 708
Neuroradiological changes 709
Nucleus gracilis, activity of nitric oxide synthase in the 708

O
Obesity 719
Obesity in women 699
Opioid requirement 700, 704
Opioid-related side effects, 703
Oxygen requirement 713

P
Pain stimuli, experimental 704, 707, 718
Pain stimuli, experimental, under desflurane anaesthesia 704
Pain threshold of postoperative dental pain 701
Pain threshold 701, 717
Pain 700, 701 703, 708, 711
Painful disorders 704
Palsy, pseudobulbar 720
Paralytic ileus 707
Parasympathetic activity 719
Patients with acute myocardial infarction 710, 711
Perennial allergic rhinitis 719
Periarthritis of the humerus 699
Peripheral blood circulation 705
Peristalsis 704
Phagocytic immune system, activity of neutrophils 702
Plasma glucose level 721
Poly-infarctional vascular dementia 700
Positive chronotropic and bathmotropic effect 710
Postoperative nausea and vomiting 711, 712
Postoperative nausea and vomiting after gynaecological surgery 711, 712, 713, 714, 715
Postoperative nausea and vomiting after plastic surgery 711
Postoperative nausea and vomiting after urological surgery 713
Postoperative nausea following paediatric tonsillectomy 710, 712, 714
Post-partum urinary retention 708
Potentials, auditory endogenous 704
Potentials, somatosensory evoked 717
Pseudobulbar palsy 720
Pulse, components 705

R
Raynaud syndrome 700
Regulation of cellular immune function 713
Resting heart rate 713

S
Sciatica 721
Seizures 718
Severe spinal cord injuries 706
Shoulder and back pain 721
Side effects, opioid-related 701, 704
Sleeping disorders 721
Somatosensory evoked Potentials 717
Spasticity due to stroke 700
Estimated date of confinement (EDC) 700
Spinal cord injury 706, 718
Spinal-cord-injured patients, incontinence in 708
Strabism surgery in children, nausea and vomiting after 712, 714
Stress parameters 706
Surgery, minor gynaecological, nausea and vomiting after 712
Surgery, minor urological in paediatric patients 713
Surgery, plastic, vomiting and nausea following 711
Sympathetic nerve activity 701
Sympathetic nervous system, activation of the 719

T
Tc-99 (radioactive technetium marker), absorption of 709
Tenesmus 707
Tennis elbow 701, 702
Thermal pain thresholds 705
Thyroidectomies, analgesia for 714
Tonic pain 700
Tooth pain 701, 702
Torticollis 706
Tumours, malignant 705, 713

U
Ulcerative colitis 721
Uraemic pruritus 701
Urinary incontinence 708
Urinary retention, post-partum 708

V
Vascular dementia 719, 720
Visual cortex, c-Fos-positive cells in the 709
Vomiting 710–715
Vomiting, postoperative 710–714

W
Wisdom tooth extraction, pain after 700
Withdrawal symptoms of heroin addicts 712, 715
Word generation 715

Overview: Specific Point Categories

Points Channel Maximum time		*jing*-Well point	*ying*-Spring point	*shu*-Stream point	*jing*-River point	*he*-Sea point	Tonification point	*ben* point	Sedation point	*yuan*-Source point	*luo*-Connecting point	*xi*-Cleft point	Back-*shu* point	Front-*mu* point
Yin		Wood	Fire	Earth	Metal	Water								
Hand-*Yin*	Lung 3–5 am	LU-11 *shaoshang*	LU-10 *yuji*	LU-9 *taiyuan*	LU-8 *jingqu*	LU-5 *chize*	LU-9 *taiyuan*	LU-8 *jingqu*	LU-5 *chize*	LU-9 *taiyuan*	LU-7 *lieque*	LU-6 *kongzui*	BL-13 *feishu*	LU-1 *zhongfu*
	Pericardium 7–9 pm	P-9 *zhongchong*	P-8 *laogong*	P-7 *daling*	P-5 *jianshi*	P-3 quze	P-9 *zhongchong*	P-8 *laogong*	P-7 *daling*	P-7 *daling*	P-6 *neiguan*	P-4 *ximen*	BL-14 *jueyinshu*	Ren-17 *danzhong*
	Heart 11 am–1 pm	HE-9 *shaochong*	HE-8 *shaofu*	HE-7 *shenmen*	HE-4 *lingdao*	HE-3 *shaohai*	HE-9 *shaochong*	HE-8 *shaofu*	HE-7 *shenmen*	HE-7 *shenmen*	HE-5 *tongli*	HE-6 *yinxi*	BL-15 *xinshu*	Ren-14 *juque*
Foot-*Yin*	Spleen 9–11am	SP-1 *yinbai*	SP-2 *dadu*	SP-3 *taibai*	SP-5 *shangqiu*	SP-9 *yinlingquan*	SP-2 *dadu*	SP-3 *taibai*	SP-5 *shangqiu*	SP-3 *taibai*	SP-4 *gongsun*	SP-8 *diji*	BL-20 *pishu*	LIV-13 *zhangmen*
	Liver 1–3 am	LIV-1 *dadun*	LIV-2 *xingjian*	LIV-3 *taichong*	LIV-4 *zhongfeng*	LIV-8 *ququan*	LIV-8 *ququan*	LIV-1 *dadun*	LIV-2 *xingjian*	LIV-3 *taichong*	LIV-5 *ligou*	LIV-6 *zhongdu*	BL-18 *ganshu*	LIV-14 *qimen*
	Kidney 5–7 pm	KID-1 *yongquan*	KID-2 *rangu*	KID-3 *taixi*	KID-7 *fuliu*	KID-10 *yingu*	KID-7 *fuliu*	KID-10 *yingu*	KID-1 *yongquan*	KID-3 *taixi*	KID-4 *dazhong*	KID-5 *shuiquan*	BL-23 *shenshu*	G.B.-25 *jingmen*
Yang		Metal	Water	Wood	Fire	Earth								
Hand-*Yang*	Large Intestine 5–7 pm	L.I.-1 *shangyang*	L.I.-2 *erjian*	L.I.-3 *sanjian*	L.I.-5 *yangxi*	L.I.-11 *quchi*	L.I.-11 *quchi*	L.I.-1 *shangyang*	L.I.-2 *erjian*	L.I.-4 *hegu*	L.I.-6 *pianli*	L.I.-7 *wenliu*	BL-25 *dachangshu*	ST-25 *tianshu*
	Triple Burner 9–11 pm	T.B.-1 *guanchong*	T.B.-2 *yemen*	T.B.-3 *zhongzhu*	T.B.-6 *zhigou*	T.B.-10 *tianjing*	T.B.-3 *zhongzhu*	T.B.-6 *zhigou*	T.B.-10 *tianjing*	T.B.-4 *yangchi*	T.B.-5 *waiguan*	T.B.-7 *huizong*	BL-22 *sanjiaoshu*	Ren-5 *shimen*
	Small Intestine 1–3 pm	S.I.-1 *shaoze*	S.I.-2 *qiangu*	S.I.-3 *houxi*	S.I.-5 *yanggu*	S.I.-8 *xiaohai*	S.I.-3 *houxi*	S.I.-5 *yanggu*	S.I.-8 *xiaohai*	S.I.-4 *wangu*	S.I.-7 *zhizheng*	S.I.-6 *yanglao*	BL-27 *xiaochangshu*	Ren-4 *guanyuan*
Foot-*Yang*	Stomach 7–9 am	ST-45 *lidui*	ST-44 *neiting*	ST-43 *xiangu*	ST-41 *jiexi*	ST-36 *zusanli*	ST-41 *jiexi*	ST-36 *zusanli*	ST-45 *lidui*	ST-42 *chongyang*	ST-40 *fenglong*	ST-34 *liangqiu*	BL-21 *weishu*	Ren-12 *zhongwan*
	Gall Bladder 11 pm–1 am	G.B.-44 *zuqiaoyin*	G.B.-43 *xiaxi*	G.B.-41 *zulinqi*	G.B.-38 *yangfu*	G.B.-34 *yanglingquan*	G.B.-43 *xiaxi*	G.B.-41 *zulinqi*	G.B.-38 *yangfu*	G.B.-40 *qiuxu*	G.B.-37 *guangming*	G.B.-36 *waiqiu*	BL-19 *danshu*	G.B.-24 *riyue*
	Bladder 3–5 pm	BL-67 *zhiyin*	BL-66 *zutonggu*	BL-65 *shugu*	BL-60 *kunlun*	BL-40 *weizhong*	BL-67 *zhiyin*	BL-66 *zutonggu*	BL-65 *shugu*	BL-64 *jinggu*	BL-58 *feiyang*	BL-63 *jinmen*	BL-28 *pangguangshu*	Ren-3 *zhongji*

Tissue	*zang*-Organs	*fu*-Organs	Qi	Blood (*xue*)	Tendons	Vessels	Bones	Marrow
hui-Meeting point	LIV-13 *zhangmen*	Ren-12 *zhongwan*	Ren-17 *danzhong*	BL-17 *geshu*	G.B.-34 *yanglingquan*	LU-9 *taiyuan*	BL-11 *dazhu*	G.B.-39 *xuanzhong*

Extraordinary Vessel	*chong mai*	*yin wei mai*	*du mai*	*yang qiao mai*	*dai mai*	*yang wei mai*	*ren mai*	*yin qiao mai*
Opening point/Coupled point	SP-4/P-6 *gongsun/neiguan*	P-6/SP-4 *neiguan/gongsun*	S.I. 3/BL-62 *houxi/shenmai*	BL-62/S.I. 3 *shenmai/houxi*	G.B.-41/T.B.-5 *zulinqi/waiguan*	T.B.-5/G.B.-41 *waiguan/zulinqi*	LU-7/KID-6 *lieque/zhaohai*	KID-6/LU-7 *zhaohai/lieque*

fu-Organ	Large Intestine	Triple Burner	Small Intestine	Stomach	Gall Bladder	Bladder
Lower *he*-Sea point	ST-37 *shangjuxu*	BL-39 *weiyang*	ST-39 *xiajuxu*	ST-36 *zusanli*	G.B.-34 *yanglingquan*	BL-40 *weizhong*